

Systemic Grief: The Consequence of Living with Unacknowledged Non-death Loss

by

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Abstract

This capstone explores the concept of a type of non-death related loss called systemic grief, defined as grief that results from marginalization experienced over a lifetime. It is posited that in groups that experience marginalization, this grief may be misdiagnosed as anxiety and depression. The current paper provides a framework the therapeutic community can begin to explore to combat this, offering a combination of group therapy, activism and healing. For therapists, who find themselves in roles of privilege and power, a thorough understanding of systemic grief, as well as the ability to recognize its impact on their clients becomes critical to stopping the cycle of oppression.

Keywords: systemic grief, ambiguous loss, chronic sorrow, disenfranchised grief, non-death loss, nonfinite loss, traumatic grief.

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Systemic Grief: The Consequence of Living with Unacknowledged Non-Death Loss

The emotional consequences of non-death related loss have been described as a rollercoaster that never ends (Harris & Winokuer, 2016), and in recent years, this has been exacerbated due to increased economic and environmental instability. This paper will explore how correctly identifying the grief resulting from non-death loss, specifically highlighting systemic grief, is critical for successful therapeutic treatment. Through relationships that allow an individual to build resiliency, it will be posited that one can begin to counteract the overwhelming sense of despair that is felt in the midst of chronic sorrow and systemic grief. This shifts the focus to hope. As therapists, we can work together to reduce the collective anxiety and depression that is experienced in society in two ways: by affecting broader cultural change in the community and by providing therapeutic space for individuals to explore their resilience. By connecting with their community to cultivate a shared sense of grief, those who are grieving are able to develop a collective sense of agency, focusing on social justice and advocacy.

Grief is Personal

To understand why this topic is so meaningful to me, it is necessary to share some of my personal history. My family lost our family home due to economic hardship when I was twelve, and the subsequent decade saw intense emotional and mental distress, exacerbated by our financial situation, as there seemed no relief in sight. The grief we felt was hidden by the shame of our circumstances, with my parents working to maintain the façade of economic security, further isolating us from social support. It was only when I was in my mid-twenties and began to seek individual counselling for the first time that I was able to identify the emotional consequences and resulting anxiety and depression I experienced as the result of non-death related grief, caused by the loss of place I experienced as a child. This loss was compounded by

others, the loss of identity, family, home, and then the loss of time, as I felt immense resentment towards myself for not cultivating this awareness at an earlier age. The loss did feel unending, and in hindsight, grief became the underlying foundation of my families story.

Our story could have been further complicated, if I had not been able to benefit from many of the places in society where I find myself the recipient of privilege. Despite the struggles we encountered, there were also many areas where I received benefits including access to free education and health care, stemming from my Canadian citizenship. Because our greater community was primarily middle-class, there was a clear safety net surrounding us that did provide some economic cushion as we also had access to free housing provided by family members. People would help cover motel costs or offer us a place to sleep for a few weeks at a time. This advantage has become clearer in hindsight. I enter this space humbly, as a white, cisgender woman currently residing on the unceded traditional territories of the Coast Salish people, and navigate a world where I hold privilege in many of the spaces I enter, including class, and education.

For families and individuals who find themselves without such a safety net, as a therapeutic community we need to become well-versed in systemic grief in order to offer support as needed in a competent and compassionate manner. Understanding the impact of systemic marginalization and how the layered intersections of ones lived experience could increase the existence of grief is vital to avoid misidentification. By pathologizing those dealing with systemic oppression, they could be further marginalized adding additional barriers that may make it more difficult for them to process their grief and move towards healing. This capstone will outline why this perspective is important, highlighting research done to date that explores the connection between intersectionality, grief, depression and anxiety. Following that a primer

will be offered to clinicians presenting community-based group therapy as a potential option to begin to address systemic grief.

Chapter 1: Why Systemic Grief?

What is grief and why do we experience it? Grief is defined as “deep sorrow following significant losses” and is a normal and natural response to that loss. (Harris & Winokuer, 2016; Park & Halifax, 2011). It is most typically associated with mourning following a death; however, there are many other experiences that can be linked to grief. The loss of societal value, expectations, or the death of the dream of a life that is no longer attainable can all result in an emotional experience of grief, often misidentified as anxiety or depression as the symptomology overlaps (Boss et al., 2011). Grief can also be the result of trauma and may go unrecognized in the wake of other physical needs, as there is significant intersection between posttraumatic stress, and grief and depression (Briere & Scott, 2015). The grief lingers, as it is caused by a loss that occurs without closure and it is often difficult for an individual to gain a clear understanding of what exactly happened to cause their distress.

Grief in and of itself is a heavy process to move through. This is made additionally challenging because in Western culture our society does not allow for adequate space or time to grieve losses; however, losses should be seen as an expected part of life. One writer describes us who live in the West as “emotionally stunted individuals”, who have mastered the art of avoiding our pain, placing our grief in a box with the goal of hiding it (Steinke-Baumgard, 2016). In reality “the pain of grief is just as much a part of life as the joy of love; it is, perhaps, the price we pay for love...” (Parkes & Prigerson, 2010, p.6). Understanding this and recognizing that grief is something that will affect all of us should facilitate a motivation to develop strong mechanisms to support us as communities and individuals when moving through all types of grief.

Upon exploration, one begins to see that those in society who are already experiencing marginalization and oppression are at risk of bearing disproportionately more grief, exacerbating what is burdensome for anyone. Groups that are wrestling with narratives that contain multiple losses and uncertainty are among the most disenfranchised populations (Bordere, 2017). This is heightened, as non-death loss rarely offers a process of grief that includes the rituals or transitional markers needed to provide acknowledgement and support (Bordere, 2017). Because of this, it is crucial to consider intersectionality, specifically the ways that socioeconomic status intersects with race, migration status, and other factors, when discussing non-death related grief, as these can combine to produce interlocking forms of inequality (French et al., 2020). By exploring this topic, one would hope to highlight not only the inequity that exists that emphasizes this disparity, but also ways that communities can rally together to build resilience as an antidote to grief and despair.

Grief Disguised

The heart of this issue starts with an understanding of how we process loss. Grief does not exist in a vacuum but is heavily influenced by the social context in which a grieving individual exists (Harris & Winokuer, 2016). When we grieve a non-death loss, an aspect of ourselves, with which we have become familiar and as a result has fueled a sense of safety, shifts, causing a disequilibrium (Harris & Winokuer, 2016). Currently, social acknowledgement of non-death loss is rare, and as a result, individuals often find themselves challenged to cope with and move through their grief in a healthy way (Knight & Gitterman, 2019). As we move through the Covid-19 pandemic as a society, there is more awareness being brought to grief on a broader scale, including anticipatory grief, and grief that can be felt on a micro and macro level (Berinato, 2020); however, this shift is happening slowly. Not only is there a general lack of

acknowledgement in the culture at large, therapeutically most bereavement theories are not readily applied to non-death loss (Schultz & Harris, 2011). No rituals exist in Western culture that allow us to process these heavy emotions in community, which leaves many of us navigating these sorrows independently. In addition, individuals who are suffering from an ambiguous loss have an increased level of difficulty sharing their experience; their narrative seems to focus on negative, pessimistic aspects and as a result, listeners react in a less accepting way, further isolating them (Huang & Habermas, 2019).

Ambiguous Grief and Non-Finite Loss

Ambiguous grief was first introduced as an explanation for loss that remains unclear, focusing on both physical absence with psychological presence, and psychological absence with physical presence (Boss, 2007). This was later expanded to include a variety of non-death losses, seeing commonality in places where grief goes unacknowledged, and unprocessed. Key elements of ambiguous grief include ongoing confusion about the loss, difficulty problem solving as it can be challenging in some cases to determine if the loss is permanent, a lack of validation of the loss, and exhaustion and burnout as the loss is often ongoing (Boss, 2009). The state of frozen grief that results can cause a misdiagnosis of anxiety or depression: as no one has died, professionals fail to identify that an individual's symptoms are actually a reflection of grief complicated by a lack of closure (Boss et al., 2011). Clients reactions would generally be categorized as an indication of life stress or depression, instead of correctly attributed to grief (Gitterman & Knight, 2018).

This also links to a concept known as non-finite loss, which explores the idea of the continuing presence of the loss impacting an individual's sense of self (Schultz & Harris, 2011). These losses are similar to ambiguous loss in that they are difficult to articulate, may not be

recognized by others, and are complicated by the context or circumstances of the loss (Schultz & Harris, 2011). Examples could include abandonment, chronic unemployment, disfigurement, and abuse, among others (Schultz & Harris, 2011). The resulting grief can involve a search for meaning, a shattering of hopes and dreams, and no clear marked conclusion (Schultz & Harris, 2011). Often, this type of loss leaves an individual feeling helpless and powerless (Harris & Winokuer, 2016). Both ambiguous loss, and non-finite loss, can result in chronic sorrow, which would be described as the disparity between what was expected or hoped for, and reality, facilitating a kind of grief that does not end (Harris & Winokuer, 2016). For the purposes of this paper, both non-finite loss and ambiguous loss, as well as their resulting chronic sorrow, will be explored within the context of non-death loss.

While these terms are useful, they do not encompass the true crux of the issue that will be explored throughout this paper. The loss that stems from persistent and ongoing discrimination and prejudice, and the resulting loss of hope that results from being on the bottom of multiple societal power structures will be called systemic grief for the purposes of this capstone. One could predict that this type of grief would be over-represented in individuals that find themselves disadvantaged along locations of race, socio-economic status, class, and migration status among others. The expectation would be that this would be demonstrated by a higher incidence of anxiety and depression over one's lifespan (see Appendix for a full list of grief related terms).

How Extensive is this Problem?

The systemic grief some experience connected to non-death loss may heighten the impacts of Western societies already poor response to sorrow (Boss et al., 2011). Because it may be difficult to note where the loss originated or describe it, as it often does not involve a person or a defining experience (Harris & Winokuer, 2016) individuals can remain in an unresolved

state with no clear outlet for their pain. This creates a tendency for this unresolved sorrow to manifest somatically through an overrepresentation in the population of depression and anxiety, increased fatigue, and suicidal thoughts (Hairston, 2019). The frozen state of grief that results leads to further rumination, which is linked to negative outcomes, including depression, exacerbating the sense of mental anguish that would already be experienced (Basha, 2015; Hairston, 2019). Research has shown that it is common for individuals experiencing grief to feel anxious, depressed, irritable and numb, potentially leading to a misdiagnosis of generalized anxiety disorder or major depressive disorder (Harris & Winokuer, 2016). Since grief and depression resemble each other symptomatically, and can also coexist, they are often conflated, and individuals are medicated in an attempt to treat what should be correctly identified as grief (Bordere, 2017). By pathologizing these responses, and putting forward medication as a solution, an environment is created which further removes the griever from the relational support they require to move through their grief (Boss et al., 2011). Society is, in essence, policing grief through the emphasis of a medicalized solution, reflecting the values in Western culture that promote the capitalistic norms of productivity (Bordere, 2017), forcing those wrestling with grief to focus on producing output instead of processing their pain.

Over the past few decades, as economic instability has increased, so has the incidence of depression and anxiety (Mucci et al., 2016). Despite research that shows that unresolved grief can mimic these disorders, society seems insistent on presenting diagnosis and medication as the ultimate solution. Research shows that antidepressant use in America increased by over 400% in the last twenty-five years, and that diagnoses of Major Depressive Disorder (MDD) have also risen (Luo et al., 2020; Wehrwein, 2011). If current trends continue, the shrinking middle class will result in resources continuing to be concentrated in the top percentages of the population,

with those at the bottom finding the economic stability they long for to be further and further out of reach (Taylor, 2017). For individuals who are part of already marginalized groups, this only serves to emphasize the inequity they experience. The combination of these factors leaves the majority of individuals fighting to find hope for a future that seems increasingly bleak.

Socioeconomic inequality also correlates with an increase in anxiety and depression over ones lifespan (Green & Benzeval, 2013). Anxiety and depression have a high rate of comorbidity and occur more frequently in individuals who also experience disadvantaged social circumstances (Green & Benzeval, 2013). This could result from the systemic inequality we find tied to racism, classism, and citizenship status, amongst others. Leaving people with no sense of resolution for the pain they are experiencing can result in the loss of hope, creating a frozen state of systemic grief. As an example, recent media has shown the generational systemic grief experienced by Black communities in the United States, pushing their grief into the public eye, and exposing the systemic inequalities that had become common in our cultural context (Perhamus & Jodersma, 2016). “The condition of Black life is one of mourning” quotes Rankine (2015) in a New York Times article, highlighting not only the disproportionate loss of life in the Black community, but also the systemic racism experienced. Rankine emphasizes that this creates an unequal playing field and results in mourning the losses that comes from facing an unstable future (Rankine, 2015).

Loss of Place

Another example in recent research highlights a strong correlation between ambiguous grief and the loss of place (Gitterman & Knight, 2018). Individuals who face homelessness or move frequently as a result of financial instability would be at higher risk for developing depression which may in fact be a grief response to the loss of a meaningful place, safety, and

opportunity, among others. (Gitterman & Knight, 2018) This could be further intensified by the stigma that individuals in these communities feel as a result of their economic circumstances, creating an additional barrier to support (Gitterman & Knight, 2018). This connection, and the increased loss of place, stability, and hope felt in marginalized communities creates an additional layer of complexity, adding an element of social justice that needs to be considered when exploring potential resolutions to the unacknowledged grief present in these communities. In addition, Black and Indigenous people are consistently disproportionately represented in homeless populations (Homeless Hub About Homelessness, n.d.). As these losses continue to go unrecognized in larger society, individuals often struggle to process alone, leaving them wrestling with emotions for which they have no clear frame of reference (Gitterman & Knight, 2018).

Intersectionality and Grief

When exploring non-death loss from a critical theory lens, one can see that there are many power structures that exist in society, including race, class, socioeconomic status, and citizenship, among others, that have the potential to exacerbate, or at times may even be the root cause of the long term negative mental health consequences individuals face when struggling with unacknowledged and unprocessed non-death loss. Critical theory orients towards the critique of society with the goal of long-term change (Crossman, 2019). An individual's lived experience is complex, and when considering intersectionality, one begins to take a layered view, considering each aspect of someone's identity in depth (Butler, 2015). Intersectional feminism is an example of a stance that employs this approach, focusing not only on the oppression women experience as a result of patriarchy, but seeking to understand the layered impacts of racism or cisgenderism on women of colour, or trans women. With these issues in mind, this paper will

explore the potential of a therapeutic intervention that would target a community-based group approach. By focusing on narrative techniques, the goal would be to explore how empowering individuals to discuss their own stories of resilience and hope would provide communities with the support needed to face and move through their grief. Current research supports this hypothesis, by demonstrating that social support directly impacts the effects of depression (Oppedal & Idsoe, 2015). In addition, researchers have suggested activism as an antidote to systemic grief, by transforming individuals and communities through the use of social action (French et al., 2020). A recent example would be the ongoing Black Lives Matter protests across the United States following the murder of George Floyd. Demonstrations continue as an expression of anger and grief towards not only the loss of another Black life but years of systemic injustice (Bhaskar, 2020). Understanding the research through this lens also acknowledges the power differential that exists in society, working to maintain the status quo by continuing to disadvantage groups that are already marginalized.

Moving Towards Healing

When taking a wide-lens view, one can begin to see the far-reaching consequences of our inability to acknowledge our grief. Researchers explore loss of place within the context of the removal of a child from a family, the transition to a care facility for elderly, the losses faced by immigrants and refugees, and also folks who experience homelessness or lack of stability due to financial strain resulting in frequent moves (Gitterman & Knight, 2018). These are also losses that would occur disproportionately in communities that may already be described as marginalized.

When exploring ambiguous grief, researchers posit several therapeutic approaches that could be useful in supporting clients in addressing their loss. Boss (2017) describes a model that

begins by identifying the source of suffering as existing outside of the individual, or family. This would align with critical theory to emphasize the systemic inequity that contributes to many types of loss. Highlighting the long-term impact of ambiguous grief as the most stressful type of loss, the article goes on to cite no proof of finality as a major component of distress, manifesting in a malinger that is attached to the type of loss, and not the pathology of the individual or family (Boss, 2017). On a micro level, grief is frozen, manifesting in symptoms of depression, suicidal ideation, addiction, or abuse; however, these are not pathologies, as they are caused by the ambiguity of ones suffering (Boss, 2017). The lack of support provided at a community level is also notable, as no script exists providing friends and neighbours with direction on how to offer comfort (Boss, 2017). As a result, individuals and families often feel further isolation.

Boss highlights several techniques that would be useful for intervention focusing on building resilience through the utilization of narrative therapy methods (Boss, 2017). In order for interventions to be effective, participants need to develop a “both-and” way of thinking, allowing them to learn to hold two opposing ideas in mind at the same time (Boss, 2017). Research also suggests that community meetings are critical, providing an opportunity to label the problem as a grief related loss on a larger scale (Boss, 2017). Once individuals and communities are able to name their stressor, they can begin the journey of learning to cope, beginning to reconstruct their identity and moving towards a place where they discover new hope (Boss, 2017).

The Impact of Hope and Meaning

A population group that continues to be at risk for grief connected to non-death loss and has recently received more attention consists of migrants, and asylum and refugee seekers. While already battling the obvious loss of place that would be associated with their grief, asylum seekers show long-term mental health problems including anxiety and depression (Utrzan &

Northwood, 2018). When exploring potential treatment methods, therapists find that naming and discussing individuals experiences as a form of loss brought relief and validation, allowing them to begin to build structure and relational support into their lives (Utrzan & Northwood, 2018). In addition, clients had to work to reconstruct their identity. When facing the grief that culminates from the loss of self, clients are left feeling like ghosts, or a shell of themselves, and reconstructing their identity is critical to allow them to develop resilience in the midst of their uncertain circumstances (Utrzan & Northwood, 2018). Hope was also identified as a critical component and has been shown to be necessary when looking for ways to sustain the human spirit (Utrzan & Northwood, 2018). Researchers discussed that the most difficult part of meaning making involves addressing that it may be transient in nature, as the loss that is being faced may continue to shift (Utrzan & Northwood, 2018). In the case of those specifically seeking asylum, the ambiguity that many of us can only imagine is a piercing reality, and the scaffolding provided by ambiguous loss theory allows for clinicians to have a strategy when working with individuals who are struggling to cope with lost dreams and broken promises (Utrzan & Northwood, 2018).

When exploring the use of meaning reconstruction as a process of reconciliation when facing grief, Wheat and Thacker (2019) highlight that the rebuilding of a new narrative and recreating an understanding of one's self within the context of the loss is needed to heal grief. Moving on, or letting go is not a possibility, so instead the mourner works to understand themselves in a new way (Wheat & Thacker, 2019). They combine components of narrative therapy and constructivism, working to ground grief in a social context while also emphasizing each individuals story (Wheat & Thacker, 2019). As individuals tell their stories, those hearing them can bear witness to their loss, participating in the ongoing process of meaning making

(Wheat & Thacker, 2019). French et al. (2020) take this one step further, outlining that healing is “an important political act that requires reconciliation and testimony (p.23)”. This can only happen in community. By moving beyond an individual sense of disempowerment, collectively, through sharing, a sense of vision for the possibility of freedom and wellness brings hope (French et al., 2020). This in and of itself is seen as a radical act of courage and has the ability to empower communities to dream of a different future, spurring activism.

A Framework for Change

Through reviewing current research using a feminist and critical race theoretical lens one begins to see the need to expand our understanding of grief, and challenge default diagnoses like depression, and anxiety.

Feminist and Critical Race Theory

It is necessary to briefly highlight the theoretical orientations that provide the framework for this capstone. Standpoint theory, a feminist perspective, explores the way social structures around gender are created and impact our identities. It argues that our knowledge stems in part from our social position, and that exploration must start from the perspective of those who are marginalized (Borland, 2020). Power imbalances created by structures like patriarchy and heteronormativity are critiqued.

Critical Race Theory seeks to examine the intersection of race and explores the idea of racial justice. It argues that institutions are inherently racist in their goal to maintain social, economic and political inequalities between white and non-white individuals (Duignan, 2021). These theories are particularly helpful when using an intersectional lens, as one is exploring the interconnected ways in which these systems overlap creating layered experiences of privilege and disadvantage.

By exploring findings on ambiguous grief throughout this capstone, as well as identifying many non-death losses that are linked to mental distress, one can see the potential to connect the current representation of anxiety and depression that results from these experiences as being a potential response to systemic grief. This is necessary to consider. Therapists are vulnerable to assumptions and may miss the systemic causes of their clients distress creating the potential for harm. The concern here would be that the burden of change is placed on the individual.

A specific point of concern links to systemic racism. As the majority of therapists in Canada are white (Baima & Sude, 2020; Patel, 2018), including myself, we have a responsibility to increase our awareness in order to advocate for justice in terms of access to education, housing, safety, and mental health supports (Combs, 2019). Because racism is so pervasive and ingrained within our systems, it can be difficult to recognize (Baima & Sude, 2020), and white people have often had the luxury of being able to avoid having to spend much time thinking about race. A diagnosis of depression or anxiety risks missing systemic discrimination and prejudice resulting from ongoing struggles for dignity and survival (Combs, 2019). When these factors are addressed, the therapeutic objective shifts to focusing on providing support and walking alongside individuals and communities as they work to first acknowledge their loss, and then develop resilience to deal with the ongoing consequences of grief. Research has emphasized that great power lies in the use of language, and the process of naming and acknowledging our experiences, and that the use of meaning making can assist in facilitating the positive reconciliation of grief (Bordere, 2017; Wheat & Thacker, 2019). Once suffering has a name, and an explanation, individuals are better equipped to begin to make sense of their pain and move forward (Jackson, 2018).

Taking A Step Forward

The intention of this capstone would be to provide a primer for therapeutic techniques that could be utilized, and that one could extrapolate a strategy to see individuals move from a place where their grief may be frozen, to one where they may begin to heal. Alongside this, recognizing that socioeconomic factors work to disadvantage certain segments of the population, therapists have a responsibility to advocate for change when grief is the result of systemic oppression. In those instances, community support and group therapy, along with narrative techniques designed to reframe and create identity may be most effective. Narrative therapy lends itself as a framework, allowing for the empowerment of clients as they decide how to rewrite their narratives in response to their loss (Wheat & Thacker, 2019). Ideally, therapists will be able to develop a lens through which to gauge the extent of the loss, and any potential systemic causes, shifting their therapeutic strategy appropriately to provide the best support. Therapists will also need to maintain their knowledge and skills, honing an awareness of the power they carry within the context of the therapeutic relationship, particularly when coming into contact with marginalization (Wheat & Thacker, 2019). Ethically, all therapists need to assess their identities on an ongoing basis, readily identifying how their personal positioning enters the therapeutic space (Butler, 2015). In addition, as a therapeutic community we have a responsibility to strive for economic justice for our clients by using our voices to elevate those who are silenced (Ali & Lees, 2012). By increasing our understanding, we will be able to act as better advocates, working in partnership with our clients to facilitate transformational change in our wider social sphere.

Anticipated Findings

Research focusing on systemic grief associated with ambiguous and non-finite losses is not yet common, and more work needs to be done to understand the full impact of our

unacknowledged grief as a society. Based on a current understanding of non-death loss, one could expect to find that grief responses have often been and continue to be misdiagnosed as depression and anxiety. One could also expect to find that individuals who are disadvantaged experience higher levels of mental distress, and that these could be linked to a variety of non-death losses, including the loss of place, the loss of time, and the loss of identity. As economic instability in North America is heightened, one could posit that the incidence of anxiety and depression in the general population could also be increasing. As of yet, there is no research available that highlights the term *systemic grief* and explores the impact that generations of marginalization and oppression would have on one's mental health. One possibility is that by neglecting this avenue of inquiry, researchers and academics are able to turn a blind eye to the way that their own behaviour serves to reinforce systemic inequity, allowing them to maintain the status quo.

By exploring current grief therapy techniques and combining those with therapeutic interventions known to facilitate resilience and coping in communities facing marginalization, one could hope to see the start of a therapeutic construct that could facilitate the creation of an environment that not only allows for the acknowledgment of grief, but also begins to cultivate healing. At this time, research exploring the effects of grief on marginalized communities in North America is sparse; however, through exploring related topics, the goal would be to highlight that the emotional and mental symptoms described correlate with the descriptions of non-death loss in existing literature. It would be my hope that through the research and writing of this capstone, the therapeutic community would not only become more attuned to non-death loss, but also have recognition for tools that can be utilized to address this loss in a way that will

cultivate coping, and work to prevent the development of debilitating chronic sorrow and systemic grief.

Summary

While the exploration of the grief resulting from non-death losses still requires ongoing research, it is evident that they cause similar emotional, mental and physical responses as death related losses. This highlights the need for acknowledgement of all types of ambiguous and non-finite loss, in order to prevent individuals grief from becoming disenfranchised, resulting in mental distress which can include anxiety, depression and suicidal ideation. This is particularly salient when an individual is experiencing inequality brought on by the structural oppression they face (French et al., 2020). Community support and narrative therapy techniques are two tools that have been shown to mitigate some of these negative mental health consequences, allowing individuals to begin to process their grief in a way that increases their coping and resilience. For groups who are vulnerable to non-death loss due to displacement, or complex socioeconomic factors, being prepared to support their grief work could go a long way towards mitigating these factors. As I reflect on my own personal experience, I cannot help but wonder what the outcome would have been if these types of supports had been available for me and my family. My hope would be that as a therapeutic community, we could evolve in a way that provides these supports for all individuals and communities facing non-death loss.

Chapter 2: Literature Review

Overview and Structure

The literature review section of this capstone will discuss articles about a variety of non-death related losses and their impact, and the misdiagnosis of grief as anxiety and depression. In addition, the overrepresentation of depression and anxiety when intersecting with poverty will be explored, followed by a variety of therapeutic interventions that may be utilized in group work. In reviewing the available research, one must be clear to understand that neither the term systemic grief appears, nor do many researchers clearly link this type of grief with misdiagnosed mental health conditions. This gap is evident and must be explored further. In addition, links between symptoms and systemic inequity are not discussed.

Non-death Related Losses and Their Impact

While all humans experience non-death related losses over a lifespan, they are still not readily discussed (Schultz & Harris, 2011). The ongoing grief that results can lead to intense distress. Many examples of non-death loss exist, and they can be caused by a multitude of situations including addictions, dislocation, loss of childhood, migration, violent crime or abuse, and financial distress. Complex emotions can also play a role, for example, individuals who suffer from grief due to loss of time, perhaps as the result of an addiction, may have to wrestle through the concept of self-forgiveness, in order to reconcile themselves to their loss (Gitterman & Knight, 2018). Understanding that additional challenges exist when processing non-death losses, and also developing an awareness of them, can help clinicians to provide clients with a way to grieve and honour their experiences.

Loss of Time and Place

The loss of place and familiarity, as well as the loss of precious time and opportunities often go unrecognized in modern society (Gitterman & Knight, 2018). “Grief in response to some losses is validated and supported, while grief in response to others is minimized, ignored or devalued (Gitterman & Knight, 2018, p. 147). In their article, Gitterman and Knight propose that we develop attachments to places, in the same way we develop an emotional bond with people, and this helps us develop our sense of self-identity and safety (Gitterman & Knight, 2018). As a result, the lack of stability that comes from the loss of place, or experiencing being removed from one, results in a pronounced grief response, often ignored, and becoming disenfranchised (Gitterman & Knight, 2018).

Populations that are vulnerable to displacement, such as homeless, immigrants, and refugees, as well as foster children, could all be expected to show this type of response. This is particularly salient in Canada, as Indigenous communities face ongoing grief resulting from the loss of their land and cultural identities caused by settler colonialism (Dennis, 2020). Gitterman and Knight (2018) argue that by validating the loss, space is created to begin the grieving process and until this occurs the individual can remain stuck, seeming to appear to exist in an endless state of mental distress. They also recommend that this needs to be considered when developing social supports and highlight the benefits of group work in the processing of non-death related loss (Gitterman & Knight, 2018). Indigenous communities suffering grief are often overlooked even while facing high rates of racism and oppression, and the therapeutic community can advocate on a macro level by supporting policy change and raising awareness (Dennis, 2020).

Homelessness

Burns et al. (2018) discuss the grief that comes from later life homelessness in their article. By interviewing fifteen older adults residing in homeless shelters in Montreal they

discuss the grief responses experienced including shock, anger, and despair (Burns et al., 2018). Researchers highlighted how the participants experience of homelessness, in addition to difficult shelter conditions and the stigma of aging, when combined with the lack of validation they tended to receive for their grief served to further disenfranchise them (Burns et al., 2018). In addition to suffering from poorer mental and physical health due to their transient living conditions, these adults also struggled to regain employment due to ageism (Burns et al., 2018). It is also important to understand the context that caused the participants to find themselves without homes including reduced social spending, a national housing crisis and an aging population. Researchers found that when grief was hindered, participants sense of self was impacted and as a result they were less likely to make steps toward exiting homelessness (Burns et al., 2018). Shelter life was compared to prison, and especially for men who are generally unable to stay in a shelter longer than a night, the loss of a sense of community brought additional grief. Those participants who managed to connect with other shelter residents and staff, were more likely to move towards self-acceptance and healing. Homelessness should be seen as an ambiguous loss, and not a personal failure or choice. For many participants their grief was closely tied to their experience of poverty, and in most cases, they had been precariously housed for lengthy periods of time prior to becoming homeless. By reframing the grief experienced as normal, and promoting empathy, care, support and community, individuals were better able to move through their grief.

Foster Children

Focusing in on a specific group, foster children also face immense loss and often experience grief resulting from a loss of home, place, family, and potentially identity (Mitchell, 2018). Care providers are often more focused on meeting physical needs, and the practical use of

resources, and the emotions resulting from unacknowledged grief often result in mental distress. Not only are foster children grieving the loss of their parents, and potentially siblings, they are also grieving the loss of stability, and an imagined future (Mitchell, 2018).

This grief can become disenfranchised when it goes unacknowledged; however, when even one care provider provides support to grieving youth in care it allows them to enfranchise their grief (Mitchell, 2018). This one factor may be the difference in a positive or negative outcome for children in care, and further research is required to determine how impactful grief therapy could be for those in child welfare programs (Mitchell, 2018). This highlights the need for the therapeutic community to become well-versed in recognizing these types of grief. Identifying subsets of the population who may be at higher risk for experiencing this type of grief can allow us to build in therapeutic support, working proactively to mitigate negative outcomes.

The Impacts of Migration

At the time of writing, Utrzan and Northwood (2016) cite that over 65 million people have been displaced globally since 2014. As of January 2020, it was estimated that this had increased to 272 million migrants, approximately 3.5% of the world's population (Edmond, 2020). This trend shows no signs of stopping. Individuals are forced to flee their homes and lives never knowing if they may even see their families again. Clinicians whose lived experience is in many cases far removed from this, have a responsibility to understand and provide ethical support. Many individuals living as migrants remain stateless for years, suffering tremendous loss (Utrzan & Northwood, 2016). Ambiguous loss theory is useful when working with asylum seekers, in order to allow clinicians to hold the suffering that has been endured within a framework that can allow for the treatment to be directed appropriately (Utrzan & Northwood,

2016). Researchers found a strong link between approved immigration status and improved mental health (Utrzan & Northwood, 2016). Until then individuals live largely invisible lives, ineligible for services or support, leaving trauma to go unattended for what may be decades. Utrzan and Northwood (2016) cite depression as a common symptom in asylum seekers, who are said to describe themselves as the walking dead. In a case study done following the story of one couple from Syria, researchers track their experience over several years, with one of the members of the couple meeting diagnostic criteria for both Post Traumatic Stress Disorder (PTSD) and MDD, which is common in ambiguous grief (Utrzan & Northwood, 2016).

While working to support their clients, naming their presenting problem as a type of ambiguous loss brought a sense of relief and validation to the couple, allowing them to find words to begin describing their experience (Utrzan & Northwood, 2016). They underwent a process of reconstructing their identity, tempering their need for mastery as they came to the realization that the outcome of their application for asylum was entirely out of their control (Utrzan & Northwood, 2016). Their ambivalence was normalized, and they developed new rituals to create a sense of closeness between them, fostering their attachment (Utrzan & Northwood, 2016). These steps enabled them to keep hope alive and shows how ambiguous loss theory can provide a clinical framework for therapists working with asylum seekers and refugees (Utrzan & Northwood, 2016).

Singleness

Involuntary singleness is another ambiguous loss that is commonly overlooked. Those who desire a long-term relationship but have never been in one struggle with what is often unrecognized grief (Jackson, 2018). Society has an absence of ritual to demarcate adulthood for those who are single, potentially leaving these individuals feeling stilted (Jackson, 2018).

Interestingly, rates of singlehood are increasing, as is the age of first marriage. In spite of this, there is still a strong social script around marriage and expectation for a long-term relationship, that when unfulfilled can result in ambiguous grief. Individuals can experience anxiety and depression as a result (Jackson, 2018). By accurately conceptualizing involuntary singleness as a loss, individuals are given a potential explanation for their distress. This can be particularly acute when non-materialized children are also taken into consideration. Researchers recommend using a dialectical approach, accepting both the ability to enjoy singleness while also desiring a partner as a potential antidote for symptoms of psychological distress. In addition, reconstructing identity and externalizing societal pressure can also provide relief. Adults are encouraged to cultivate a psychological family, reauthoring their narrative and sharing their story with meaningful people.

The Misdiagnosis of Grief

In this section, articles explore the way grief is often disguised as anxiety and depression. Researchers discuss social inequalities and frozen grief, as well as tendencies towards rumination, listing these as potential links to grief. Anxiety and depression are common mental health diagnoses and on the rise. Ambiguous loss becomes problematic for mental health when depression and feelings of ambivalence lead to anxiety and immobilization (Boss et al., 2011). Without exploring the potential for loss, this leaves clinicians in a space where they can easily misdiagnose a client's grief symptomology.

Disenfranchisement and Ambiguity Resulting from Sexual Assault

In a paper exploring the impacts of grief and loss on survivors of sexual assault, Bordere (2017) discusses how the survivors' experiences leave them disenfranchised and struggling to cope with multiple losses that are frequently unacknowledged. The system they seek justice in

and the society in which they live is designed to protect offenders (Bordere, 2017), and while this is beginning to shift, the progress is slow. Bordere states that the primary loss experienced is the loss of their “pre-assault life and worldview” (2017). Because no rituals or grief markers exist along the journey to survivorship, individuals are often left to cope alone. It is important to note that racially marginalized groups are also significantly impacted by sexual assault (Bordere, 2017). This results in multiple intersecting layers of marginalized identities, making safety and healing feel even more unattainable. Bordere highlights that “grief and depression may look similar and can both coexist...however, grief and loss are often not provided as response options....depression is a commonly noted experience” (2017, p.34). This means that individuals are then treated using antidepressants in lieu of the support that would be needed to unpack and navigate their trauma and grief (Bordere, 2017). Bordere (2017) states that the medicalized response to grief highlights capitalistic values expecting a brisk return to productivity.

The power of language is cited as providing validation to our grief, allowing survivors to identify their experience and begin to move towards healing (Bordere, 2017). Ignoring the consequences of grief, means individuals experience persistent symptoms of fatigue, difficulty concentrating, distraction, and a shift in socialization, and without addressing these, other aspects of life become dysregulated (Bordere, 2017). The solution, according to Bordere (2017), is more feminist and interdisciplinary perspective, and a holistic understanding of sexual assault that includes grief. If clinicians fail to acknowledge grief, survivors can be further disenfranchised, and ultimately, their needs are not met (Bordere, 2017).

Socioeconomic Inequality Meets Anxiety and Depression

Research shows that socioeconomic inequalities in anxiety and depression widen as participants age (Green & Benzeval, 2013). Three cohorts of participants in Scotland, divided by

age, were measured using anxiety and depression scales, and the results showed that receiving intervention early in life was more likely to reduce socioeconomic difficulties later, and also resulted in a reduction of anxiety and depression (Green & Benzeval, 2013). Green and Benzeval (2018) had hypothesized that symptoms increased in correlation with widening inequality. Results showed that a substantial portion of the socioeconomic variability in anxiety and depression could be linked to the inequalities that were already present when participants were younger, and the gap widens with age (Green & Benzeval, 2018). One potential explanation for the increased symptoms of mental distress links to a sense of learned helplessness over time due to a series of uncontrollable adverse life circumstances (Green & Benzeval, 2018). One could also say that systemic poverty and grief associated with an inability to alter ones circumstances resulted in symptoms associated most commonly with anxiety and depression.

The Impact of Rumination on Symptoms of Anxiety and Depression

In a study conducted by Basha (2015), the relationship between rumination, cognitive distortion and anxiety and depression symptoms in university students was explored. Researchers cited evidence that rumination was associated with negative outcomes, particularly for those who were already experiencing depressive symptoms (Basha, 2015). They also highlight anxiety as one of the most common affective states, indicating that approximately fifteen percent of the population would be considered anxious during the course of an average year (Basha, 2015). While individuals are in a depressed state, the frequency of positive thoughts decreases, creating a cognitive circle linking their depression and suffering (Basha, 2015).

The goal of the study was to explore the relationship between rumination and anxiety and depression in order to determine if this could be used to predict these symptoms in university

students, while also trying to identify any differences that may exist between males and females (Basha, 2015). A sample of 270 students consisting of 117 males and 153 females, ranging in age from 17 to 23 were surveyed and made to complete a variety of scales and measurements including the Beck Depression Inventory (Basha, 2015). The study found that females were more likely to ruminate and experience anxiety symptoms, and researchers concluded this matched other data that showed that women are more likely to ruminate sad times, increasing the likelihood of a sad mood, resulting in higher rates of anxiety (Basha, 2015). Researchers acknowledged that it was not the situation itself that generated the emotion, but the individuals evaluation of the situation, and theorized that disturbances in important areas of life like finances and relationships, could direct attention inwards (Basha, 2015). As many individuals are controlled by negative thoughts about themselves and their circumstance, this inward attention resulted in increased depression, and this had a tendency to be exacerbated by the belief individuals had that their failure and negative experience was the result of personal causes (Basha, 2015). Literature on grief highlights rumination and these types of negative cognitive distortions as symptomatic of ambiguous grief stating that “it is not uncommon to be misdiagnosed with an anxiety disorder or major depressive disorder” (Harris & Winokuer, 2016, p. 115).

The Impact of Poverty on Depression and Anxiety

As it is becoming clear that there is a significant possibility that what has previously been labelled as depression and anxiety, may in many cases be symptomology related to unresolved systemic grief, the impact intersectionality plays also requires further exploration. As economic disparity increases, those on the bottom tiers of socially constructed power hierarchies begin to lose hope and this can have significant consequences.

The Death of the American Dream

According to Taylor (2017), citizens in the United States are becoming increasingly concerned that the American Dream is now out of reach. A shrinking middle class, loss of jobs that pay a living wage, and systemic changes that consistently funnel wealth and benefits to the top 1% have contributed to this shift (Taylor, 2017). Individuals are born and participate in society with the impression that there is a social contract that exists tied to capitalism and is rooted in a belief in equal opportunity for all (Taylor, 2017). The pursuit of happiness is realized in the chance for upward mobility, and as generations passed each one had the opportunity to improve on the life that had been created by their parents (Taylor, 2017). Recent changes have made this system unsustainable, and as the credit and debt cycle becomes exhausted, and technology brings fundamental changes, income and wealth inequality continue to increase (Taylor, 2017). Political leaders, in large part remain inactive to address this, creating increased polarization, as more and more citizens realize the dreams they believed they were entitled to are now out of reach (Taylor, 2017). According to Taylor (2017), western civilization is entering a disequilibrium that previously had only occurred during wartime or depression.

The Additional Stress and Trauma for Marginalized Groups from COVID-19

One cannot discuss the topic of grief in the year 2021 without acknowledging the tremendous and universal impact of life during a global pandemic. Individuals in marginalized racial and ethnic groups may face additional stress stemming from their historic and social context (Lund, 2020). Social distance, the primary public health recommendation, is only available to those who are privileged in a home large enough to practice it and with the resources to procure necessities easily (Lund, 2020). Marginalized populations have found themselves disproportionately represented in careers that place them at risk in jobs that require direct

interaction with the public, often without adequate personal protective equipment (The Lancet, 2020). They are unable to work from the safety of their homes. In addition, those who are already experiencing economic hardship may find that services they have grown to rely are no longer readily available and are also experiencing higher rates of unemployment (Lund, 2020). Lund (2020) also cites long histories of discrimination in the healthcare system as a factor that can further complicate access to care.

Lund (2020) highlights several recommendations for clinicians. Awareness of additional stressors and avoiding stereotyping and prejudicial behaviour is critical. Therapists should check in regularly about new and continuing stressors, and maintain consistent self-awareness, centering the experience of the client not their own, while checking their privilege (Lund, 2020). Lund (2020) highlights the impacts of previous acute or chronic trauma, poverty, race-based trauma, and associated psychological effects including depression and anxiety, as well as the layered intersection of multiple marginalized identities experienced by some. Therapists are encouraged to continue to advocate for social justice on a broader scale throughout the COVID-19 pandemic, and at the same time take care that they are seeking to amplify the voices of marginalized individuals and communities. The layered impact of grief stemming from COVID-19 in the context of pre-existing systemic inequality cannot be overlooked.

The Combination of Grief, Anger and Injustice

Understanding the connection between grief and lived experience is crucial for clinicians. Researchers explored the link between poverty, trauma, and the experience of injustice with grief and specifically anger related to grief in a community in Timor that had experienced high levels of conflict (Rees et al., 2017). They found increased trauma correlated with higher levels of grief and anger and discovered that this may also be linked to family conflict (Rees et al., 2017). They

state that anger is often seen as a dysfunctional emotional response, yet it is a core component of the grieving process (Rees et al., 2017). Participants included all adults from two villages who completed surveys and were split into three groups: grief, grief-anger, and low symptoms. Results showed a high correlation of grief and grief related anger with PTSD. They also found women to be more likely to be assigned to the grief or grief related anger group, which may speak to the further marginalization they experience in comparison to men, as members of those groups also reported higher rates of traumatic experiences and may speak to transgenerational trauma. Researchers recommend further study is needed to explore the rupture of interpersonal bonds that occurred as a result of grief and the way it may subvert an individual's ability to create a stable family environment.

Potential Therapeutic Interventions

While systemic grief is not yet widely researched, several articles explore ambiguous grief and the use of a variety of narrative therapy techniques used in group contexts, making this an excellent starting place. Narrative therapy addresses social justice through its focus on the discourses of modern power (Combs & Freedman, 2012), allowing for the potential to extrapolate this and apply it to the grief that is specific to marginalized communities. Narrative therapists take an active stand for social justice rather than neutrality (Combs & Freedman, 2012), making this an appropriate therapeutic intervention when considering an intersectional lens. Following this, additional therapeutic interventions will be outlined, ending with liberation psychology.

Narrative Therapy Interventions

Narrative Therapy holds that the reality humans exist within comes from our stories (Prochaska & Norcross, 2018). Therapeutic narratives are constructed consciously and

collaboratively, starting by identifying the dominant discourses in our societies that have impacted our experience (Prochaska & Norcross, 2018). This is a necessary starting place when assessing the impact of systemic grief.

Community Based Narrative Techniques.

In an article exploring ambiguous loss, Boss (2017) focuses on shifting the source of the suffering to something that exists outside of the individual. Boss (2017) writes about the grief experienced when individuals go missing, and families are left without factual information wondering if their loved ones are alive or dead, causing them to stay in a frozen state hoping for their loved ones return. In order for them to live well in spite of their loss they need to acknowledge that the source of their suffering, the ambiguity, exists outside of them (Boss, 2017). Once the family realizes the loss is not their fault, they become less resistant to therapeutic intervention, allowing them to change in order to function together in a new way (Boss, 2017). Boss (2017) emphasizes that because the grief is open-ended it may resemble malingering; however, chronic sorrow is the result of the type of loss that has been experienced. Understanding this is critical to avoid pathologizing the clients experiencing this type of grief. This type of grief affects us at an individual level, family level and societal level. Because no script exists to define how support should look in a community, the impacted families are isolated (Boss, 2017).

Six guidelines for interventions are outlined for consideration when working with those suffering from ambiguous grief. The first of these is finding meaning by naming the problem and externalizing it (Boss, 2017). Then individuals are encouraged to master their inner selves, and this can be adjusted to account for the level of systemic marginalization they may have experienced prior to and during the loss, as some will need more empowerment than others

(Boss, 2017). Following this, identities are reconstructed, ambivalence becomes normalized and attachment is revised (Boss, 2017). All of these steps allow individuals to discover a newfound sense of hope, one that does not focus on what or who is missing (Boss, 2017). These guidelines can be used in any order to create an intervention that is fluid and flexible (Boss, 2017). Boss (2017) highlights the ethical concerns of this work, stating that “we cannot bring the families we work with farther than we ourselves can go in tolerating ambiguity” (p. 534), emphasizing the ongoing need for clinicians to be active in their own internal work.

Community-Based Writing as a Mourning Ritual.

Another article that continues the theme of narrative techniques to address traumatic grief, including ambiguous loss, emphasized the use of writing assignments (Smid et al., 2015). Researchers posit that the persistent grief individuals feel is caused in part by an attempt to avoid distress, as they work to suppress intrusive memories and avoid reminders of their loss (Smid et al., 2015). By writing letters, a mourning ritual is created that allows for feelings of anger and sadness to begin to be processed (Smid et al., 2015). In addition, the therapist can work to acknowledge and empathize with the feelings the client is experiencing to begin to facilitate a relationship that provides safety within which to explore and process traumatic grief (Smid et al., 2015). By moving through a series of farewell rituals, and through therapeutic support individuals are able to recreate their relationship to their loss and move forward; however, more work needs to be done to determine how this type of treatment could be used in a group therapy setting or with large at-risk groups (Smid et al., 2015). It is possible that this type of intervention would lend itself well to outsider witness groups, where others are invited in to bear witness to the stories shared in order to amplify them (Combs & Freedman, 2012). Combs and Freedman (2012) highlight that if including others in the therapy room is not possible, circulating shared

documents may be one strategy that can be used to thicken a story and allow for the participation of the wider community.

The Use of Meaning Reconstruction.

Wheat and Thacker (2019) explored the disenfranchised grief experienced by those in the LGBTQ+ community, stating that many of the losses they experience are unrecognized by the professional therapeutic community, resulting in the potential for harm. They highlight the unique losses experienced from the result of gender identity and expression, or sexual orientation, related to coming out, marginalization, or the loss of religious or spiritual communities (Wheat & Thacker, 2019). In addition, there is the loss of societal value and significance, and this can vary depending on one's location and cultural background (Wheat & Thacker, 2019). In order to process this grief, some sense needs to be made of it. Techniques used include rebuilding a new narrative, grounding grief in a social context outside of the individual and developing a new sense of identity (Wheat & Thacker, 2019). Hope and resilience become key to this reconstruction process, and therapists are able to bear witness to the telling of one's story, participating in the ongoing process of meaning making (Wheat & Thacker, 2019).

Wheat and Thacker (2019) outline a case study in their article to conceptualize their approach, and through a process of meaning making were able to unearth a deep sense of grief over not being seen or fully accepted in previous relationships. A curious stance, and efforts to bear witness created space for this side of the client's story to emerge, and by helping them process and reconstruct their identity they became unstuck (Wheat & Thacker, 2019). One key component of this approach is that clients are empowered to assert autonomy in sessions and collaborate with the therapist in the process of meaning making, identifying the preferred story (Combs & Freedman, 2012; Wheat & Thacker, 2019). Wheat and Thacker (2019) also highlight

the need to be vigilant for signs of suicidal ideation when doing work around ambiguous and disenfranchised grief. Awareness also needs to be maintained when considering the power that the clinician brings into the room and one must commit to a journey of self-work and improved knowledge and skills when working with marginalized populations (Wheat & Thacker, 2019).

Social Supports Impacting Depression

Another article that explores the impact of grief on asylum seekers investigates the value of social support as a means to mitigate the depression related symptoms that are experienced when one encounters a traumatic loss of place (Oppedal & Idsoe, 2015). In addition to the mental health distress caused by displacement due to war-related loss, individuals suffer from culturally based discrimination, resulting in a loss of self and identity (Oppedal & Idsoe, 2015). Research has shown that cultural competence is a critical factor when working with asylum seekers, and that social supports work to act as a consistent protective factor, particularly when dealing with discrimination, preventing traumatic grief from developing into PTSD (Oppedal & Idsoe, 2015). One can conclude that the acknowledgement of grief and trauma in a culturally aware way, and the identification of existing resilience provides the structure needed to allow individuals to begin to work through their traumatic grief.

Interactional Ordering

In this article, Sawicka (2016) explores ambiguous grief within the context of perinatal loss. The grief is described as culturally disembedded, and interactionally disenfranchised, as the immediate social context in which the individual finds themselves in views the bereavement as illegitimate (Sawicka, 2016). Researchers hypothesize that individuals rely on their cultural environment for cues to define their emotional experience, and these provide a framework of rules and expectations (Sawicka, 2016). Sawicka (2016) explores perinatal loss through the lens

of ambiguous grief and analyzes how the grief process is managed in a group context through collective emotional work, as well as identity and boundary work. This allowed grieverers to form a discursive community which succeeded in filling the gap left by their broader social context. Qualitative data was collected from online discussion posts geared towards grieving parents and interviews (Sawicka, 2016). The data showed that after joining online communities individuals were able to define their loss, reframe their feelings using social grieving components and develop a new community forged through a shared sense of meaning (Sawicka, 2016). This allows them to move from a state of grief that was initially disenfranchised to one that felt legitimate and socially embedded (Sawicka, 2016).

Community-Based Counselling and Bereavement in Low-income Households

In this article, researchers explored the link between poverty and increased grief-related mental distress, suggesting a potential solution in bereavement counselling tailored to adjust for income (Newsom et al., 2019). The cite that low income is associated with symptoms of depression, anxiety, and posttraumatic stress in those who are processing grief, stating that poverty can limit ones access to support and self-care (Newsom et al., 2019). Structural barriers can also exist, making service inaccessible or inappropriate (Newsom et al., 2019). Researchers surveyed residents of Scotland who were recently bereaved and had them complete three questionnaires over the course of 18 months (Newsom et al., 2019). Participants were assigned to either an experimental group or control group and ranked according to income. Those in the experimental group received a community-based bereavement counselling intervention from and seemed to receive the same benefit from the counselling regardless of their income level, even though initially low income was strongly correlated with higher distress. While this study

involved participants grieving a death related loss, it is reasonable to think that similar results could be expected when exploring non-death related grief.

A Radical Healing Framework: Liberation Psychology

In this article, researchers outlined an approach that clinicians can use to begin to support the healing process of racially marginalized groups in the United States (French et al., 2020). The begin with an explanation of the history of racism and trauma experienced by many members of the population and advocated for a move towards healing, motivated by mirroring Indigenous culture, versus the Western strategy with often advocates for improved coping (French et al., 2020). When the system one is caught in is responsible for one's grief, coping is an individualized solution that focuses on learning the best to survive within systemic limitations, while healing involves resisting oppression, and removing the barriers that exist to prevent mental health and wellness. This is undertaken collectively, through community connection and understanding of common struggle (French et al., 2020).

The authors advocate for "radical healing", which involves healing from the trauma of oppression and requires reconciliation and the telling of one's story (French et al., 2020). Instead of individuals holding the blame, the systemic oppression is held responsible (French et al., 2020). Radical healing is defined as "being able to sit in a dialectic and exist in both spaces of resisting oppression and moving toward freedom" (French et al., 2020, p.24). This facilitates hope for justice, and freedom, and hope in itself is seen as a radical act of courage that works to facilitate resilience in individuals and communities. Authors highlight that the current political climate makes it unsafe for many members of oppressed communities, and additional barriers to seeking mental health support often exist. Community based healing and collaboration with trusted community leaders can provide safe therapeutic spaces that are more accessible. It is

recommended that clinicians integrate liberation psychology and radical healing into their learning, and ongoing focus is needed to diversify the field of psychology. While this article focuses on people of colour and indigenous individuals, it would be useful to determine if this strategy could also benefit other groups who are marginalized by systemic oppression.

Limitations

While there is some interesting and useful research that has been done, there are also some consistent and serious limitations around what is available to date. Very little quantitative study has been done on non-death related grief and how best to treat it. This coupled with the lack of research available on the impacts of intersectionality means that systemic grief is as of yet predominantly unacknowledged in academic writing. In addition, research is often limited to one specific cultural group or demographic as is the case with the grief study done in Timor (Rees et al., 2017), or the study exploring the impact of socioeconomic status done in Scotland (Green & Benzeval, 2013).

In addition to these obvious shortcomings, many of the articles lack an intersectional lens. This means that links between marginalization, oppression, and grief may not be noticed or tracked continuing to contribute to the clinical overrepresentation of depression and anxiety. While it is useful to identify factors like socioeconomic status, or migration, that impact grief, the larger picture is missing, which would expand the story to include the social power structures that we all find ourselves existing within. It is also critical for the therapist to understand their own position in relation to their client and approach systemic topics gently and appropriately, whenever possible working to elevate members of the community to lead in the healing process.

Summary

In conclusion, there are many examples of non-death related loss that have been shown to result in grief including loss of place, loss of time, and loss of self, among others. Often, these are associated with symptoms of anxiety and depression which can easily be misdiagnosed. Those who are experiencing marginalization and are part of demographics that are known to be oppressed by the structure of modern society are particularly vulnerable to this type of systemic grief. Several researchers offer solutions that outline a variety of community-based narrative therapy interventions.

Chapter 3: Now What?

This capstone explores the impacts that non-death related losses have on individuals and communities, highlighting the exacerbating effect that low socioeconomic status, and other intersections of oppression may have on one's ability to cope. Individuals in these demographics show higher incidences of anxiety and depression overall, and as the symptomology mirrors that of long-term unresolved grief, one can hypothesize that systemic grief is the cause. The following chapter will provide us with suggestions for how to move forward.

While current research leaves us with some general thoughts on how to approach systemic grief through the use of interventions rooted in a systemic lens including narrative therapy and liberation psychology, the specifics on how to proceed are unclear. It is necessary to grapple with the role that both the therapeutic community, and we as individuals, have played in maintaining the status quo and potentially disappearing the impact of systemic inequity. Following this discussion, this chapter will provide a more thorough analysis and discussion of current literature. Limitations and constraints of the current research will be discussed, and this will lead to an exploration of alternative action available moving forward. Finally, the chapter will end with a proposal for future research, and a suggested framework that may be used as a starting point for future therapeutic support.

Prior to this exploration, it is important to note that in order to be of the most use the therapist must undergo a thorough self-assessment, exploring biases, beliefs and behaviours that may perpetuate the very systemic grief we are working to remedy. Without this, there is no opportunity to explore clients experiences of oppression in the therapy room as therapists will unknowingly perpetuate injustice resulting from their own intolerance (Gangamma & Shipman, 2017). It is one thing to have a hypothetical academic discussion of inequity, it is quite another to

have lived through the experience. Research and analysis cannot replace the wisdom of the lived experience of our clients. Our role is not to assume an expert stance but to facilitate the safe expression of the healing hope already rooted in the community we are working with.

As therapists, we are uniquely positioned to have a window into our clients most vulnerable places. In addition to this, we have the potential to influence our communities and the world of academia by holding a set of skills that makes us able to participate and lead in effective dialogue and social justice training (Wilkins-Yel et al., 2020). Approaching this discussion from a place of certainty would be an error of entitlement. Therapists need to maintain a constant awareness of the inherent biases present in the therapeutic relationship resulting from an unequal power dynamic (Addison & Coolhart, 2015). It is not possible to fully grasp the complexities clients bring, and it is from this place of not knowing that we are able to offer an authentic, if imperfect, relationship.

In addition to this, the health and wellness of individuals and the broader community requires a shift that moves interventions outside of the counselling office (Wilkins-Yel et al., 2020). This shift allows for the incorporation of more voices. When developing an approach that has the intention of serving a community, including the voice of the community in the development can only be seen as wise and necessary. By incorporating activism and advocacy into therapeutic work, therapists strive to develop relationships in the community that bear witness to power, resilience and struggle (Pk, 2018), lending their voices and adding weight to the already vibrant leaning towards wholeness and healing. Oppression creates the threat of destruction, whereas “healing is an inherent and existential refusal to that and facilitates movement” (Lopez, 2020, p. 1), a movement to produce the conditions that would sustain a full life. To do this effectively, an element of humility is required, and a focus on hope is a necessity.

In large part, our role as therapists is to act as a witness. “The presence of a witness can be a form of resistance against oppression” (Reynolds, 2019, p. 47). Keeping this top of mind while reviewing and discussing proposals for the future is vital, to remind us that the therapeutic community are not experts but helpers, reaching out a hand of support.

Analysis and Discussion

When reviewing the current literature there is much to analyze and discuss. We begin to see the types of non-death related losses one can experience over a lifetime, and how those losses are more common in certain demographics. The American Psychological Association (APA) describes socioeconomic status as “a consistent and reliable predictor of a vast array of outcomes across the life span, including physical and psychological health”, and highlights that these disproportionately impact ethnic and racial minorities (APA, 2017). Another way to describe this would be to say that the systems created to maintain the status quo impact us so significantly that for many individuals, their health and wellness is negatively affected. In fact, the APA goes on to say that “socioeconomic deprivation and racial discrimination have been implicated in higher psychological distress” (APA, 2017), urging practitioners to consider this vital intersection in their work. Through the articles presented in the literature review, we are now in a position to consider this distress as the result of systemic grief. If this is the case, the strategy for treatment changes.

Findings

The articles discussed in the literature review explore a variety of non-death related losses and the impact they have had (Burns et al., 2018; Gitterman & Knight, 2018; Jackson, 2018; Mitchell, 2018; Utrzan & Northwood, 2016). An exploration of the misdiagnosis of grief as depression and anxiety was offered (Basha, 2015; Bordere, 2017; Green & Benzeval, 2013).

Articles highlighting the disproportionate impact on those with low socioeconomic status were reviewed (Lund, 2020; Rees et al., 2017; Taylor, 2017). Finally, a series of articles discussing potential therapeutic interventions were presented (Boss, 2017; French et al., 2020; Newsom et al., 2019; Oppedal & Idsoe, 2015; Sawicka, 2016; Smid et al., 2015; Wheat & Thacker, 2019). These may offer some strategy for how to approach the treatment of systemic grief. While all of these articles are useful to provide a framework from which to move forward, often the larger systemic connections remain unexplored. It is evident that a slow shift is occurring that includes an increased focus on intersectionality, and how it needs to be considered therapeutically, but much more work still needs to be done.

Relevance

In order to properly consider the impact of these findings, one must also remember that socioeconomic status plays a role in academia. Research links lower SES with slower rates of academic progress and lower achievement (APA, 2017). Students from lower SES families who do pursue higher education tend to carry a higher debt load (APA, 2017). In addition, more space needs to be made for students who are black, indigenous, people of colour, or come from other groups not commonly represented well in the academic landscape. These groups also face significant career barriers (APA, 2017). “Organizations and groups often reproduce harmful structures and practices in the name of social change and justice (Lopez, 2020, p. 10).” The risk is that as academics, the community reorients in a way that still serves to maintain the status quo while alleviating feelings of guilt held by the dominant majority. There is a chance that as the therapeutic community seeks to resource ourselves, we will do so in ways that reinforce and strengthen oppression (Lopez, 2020). Therapists have the opportunity to lead in the participation of work that moves towards reconciliation and healing.

Limitations and Constraints

There are several limitations and constraints when it comes to the current body of research involving non-death related grief. While several articles mention the impact of various non-death related losses, in general, the work seems observational in nature, and lacking a systemic view. Currently, there has been little to no work done to explore the impact of socioeconomic status on non-death related grief and the development of depression and anxiety. Much more work would need to be done to understand the extent of the potential misdiagnosis of grief in this population group.

Proposal for Future Research

When considering a proposal for future research, one would want to use a systemic approach that is rooted in an understanding of intersectionality. From this stance, one can begin to explore individual and communities experiences of grief and examine if symptoms of anxiety and depression begin to dissipate with the use of community-based group therapy interventions. Ideally a mixed-methods participatory-social justice design would be used, giving voice to participants and allowing for collaboration in the design of the project (Creswell & Creswell, 2018). Participants should be consulted on the structure of the therapy to ensure that all relevant factors are considered. For example, lack of access to transportation and childcare, if left unconsidered, may act as barriers. It would be valuable to assess participants prior to and following the intervention. Using this style allows for the identification of a theoretical framework, for example standpoint or critical race theory could be used in the design.

Research has shown that socioeconomic disadvantage, as well as race, ethnicity, and poor mental health, are all factors that impact the likelihood that participants will complete mental health treatments (Ofonedu et al., 2016). In addition, delays between intake and service initiation

are also linked to higher rates of missed appointments (Ofonedu et al., 2016). Symptoms of depression can make it more difficult to manage a schedule and multiple competing priorities, potentially contributing to a sense of hopelessness (Ofonedu et al., 2016). Understanding the challenges facing the community one plans to engage with can help clinicians plan for and develop solutions to minimize the impacts of these types of barriers. Providing services like childcare, and meals as part of group therapy, as well as scheduling sessions at an optimal time considering participants work schedules and transportation needs would help to improve participation. All of these decisions should be made in consultation with the community one is seeking to support to avoid assumptions and taking an expert stance. Ongoing research and collaboration would be required to determine the best route forward.

Tentative Framework for Therapeutic Support

When searching for a framework that can provide guidance on how to support individuals and communities navigating systemic grief, the interconnectedness between us can be used as our primary intervention. Approaches that are rooted in the local community allow for resources to be mobilized in a way that can better address grief and loss, and also provide for empowerment and witnessing (Lopez, 2020). There are many places where this is already occurring, where we have the opportunity to observe and learn, developing a roadmap for how to move forward.

Seeking the Wisdom Around Us

When cultivating a framework, it is critical that therapists do not take an expert stance, instead their role can be that of a facilitator and support. There is no need to reinvent the wheel. Many groups already have tools and resources to address systemic grief that stem from their lived experiences despite the fact that this topic is not widely identified in academic research or

counselling textbooks (Dennis, 2020; Richardson Kinewesquao, 2021). For those living with systemic grief, this capstone is not news. Seeking out the wisdom that already exists shows that as a therapeutic community, made up of a predominantly white population, we respect the resilience and strength shown by different groups and have respect for the perspective and truth that is offered (Dennis, 2020). From this place, we approach the work with a humbler stance. There are several populations we can turn to that have much to offer if we are willing to listen.

Indigenous Healing.

One place in Canada where we have much opportunity to learn is from Indigenous practices. The grief and loss experienced by Indigenous communities often goes unresolved in the wake of colonialism that has yet to be addressed (Richardson & Wade, 2010). A recent book by Catherine Richardson Kinewesquao discusses the link between Indigenous mental health and the reality of stolen land (2021). The book highlights that mental health professionals have often overlooked important facts about oppression (Richardson Kinewesquao, 2021). The disconnect caused by the loss of land, and the healing benefits of ritual are emphasized (Richardson Kinewesquao, 2021). Strong correlations exist between cultural continuity and mental health in Indigenous communities (Schill et al., 2019). By using a decolonizing approach that reorients the power dynamic, and establishes a reciprocal relationship, Indigenous elders were able to participate in research and work that not only gave their community a voice but also advocated for change on a wider scale (Schill et al., 2019). Mental wellness was connected to a relationship with the land, and transference of culture and language (Schill et al., 2019).

There is a clear parallel here, reflecting the healing that can come after the grief associated with loss of place. Maintaining connection to story, and community is vital. Indigenous elders shared how mental wellness concerns experienced by their people were

common due to the trauma of colonisation (Schill et al., 2019). What is referred to as anxiety and depression may be a refusal to maintain a calm façade in the face of injustice (Richardson Kinewesquao, 2021). Collective survival strategies have been used across communities for generations to heal and rebuild from loss and grief (Dennis, 2020). This type of systemic grief could be combated through healing relationships, and a focus on overall holistic wellbeing. Dignity is restored as those who were injured are able to gain support in their pursuit of justice (Richardson & Wade, 2010). To move forward, the systemic impact of oppression needs to be considered mindfully, understanding that the experiences of individuals are diverse. By watching and learning from the Indigenous elders and community around us we have much to glean when it comes to working towards healing and addressing the grief caused by a systemic oppression.

Black Feminism.

Another place where we can look for wisdom and direction would be the work of black feminists and activists. In the words of Audre Lorde (1988), “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare” (p. 332). The relationship black feminism has to oppression is revolutionary, striving to transform conversation into action (Sheehy & Nayak, 2020). Sheehy & Nayak (2020) state that “imagination is a precursor to transformation”(p.235), and it is through this, and a deconstruction of borders that the struggle for liberation continues. They explain that borders can exist geographically, and also ideologically, and that they function to create both fragmentation and fear (Sheehy & Nayak, 2020). Rachel Ricketts, a racial justice educator, describes the oppression that black women and femmes live with as causing an epidemic of burnout and situational depression (Ricketts, 2021). Rest is seen as an act of resistance that works to dismantle white supremacy and capitalism, making it a practice of social justice (The Nap Ministry, 2021).

The Reconstruction of Self

In order to understand how to best provide support for those grieving non-death losses, one must first have a general awareness of the loss of self that often coincides with these experiences. “A loss generally destroys significant dimensions of the self of the survivor” (Jacoby, 2015, p.117). The loss of self can occur when significant aspects of one’s identity are tied to what is now gone (Jacoby, 2015), as would be the case with many non-death related losses, loss of place being the most obvious. For example, with refugees the systems of power and privilege that existed in one’s home country, versus a refugee camp, versus a host country may be very different (Gangamma & Shipman, 2017). Changes in social location need to be taken into consideration, and there are many factors that can impact this including age, gender, religion, and class, among others (Gangamma & Shipman, 2017). This is relevant as it aids therapists in understanding the emotional reaction to the loss, as well as the wider consequences of the loss (Jacoby, 2015). One is now able to clearly see the value in meaning reconstruction, where perceptions of self, an understanding of the future and view of the world shift in response to one’s grief. Our broader social context provides the backdrop against which this reconstruction takes place. This brings us to the value of witnessing, and processing loss within a larger group.

Using a Group Therapy Format

By using a group therapy format, clinicians are able to tap into the inherent wisdom and resilience of the community. An abuse survivor asks a poignant question: “what is a human being without a voice?” (Kotze et al., 2012, p. 366). When words are spoken, space opens for us to “dislodge habitual ways of thinking and speaking and to produce the potential for discursive shifts” (Kotze et al., 2012, p. 359). In the face of systemic grief, holding on to hope can be

difficult, and becomes the responsibility of the community (Kotze et al., 2012). Clients are invited to share their new narratives and skills with others in similar circumstances, which serves to create a ripple effect, causing the community to benefit from positive therapeutic outcomes (Kotze et al., 2012). In this context, therapists stand next to the community as it uses its already present strength to mitigate the factors causing its members pain.

As with narrative therapy in individual sessions, in the group the therapist seeks to identify the dominant discourse and highlight resistance. By creating mourning rituals, and allowing for meaning reconstruction (Smid et al., 2015; Wheat & Thacker, 2019) space is created for a new story to emerge, one that emphasizes the strength of the community and hope for change. Within the context of the group, therapists also function as witnesses, beginning the important work of reconciliation to cause healing from the trauma of oppression. This adds an element of political activism to the work, requiring first the testimony of those impacted and then a response (French et al., 2020). Through this process, the responsibility is shifted from the individual to the system, acknowledge the challenges faced as individuals caught in systemic oppression strive for wellness (French et al., 2020). One cannot stress enough how critical a stance of humility is for those seeking to do this work. The fragile trust of the group requires the therapist to act in a way that subverts the traditional hierarchies of power.

Structuring the Group.

When considering how to create and structure a group, a systemic lens must be applied. By working to understand barriers that prevent those with lower socioeconomic status from accessing mental health services or completing treatment programs, the group can be structured in a way that works to mitigate as many of these barriers as possible. Socioeconomic status, underserved racial or ethnic groups, single-parent families, and poor parental mental health are

factors that are often linked with lower completion rates for mental health treatment programs (Ofonedu et al., 2016). In addition, long delays between intake and first appointments are linked to greater odds of patient no-shows (Ofonedu et al., 2016). Often low or no cost services have lengthy waitlists. It is important to understand that this more traditional approach to service will allow folks to slip through the cracks. Working to provide timely support is critical. This is often structurally challenging, as funding and organization is required. Perhaps one benefit to the COVID-19 pandemic has allowed for the expansion of online services, creatively problem solving with ways to connect people that may serve to provide broader access to support with more flexibility. Structuring the group in a way that makes it as accessible as possible, considering factors like childcare, transportation and food, can allow for those who may not otherwise be able to participate to join in. Time is also a significant barrier. Understanding that feelings of depression and anxiety can make adhering to a schedule and juggling priorities even more challenging can help clinicians to consult with clients in order to support them and remove as many barriers as possible (Long et al., 2019; Ofonedu et al., 2016).

For those experiencing poverty, research has shown several barriers to accessing mental health need to be considered (Long et al., 2019). Lack of resources, lack of support, lack of self-care, inability to balance roles and responsibilities, and systemic oppression were all highlighted as contributing factors (Long et al., 2019). An interesting finding showed that those participating in the services were able to provide a network of support for each other (Long et al., 2019), and this needs to be considered as one of the biggest benefits of exploring systemic grief through group work. For participants, being aware of individual wellness and areas where support is needed can be seen a strength and used to facilitate a greater sense of empowerment and advocacy. Allowing community partners to have a voice in the creation of the group can mitigate

some of these concerns. In other projects, higher involvement has been shown when there was consultation on almost all aspects of the program including time of day, and length of sessions (Pk, 2018).

Potential Tools.

Once the group has been structured and group work has started there are a few options for potential interventions. Therapeutic interventions rooted in narrative therapy can be utilized including outsider witnessing, community-based writing, and meaning reconstruction (Combs & Freedman, 2012; Smid et al., 2015; Wheat & Thacker, 2019). By taking a clinical activist approach, the group work can attempt to address the effects of trauma and unresolved grief (Lopez, 2020). Five core anchors should be considered, as they are interconnected: relationships, place, story, felt sense and body (Lopez, 2020). These describe the work that takes place at multiple levels including individual, interpersonal, institutional, ideological and spiritual (Lopez, 2020). By addressing these components, any areas that have experienced fracture can move towards healing. In their work, Lopez (2020) describes the fracture that occurs between body and felt sense in the same way that others would describe dissociation. In a population group that commonly experiences systemic grief, a massive fracture would occur between place and story, resulting from displacement and the loss of identity that has often occurred (Lopez, 2020). Here is where narrative meaning reconstruction becomes particularly useful, as the group can provide support for the building of a new narrative and sense of identity (Wheat & Thacker, 2019).

Lopez (2020) goes on to explain additional tools that can be used include community organization, liberation psychology, transformative consciousness, and the stages of trauma recovery (Lopez, 2020). Through the use of questions and sharing of story, participants may begin to recognize their grief, ready the ground for change, and begin the process of regeneration

(Lopez, 2020). Participants who have engaged in this type of work report that things that had previously felt blocked or stuck were loosened, and shifts were experienced in how they engaged with the situation they were exploring (Lopez, 2020). They became more able to stay with vulnerable and uncomfortable feelings, and had a greater willingness to explore them, and found that the tools they used could be carried forward into their everyday life. Through the identification of the oppression experienced by the group members, the system is held responsible and the group can move towards healing (French et al., 2020).

Considerations for Therapists

In order to engage in this type of work, there are several areas therapists must explore. These include understanding what activism and advocacy look like for them and how they can show up for their clients and community. There are also a variety of ethical considerations that centre the safety of the client.

Activism and Advocacy: More Than Buzzwords?

As mentioned, in order to truly address systemic inequity, the work needed in the therapeutic community extends beyond the therapy room. The current social climate allows for much discussion of social justice and performative activism. It is tempting, especially for folks whose social locations place them in positions of relative power, to use social media to participate outwardly in a way that is seen but does not result in personal change or truly address the systems that cause oppression in the first place (Ricketts, 2021). While discussion is necessary, as through conversation a bridge is formed to a better world, more is needed. As a white woman, I have been guilty of this, and enter this space tentatively. It is important to understand that our impact matters more than our intention, especially to those are already experiencing harm (Ricketts, 2021). Having said that, discomfort is no excuse for inaction.

Through my own learning, I have come to understand that it is more important that I continue to move forward, than to remain paralyzed for fear of a misstep. Missteps are inevitable. Ricketts (2021) provides a framework for how to stay engaged when they occur: take a breath, receive the feedback, believe the feedback, apologize, reflect. Through engaging in this research, I have felt discomfort on several occasions as I continue to be confronted by my own privilege. It is my responsibility to continue forward, recognizing the harm that can be done by performative allyship, which is more about signaling one's goodness than supporting those who are oppressed (Ricketts, 2021). The discomfort must be fuel for change as I continue to do my own work.

So how do we as a therapeutic community enter this space? Dialogue and written records are a form of activism in themselves and cannot be separated from taking action for social justice (Sheehy & Nayak, 2020). Reading and writing is a good place to start. While not all therapists may feel comfortable on the front lines of a protest, all have a role to play. There are many opportunities to act in allyship, using our privilege to advocate for those who do not hold the same privilege (Ricketts, 2021). It may be as simple as a consistent active reminder to position voices that have traditionally been marginalized ahead of yours. Listening, asking how we can help instead of making assumptions; these seem like basic instructions, yet when we are used to being the "experts" we need reminders to hold back. It can take the form of providing access to writing and critical thought that would typically be limited to those within the circles of academia to the wider public by offering free access to research and articles that would typically be reserved for those within academic circles. Scholarship that may have previously focused on coping should shift to centre resisting oppression and the exploration of barriers to wellness (French et al., 2020). Community organizing is a process that can be healing on multiple levels when it involves deep interpersonal relationship building (Lopez, 2020). Lobbying for

governmental change, and reparations for those who have experienced a lifetime of grief due to the loss of their land and identity is one practical avenue. Paying those who we ask to do emotional labour to educate us is another. There are many options, and each of us need to explore for ourselves ways in which we can make an impact. To foster the safety we would hope to create for our clients, there also needs to be an internal excavation to root out the systemic oppression that resides within us.

Ethics

As with any therapeutic work, ethical considerations should always be top of mind. Due to the power imbalance inherent in the therapeutic relationship, therapists must take great care so that they are not perpetuating the very systemic grief they are working to combat. We have a responsibility to stay conscious of our privilege, and continue to educate ourselves (Combs, 2019). This awareness can allow us to use our privilege constructively and influence our wider community to bring about a more just society. Holding ourselves accountable to moving forward through our feelings of discomfort is a necessary part of our work. Research has shown that therapists who actively work to develop their multicultural competence and understanding of systemic oppression reduce their bias when it comes to beliefs about poverty and how it relates to their clients (Clark, 2016). In order to provide the best support that we can, we must undergo continual reflection to decrease our bias and strive to understand our clients worldview (Clark, 2016).

The dynamics of group work can shift quickly and for this reason it would be recommended that therapists work in pairs: in fact, most groups use a co-therapist structure (Yalom & Leszcz, 2005). This allows the therapists to complement and support each other, have greater ability to observe and broaden the range of interactions (Yalom & Leszcz, 2005). On a

practical level, working in pairs allows for more space. If one therapist is involved in supporting a group member with a crisis, the co-therapist is able to maintain focus on the remaining group members.

One additional ethical consideration involves community consultation and feedback. Using a reflecting team could be a useful and therapeutic way to explore how the group work is going and whether adjustments need to be made (Combs & Freedman, 2012). A reflecting team invites individuals from outside of the group to observe and have a conversation that reflects on the therapy. The group is then able to reflect on the observations made. Outsider witness groups could be made of therapists, members of the wider community, or any combination of participants that felt useful. Building a process for feedback into the work allows us to constantly recalibrate, course correcting quickly to minimize risk of harm to participants. It also gives participants the opportunity to see how their stories impact those around them, adding meaning to their experience.

Moving Forward

When confronted with this type of topic knowing how to move forward can feel overwhelming, and paralyzing at times. The temptation to put it aside is strong as our discomfort in wrestling with the ways we have allowed, and perhaps even perpetuated inequity can be intense. The hope would be that this topic becomes more than a conversation and that we are motivated to act differently to allow for different outcomes in the future. The over-pathologization of grief needs to stop. Systemic inequity needs to be seen for what it is and named, and space for those who have suffered and continue to suffer needs to continue to be created so that their stories can be heard. As a profession, our field needs to expand our scope of

work using an intersectional lens. If interventions are studied based on the impact that they have on the most marginalized groups, we all benefit as a result.

Summary

The topic of systemic grief brings with it much that needs to be considered. Beginning with a call to action for therapists to consistently challenge their own biases and places of privilege and ending with the opportunity for meaningful change and healing in the community, the entire process is undergirded by seeds of hope. More work needs to be done to consider the systemic impact on individuals, groups and families over a lifetime and generationally. Moving quickly to a label of anxiety or depression can erase the larger context we all live in. By reminding ourselves of the systemic elements, we remember that we all have a role to play in shifting this reality for the future.

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Appendix

List of Terms

Ambiguous loss: “Loss that remains unclear, cannot be fixed and has no closure and extends to both physical and psychological loss” (Harris & Winokuer, 2016)

Chronic sorrow: “An ongoing response to losses that are continual and unending in nature” (Harris & Winokuer, 2016, p. 121)

Disenfranchised grief: The complex mourning experience individuals face when suffering social stigmatization resulting from a death or loss

Non-death loss: Loss that results in an experience of grief similar to that experienced by a death-related loss but lacking in social acknowledgment including ambiguous loss and non-finite loss.

Nonfinite Loss: “Loss experiences that are enduring, usually precipitated by a negative life event or an episode that retains a physical or psychological presence” (Harris & Winokuer, 2016, p. 121)

Systemic Grief: Grief that results from marginalization experienced over a lifetime, due to systemic oppression.

Traumatic grief: Grief that results in an individual maintaining feelings of being threatened, or highly vulnerable, and experiencing a lack of safety, resulting from an assault to their assumptive world (Harris & Winokuer, 2016).