TOGETHER, APART:

GRIEF IN THE TIME OF COVID-19

by

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ABSTRACT

Together, apart: Grief in the time of COVID-19
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This Major Research Project takes the form of a critical discourse analysis, with interest paid to the ways in which grief is being talked about right now, in the context of the global COVID-19 pandemic. Nine publicly available documents made up the studied discursive sample, with all texts having been produced by North American media outlets/sources. These documents were examined and analyzed through the lens of Anti-Oppressive Practice and Relational-Cultural theories. Discourses which were present across all samples were: 'grief as death', other griefs for other losses, grief managerialism, and collectivity/the requirement for connection. The analysis and discussion of these themes made connections to and raised questions of white supremacy, specifically around what is considered grievable in colonial society, what forms of grief are acceptable, and for members of which communities. Peer support as a community-healing modality was put forward, due to its anti-oppressive framework. Next steps include further areas of study, including that of grief supremacy and a more detailed, nuanced discourse analysis of the intersection between white supremacy, colonialism, and grief.

ACKNOWLEDGEMENTS

DEDICATION

S.A.S. – This work is for you. It always was, and it still is. You are always on my shoulder.

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INTRODUCTION

So, there I was: March 11, 2020, submitting the first four chapters of my Major Research Project (MRP), right on schedule. My introduction, literature review, methodology, and theory chapters were finished, and I was well on my way to starting my field research into dementia grief and peer support. What I did not know at the time was that a mere two days later, Canada and the major urban centre that I live in would be shut down due to an emerging global pandemic: COVID-19. In addition to the fear and uncertainty that the pandemic cast on the world at large, I felt that my small corner of it was in shambles in its own way. The project I had been working so hard on since September was now, as I saw it, ruined and unusable; I was unable to carry out my research in the way that I had imagined, which was to conduct and assess in-person dementia grief peer support groups for Bereaved Families of Ontario-Toronto, the agency with which I had been completing my MSW field practicum. As practicums were cancelled and support groups placed on hold, I had a 24-hour meltdown where I saw my MRP going up in flames. When the smoke cleared, I began to see the ways in which this project was going to work, perhaps in an even more relevant, fulfilling way than before.

My original MRP focused on dementia grief, an issue which affects me personally. I received a phone call in 2011, while I was living far from home in Manitoba, that my dear grandmother had been diagnosed with Alzheimer's disease and would promptly be moved into an assisted living facility. The depth of feeling while hearing confirmation of her deteriorating health would be rivalled only by the profound sorrow I experienced when she died six years later. The journey between diagnosis and death was heartbreaking to say the least; the closest person to me was being stolen away, from right before my eyes while her body lived on. I was living through a profound experience of ambiguous loss, a complicated grief.

Where I felt that this experience was singular and personal, in the context of COVID-19 I am seeing ambiguous loss emerge on a much larger scale. COVID-19 has forced many into a state of ambiguous or symbolic loss: the loss of 'normalcy', the loss of free movement, the loss of agency, the loss of certainty, and of course, the loss of physical connection with loved ones and communities, even and especially when those loved ones are alive but inaccessible.

The feelings that I had in response to my grandmother's experience with Alzheimer's disease, her being physically present but psychologically absent, are now being represented on a global scale in the exact inverse: our loved ones are psychologically present to us, but physically absent. We are able to connect remotely, through social media and phone calls, but not in person. Physical touch and proximity, important sources of human connection, are currently inaccessible due to social distancing and other public health measures. The complicated grieving that I was doing around the 'small deaths' experienced during my grandmother's illness are reflected back to me in friends' Facebook posts about mourning the loss of spending time with friends or losing their job. These feelings, regardless of their context, are more similar than they are different.

The relevance of this newfound understanding is twofold. First, I am able to make sense of some of the complicated feelings arising on a grand scale in this new and unfolding historical moment. Second, much of what I had already studied on ambiguous loss and complicated grief for the first iteration of my MRP would still apply to the context of COVID-19.

My MRP's renewed focus takes the form of a critical discourse analysis, interrogating the ways in which grief is being discussed in the context of COVID-19, a concept which is popping up everywhere, in varied contexts. As someone who has lived in the world of grief, both personally and academically for some time, I am interested to see it entering the mainstream in such a visible way. I will be examining publicly available texts, mainly news articles, to see how

the most visible outlets are talking about grief right now and considering what this could mean

for collective healing post-COVID.

CHAPTER 1. LITERATURE REVIEW

The focus of this research was originally intended to be peer support as it relates to dementia grief. Due to contextual and logistical changes, and in order to bring a level of increased relevance to this work, the focus has changed; this MRP now concerns itself with the ways in which grief is being discussed at this current moment, as it relates to the global COVID-19 pandemic. Great swaths of my original literature review are still applicable here, as dementia grief is a form of complicated grief and ambiguous loss, both of which retain their relevance with respect to grief felt due to COVID-19. With this in mind, I have decided to include some information related to dementia grief in this chapter. I will also include research related to peer support, another holdover from my original MRP. It still feels relevant as I believe that this form of support may require re-examination in the wake of this global pandemic, in the newly emergent and irrevocably changed world.

In order to study the phenomena of dementia grief and peer support, searches for journal articles with general keywords of "grief," "dementia grief," and "peer support" were entered into Ryerson University's online library database (RULA). This returned a high number of findings, mostly from academic journals with titles such as *Health & Social Work* and *The Gerontologist*. The general searches into grief led to more specific areas of study, such as ambiguous loss, complicated grief, disenfranchised grief, and non-death losses. Each of these areas of study are interrelated, creating a fulsome picture of grief in this current cultural context, and of how peer support has been historically utilized, in which sectors, and with what level of success.

COVID-19

In order to understand the complexities of grief as it relates to this global pandemic, we must first examine the precipitating issue: the novel coronavirus, COVID-19. I will let Fuchs

(2020) introduce the issue by saying, "The coronavirus crisis is an existential crisis of humanity and society. It radically confronts humans with death and the fear of death" (p. 375).

The World Health Organization (WHO) states that "COVID-19 is the infectious disease caused by the most recently discovered coronavirus" (2020, par 3). They go on to explain that, "coronaviruses are a large family of viruses which may cause illness in animals or humans" (2020, par. 2). While most people, approximately 80%, experience only mild symptoms and do not require hospitalization, for those with higher risk factors (older age, underlying medical problems), the disease can be serious and fatal (2020). Information around symptoms and risk-factors is in a perpetual stage of development and discovery.

The initial outbreak of COVID-19 began in December 2019. It was assessed and deemed a global pandemic by the World Health Organization on March 11, 2020. Since this time, residents have been asked, and in some cases mandated by law, to adhere to public health measures such as social distancing and self-quarantine. This has changed the way many experience the world, due to the closures of schools, businesses, and public services, as well as the introduction and implementation of public support initiatives such as the Canadian Emergency Response Benefit, an ad-hoc experiment with somewhat-universal basic income (Public Health Agency of Canada, 2020). It should be noted that for those experiencing poverty, precarious work, homelessness, or housing insecurity prior to/during COVID-19, the changes to the social landscape have been simultaneously arduous and imperceptible. Those who have become unemployed due to COVID-19 may reap the benefits of increased, contingency-based social support while those who were previously receiving Ontario Works or Ontario Disability Support Program payments have yet to feel the same financial burden lifted (Durrani, 2020). The societal landscape has shifted, to be sure, but in different ways for those in disparate situations.

COVID-19 has not only wreaked havoc on the fabric of society and our shared perception of normalcy. It has caused, and continues to cause, significant strain on healthcare systems worldwide. As of May 31, 2020, the WHO has confirmed 5,934,936 cases of COVID-19 worldwide, with 367,166 confirmed deaths across 213 countries (2020); in the Canadian context, as of May 31, 2020, there are 90,516 confirmed cases and 7,092 deaths (Public Health Agency of Canada, 2020). This has led to widespread loss of life, fear of infection and transmission, and grief.

There is grief for loved ones lost to this disease. There is grief for the world as it once was. These losses are held at exactly the same time, as new ones roll in with each passing day and news headline. These multiple and competing experiences of grief are collective, constant, palpable, ambiguous, and complicated.

Complicated grief: ambiguous loss, disenfranchised grief, non-death losses

Ambiguous loss is, "an "unnamed loss [...] a melancholy that never goes away" (Boss, 1999, p. 2). Pauline Boss is the eminent scholar on ambiguous loss, a term she coined in the 1970s. She understands ambiguous loss to be "a unique kind of loss that defies closure, in which the status of a loved one as 'there' or 'not there' remains indefinitely unclear" (p. 6). Boss places ambiguous loss into two categories: mourning loved ones who are physically absent but psychologically present or the inverse, mourning someone who is physically present but psychologically absent. The first category, mourning those who are physically absent but psychologically present, feels particularly apt in the context of COVID-19. On a global scale, individuals are restricted from seeing one another in-person due to social distancing and other public health measures. According to Boss' definition, the reality of being kept physically separate from our loved ones and communities for the foreseeable future is grievable. In

addition, when a loved one dies of or during COVID-19, funerals and other mourning rituals are put on hold or amended, leading to a potential lack of closure and healing. I have heard firsthand of loved ones attending funerals over Zoom, sitting Shiva over FaceTime. A family member of mine died alone in the hospital because his family was not allowed to enter his room. The psychological presence of our loved ones is sincerely felt as discussions of COVID-19 are front of mind and understandably monopolize news headlines and daily conversations. This is true both for those who have lost a loved one during the time of COVID-19 and for those who are living but are physically inaccessible. Individuals and communities are finding diverse and creative ways to connect over social media but are not able to meet up and engage in connection in the traditional ways, such as by hugging or sharing a meal.

Boss (1999) states that, "just as ambiguity complicates loss, it complicates the mourning process" (p. 10). Boss emphatically argues that there is nothing to be pathologized in those who grieve for an extended period due to an experience of ambiguous loss, as has been argued by other psychologists (namely Freud in his 1917 work *Mourning and Melancholia*). "In the case of ambiguous loss, [...] melancholia, or complicated grieving, can be a normal reaction to a complicated situation" (Boss, 1999, p. 10). Boss argues that the complicated grief process surrounding ambiguous loss, such as in the case of COVID-19, is not a deficit within the griever, but due to the complex environmental situation. Boss believes that practitioners should speak to their clients about ambiguous loss, stating that for the bereft, "knowing the source of anxiety is external tends to mobilize resiliency as people realize the pathology is not theirs but rather lies in the outside situation" (2006, p. 1).

Mitchell (2018) presents disenfranchised grief as a sister issue to ambiguous loss. Disenfranchised grief is understood as "grief that is unacknowledged or unattended by the people in their lives" (p. 2). Mitchell goes on to explore that disenfranchised grief occurs when:

> (i) the loss is not acknowledged as significant (e.g. the loss of an animal/pet), (ii) the relationship is not recognized (e.g. the loss of a mistress), (iii) the griever is excluded (e.g. a child's "inability" to grieve), (iv) the loss is disenfranchised (e.g. suicide), and (v) the grieving style is considered socially unacceptable (e.g. a female who is an instrumental griever) (p. 4).

Mitchell makes reference to Rando's 1984 work on symbolic loss, "an individual's psycho-social losses" (p. 3). Mitchell speaks to this type of non-death loss, saying "the loss of a 'future' and the loss of 'stability' are types of losses that an individual can experience in tandem with physical losses" (ibid.). These related types of loss, particularly symbolic loss, are rearing their heads during this pandemic. Non-death losses such as losing one's job, income, sense of normalcy, are commonly felt and expressed in social media posts, conversations, news articles, and op-eds. As grief discourse does not always give credence to the potential severity and impact of non-death losses, particularly when held up against such rampant loss of life, these can be hard to reckon with.

<u>Dementia grief</u>

The original conception of this MRP trained its eye on dementia grief, a distinct experience under the umbrella of 'complicated grief'. Grief researchers Blandin and Pepin (2007) understand dementia grief as, "pre-death grief in dementia family caregivers" (p. 69). In their 2017 work it is further defined as, "anticipatory grief in response to compounded serial losses of varying magnitude and marked by the ambiguity that characterizes the experiences of

loss in dementia" (p. 69). One of the main features of dementia grief is compounded serial losses, or 'small deaths' (Blandin & Pepin, 2017). Another characteristic of dementia grief is the "receding of the known self", which is understood as, "particular psychological losses of the person with dementia that occur before physical death", commonly experienced as memory loss and change in personality (p. 70). Chan, Wong, Kwok, and Ho (2017) speak to the "psychological death" (p. 171) which occurs when meaningful communication with the loved one is no longer possible.

The most prevalent and widely used tools in this field, the Dementia Grief Model, the Dual Process Model of Coping in Bereavement, and the Marwit-Meuser Caregiver Grief Inventory (MM-CGI) are rooted in positivist, modernist, and evidence-based research paradigms (Blandin & Pepin, 2017). They suggest that grief, coping, and healing are linear processes, which is at odds with my personal experience and the research of ambiguous loss and complicated grief researchers such as Pauline Boss.

While dementia grief is understood as pre-death grief, I had planned to create a pilot peer support group focused on participants' experiences of dementia grief post-death, after their loved one has died. In a preliminary literature review on this aspect of grief work, caregivers noted that meeting in person for a support group while their loved one was experiencing active dementia symptoms and, at times, requiring around the clock support was untenable (Boss, 2011). Cheng (2016) notes that while dementia grief is incredibly common, it is discussed far less often than caregiver burden, a very tangible effect on those in direct support roles. I had subsequently planned to develop this group with the intention of supporting people through the enormity of the dementia grief experience once they had 'breathing room' and were no longer actively

caregiving for their ailing loved one, a state which can unfortunately only be achieved post-death in most cases (Boss, 2011).

Upon developing the second iteration of this MRP, I had originally thought that research done into dementia grief would be irrelevant and could be omitted from the final product. The opposite has proven to be true. My experience in living with and researching dementia grief has led to an increased understanding of other forms of complicated grief, such as those associated with COVID-19.

<u>Peer support: "from advice on high to support from next door"</u>

Peer support is a growing field in the helping professions, one which has already garnered great success and prevalence in mental health and disability support sectors. Keyes, Clarke, Wilkinson, Alexjuk, Wilcockson, Robinson, and Cattan (2016) define peer support by the following five key aspects:

1. It is an interpersonal interaction grounded in a commonality of experience.

2. It is (often) based on a reciprocity of support.

3. It may have a positive social and emotional impact,

4. It includes shared learning based on direct experience,

5. It challenges a medical/deficit model of disability (p. 562).

Keyes et al. describe the transition from mainstream professional support to peer support as the shift from receiving "advice from on high to support from next door" (p. 562). Davidson, Chinman, Sells, and Rowe (2006) elaborate on the principles of this model by explaining that "peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations" (p. 443). Peer support workers can build a connection with individuals

who may have been alienated or otherwise excluded from mainstream services (Resnick & Rosenheck, 2008).

In a 2011 evaluation of peer-run hospital diversion programs by Bologna and Pulice, it was found that the peer support program was "more client centered and less restrictive" than the non-peer program, with participants feeling decreased stigma about their experience in the mental health system (p. 1). Davidson, Bellamy, Guy, and Miller (2012) support this finding by stating that "peer staff have also been found to increase participants' sense of hope, control, and ability to effect changes in their lives; increase their self-care, sense of community belonging, and satisfaction with various life domains" (p. 123).

Interestingly, peer support has been found to happen even outside of the formal relationship between trained peer worker and service recipient. Bouchard, Montreuil, and Gros (2010) note that within a mental health peer support group setting, there was "naturally occuring peer support" between group participants (p. 589). This same phenomenon is prevalent at Bereaved Families of Ontario-Toronto, an agency that has been supporting volunteers to lead peer support bereavement groups for over 40 years. The so-called "naturally occurring peer support" is a key feature of their mutually supportive groups, where all members are considered peers to one another in their shared experience of grief.

A tension within the peer support movement is a chasm between its apparent cost-effectiveness paired with the high value of peers on interdisciplinary teams and their lack of fair compensation and professional respect (Gillard, Edwards, Gibson, Owen, & Wright, 2013). There is concern about the potential exploitation of those with lived experience in peer support roles, those who are being asked to share their personal testimonies in a potentially vulnerable or damaging way. In the case of peer workers running a 'warm line' phone service, peers were

trained and clinically supervised. Their service provided reduced feelings of isolation for callers, thus meeting their mandate, but I wonder about their clinical supervision (Spirito Dalgin, Maline, Driscoll, 2011). These peers are receiving the same clinical supervision and likely similar job demands as mental health 'professionals' (such as social workers) but are not receiving comparable financial compensation. This concern is echoed by Jijian Voronka (2017), whose work looks at peer support through the lens of disability justice and madness studies. Voronka notes that peer support is "an emerging form of precarious labour" (p. 335), and one that has been made into a seemingly benevolent arm of neoliberal, medical models of healing and recovery. Voronka goes on to say that peer support workers "can help orient service users toward feelings and emotions that actually cooperate with psy regimes of governance" (p. 333).

Peer support + grief

Ambiguous loss scholar Boss (2011) invokes research by Berscheid (2003), stating "that when Americans are asked what makes them happy, most cite their close personal relationships with other people" (p. 71). Boss goes on to say that, "human connections prevent loneliness and can even stave off illness and sudden death, so when one's family and friends live far away and cannot be supportive, there's a need for what I call the *psychological family*" (2011, p. 71). According to Boss, this so-called psychological family is a group of people who support you, understand you, and with whom you share emotional closeness (2011).

In Barlow, Waegemakers Schiff, Chugh, Rawlinson, Hides, and Leith (2010), it was noted that peer support for complicated grief, such as in the case of a death by suicide, had not been widely applied. Their analysis around this finding was that due to the sensitive and complex nature of that specific bereavement experience, individuals may feel more comfortable seeking support from a 'trained professional' than a trained peer support worker. However, in the case of

their studied suicide bereavement peer support program, positive effects such as enhanced wellbeing, connection, and the normalization of bereavement were recognized by participants (2010). The study conducted by Barlow et al. provided a positive model around which to base future grief support groups, by matching peers by loss type.

Main debates

The main debates in the literature relate to who is allowed to grieve, how they are allowed to grieve, and who is allowed to support them. Non-death losses, such as those exemplified in Rando's 1984 work on symbolic loss, face being made to feel less grievable than losses brought upon by death. This speaks to the overarching discourse of grief as 'sadness caused by someone's death'. This major cultural discourse can lead to feelings of disenfranchisement when experiencing other forms of loss, particularly those experienced writs large during COVID-19. This speaks to the tension of *who* is allowed to grieve: the bereft, surely, but what of those who are unemployed or lonely? These questions are left largely unanswered in the current grief literature.

Another major friction exists when discussing who is designated as able to adequately support those who are grieving. The peer support model is well researched, and its successes are well documented, but it is frequently presented as supplemental to professionalized support or for those who do not require 'serious' intervention. It is my belief that this hierarchy of support stems from colonial beliefs that education, not experience, denotes expertise. When people are able to provide meaningful support to one another, those in professional positions are left with less power. The desire to maintain power provides a strong incentive for the ongoing pathologization of grief, leading people to believe that they can only access support in certain ways, from certain people in certain positions.

<u>Major gaps</u>

There is a marked gap in the field of peer support as it relates to complicated grief. This intersection is missing from the literature, which provides great context and relevance for this study. In addition, mainstream colonial notions of grief are framed by highly positivist, quantitative data sets which do not serve to illustrate the depth and breadth of experience, a gap which I seek to remedy in this project through the use of critical discourse analysis.

CHAPTER 2. THEORETICAL FRAMEWORK

<u>Anti-Oppressive Practice Theory</u>

The theoretical approach which frames this study is anti-oppressive practice (AOP). Critical, transformative anti-oppressive practice has the potential to shed light on the systems we operate in, the systems we take for granted. It is a paradigm which allows us to understand invisible power structures and examine the ways in which that power plays a part in our lives. AOP also allows us to understand ourselves as complex individuals who are at the crossroads of many identities at once, creating unique and active experiences of power and oppression (Hinds, 2019). Mulally (2002) states that AOP is, "whatever one wants it to be," playfully pointing to the complex and ever-evolving nature of this critical theory (p. iv, as cited in Dumbrill & Yee, 2003, p. 174).

The bulk of my preliminary research findings revealed that the topic of grief has been studied using positivist, modernist, and evidence-based methods – a very powerful set of paradigms. In an illustrative example, one article speaks to the "distinction between normal and pathological forms of grief" (Blandin & Pepin, 2017, p. 71). This understanding of grief does not sit within my understanding of AOP. It applies a one-size-fits-all approach to something which is complicated and invariably informed by one's various identities. My research seeks to understand grief and support options more widely and in its social context.

AOP seeks to interrogate and dismantle or invert power structures inherent to the helping professions in a mainstream, white settler colonial context. Within the peer support model, the intention is that the power hierarchy between professional and client are neutralized. Mulally (2002) states that, "members of subordinate groups [should] be able to self-define their own identity" (p. 189), in this case as helpers in their own right. Mulally goes on to say that "building

and strengthening identity would seem to be essential activities in an anti-oppressive social work practice" (p. 61, as cited in Dumbrill & Yee, 2003, p. 174).

Drumbrill and Yee (2019) break down its meaning: "'anti' means it opposes, 'oppression' is what it opposes, and 'practice' is the context to which it operates" (p. 1). In the context of this MRP and supporting those living with ambiguous loss and complicated grief, I worked to dismantle the oppressive practice of pathologizing grief responses by illuminating ways of offering community support outside of the confines of neoliberal social work practice.

While AOP can be applied at macro levels, it has the capacity to be wildly transformative on the micro, interpersonal level. Indeed, oppression on the micro level has the potential to be just as damaging as sweeping oppressive systems or mandates. Microaggressions, power trips, and interpersonal dynamics can be a major hindrance to support and care. Hinds shares her perspective that, "anti-oppressive practice (AOP) should not be perceived as an abstract thought (only theoretical), but it must be concrete (functional in its application) to our daily practice relationships" (slide 8). Baines (2011) supports this claim, adding that, "anti-oppressive practice attempts to integrate the search and struggle for social change directly into the social work experience" (p.4). Both Hinds and Baines advocate for the synthesis of overarching practice theory and daily interaction. This belief was to be operationalized in the interaction-based approach I planned to take by participating in the peer support and subsequent focus groups as a fellow participant (Lewin, Benne, Bradford, & Lippitt, 1946 as cited in Marková, Linell, Grossen, & Orvig, 2007).

By actively working to engage peer support and focus group members in an egalitarian, participatory way in both healing and research, I planned to maintain an AOP stance throughout. This intention to mitigate power differentials between researcher and research participant was

held with the recognition that due to my privileged status as a member of a graduate-level university program, this is hard to attain and may not ever be possible. These are fundamentally unequal positions in a society which privileges academia over lived experience, and it would be a falsehood while working under AOP theory to claim this to be entirely possible. Sakamoto and Pitner (2005) speak to critical consciousness, a tenet of AOP, which "challenges social workers to be cognizant of power differentials and how these differentials may inadvertently make social-work practice an oppressive experience" (p. 435, as cited in Hinds, 2019, slide 16). The required awareness of power differentials is essential to any anti-oppressive practice or research. Haines articulates the movement towards critical consciousness beautifully, stating that,

> it becomes ambiguous if we want to empower and help change the lives of our clients and impact that world while our thinking, attitude, and action continue to maintain the status quo; if we desire to see real change in our everyday practice relationships the transformational change first begins with us. (slide 9).

Anti-oppressive practice asks practitioners to not only be crucially conscious, but also to be critically reflexive: to begin with consideration of the self prior to engaging in direct practice. In the interest of critical self-reflexivity and transparency, I will note that having been raised in a family and society which prioritized evidence-based practice and positivist epistemologies, I do at times feel a sense of comfort with professionalism and pathologization. These epistemologies were born of the medical field, one which I was raised to trust (Grey, Plath, & Webb, 2009). I realize that as a white settler who is cisgendered and non-disabled, this comfortability with diagnosis and pathology is a privilege not afforded to members of oppressed communities, such as Black, Indigenous, or Trans folks. This comfort is part and parcel of the environment that I

was raised in and breaking out of those mindsets has and will continue to be an inward, interrogative journey.

While anti-oppressive practice has become a buzzword in certain social work circles, it is not without its critiques. AOP is popular in social work education and academia, institutions which have widely adopted this theoretical framework as a "foundational curricular construct" (de Montigny, 2011, as cited in Yee & Wagner, 2013, p. 333). Yee & Wagner (2013) argue that teaching AOP in social work education spaces is a form of neoliberalism because within this environment, "an element of oppression either becomes essentialized as an autonomous site, that is, de-historicized, or understood in binary or dichotomous ways" (p. 335). They lay blame on the Canadian neoliberal, post-colonial climate, which renders sites of education as items on the marketplace. They argue that these "current neo-liberal forces have combined to co-opt the originally radical goals of AO, thereby diluting its ability to develop a critical appraisal of current structures and practices" (ibid.).

With all of its complications and contradictions, AOP is a fit for this project. I believe in its capacity to shed light on power structures and to make visible the invisible. I also recognize that this theory exists in a particular academic context, one which is fraught with power dynamics all its own. I choose to engage with it while holding these disparate truths. Hinds (2019) points to perhaps the most vivifying part of this complicated theory: its profound ability to integrate transformative work with a "genuine love, compassion, and an understanding of the struggles of the marginalized" (slide 20). I can't imagine another way of engaging in grief work - a topic so close to my heart and home, a topic which has indelibly changed my life and practice.

Relational Cultural Theory

My secondary theoretical focus is that of Relational Cultural Theory (RCT). RCT is made up of a set of ideas put forward by four American women, all self-proclaimed feminists, who were students of psychology and psychiatry in the mid-1970s. This theory interests itself primarily with relationships, connection, and interdependence, noting these as key markers of human relationships. Judith V. Jordan (2017), one of four RCT creators, speaks to "the inevitability of needing one another throughout our lives" (p. 231).

RCT originally concerned itself with 'women's issues', a term which has since been amended and expanded upon by its creators. The original focus of RCT was to examine how traits which at the time of the theory's conception were seen as inherently feminine (i.e. interdependency) were being subjugated, pathologized, and taken up as detrimental to human development. Put more succinctly, Jordan (2017), states that, "relationality was pathologized" (p. 233). This was at a time when psychological discourses heavily prioritized those who existed in the world as "separate and ascendant", conceiving of individuals as prime and relationships with others as secondary (Jordan, 2017, p. 229). In an effort to speak back to these overarching discourses, the founders of RCT argued that the so-called 'feminine' traits which were so widely undermined were in fact traits which existed at the core of human experience and were hugely important and necessary to therapeutic growth-promoting relationships (ibid).

The limitations of RCT, especially in its earliest iterations, have been laid plain by its surviving developers and their colleagues. A theory which seemed ground-breaking in the context of Ivy League departments of psychiatry and psychology in the 1970s required some serious updating in order to maintain its relevance and rigour. This has been widely and publicly acknowledged by RCT creators as they engage in critical self-reflexivity regarding their myriad of privilege as uniformly white, cisgendered, straight women with high socioeconomic status,

educated at privileged institutions, and who held powerful professional designations. They have noted that this gave them a narrow scope of the world. Jordan's modern writing speaks directly to steps taken to expand the consciousness of RCT in order to be more inclusive, which included engaging in conversation and consultation with members of other communities, including those who do not exist in the world as straight, cisgendered, or white.

In my estimation, there is a still larger omission in this self-reflexivity. RCT founders and subscribers believe that what all human beings need, seek, and value is connection (Jordan, 2017). They lay blame on early psychology's legacy for creating the narrative of people as individualistic, and moreover, contributing to a system where individualism is highly valued. I would push RCT to go one step further in their reflexivity and examine the context in which early psychological discourses were created: under the veil of colonialism. Colonial thought infiltrates and creates the mainstream "cultural mandate" (Jordan, 2017, p. 229). The idea that people need connection for both emotional well-being and survival was not newly created by this theory. This truth is made self-evident in diverse Indigenous worldviews, as well as many other non-colonial ways of knowing. There is precedent set throughout the globe for the importance and necessity of collective ways of living and supporting one another. Jordan speaks to, "the importance of societal change to the well-being of all" (p. 229). I wish that RCT would give proper credence to the originators of this way of seeing the world, which has been practiced since time immemorial. I do think that RCT researchers are doing interesting work in the realm of relationships as it applies to psychological and psychiatric contexts, and I think that this theory has great applicability for this MRP. That said, if I were in a room with the founders, I would ask them to consider where this knowledge came from and to pay respect to those original knowledge keepers. In addition, I would ask RCT theorists to consider who is included/excluded

when they speak to what 'we' all need. The distillation of diverse human experience into a single, 'simple' truth, one which is touted as true for everyone, runs the risk of essentializing certain experiences and disregarding others.

RCT does dovetail with many aspects of AOP, especially those which interrogate power and oppression. To this end, Jordan (2017) notes that psychology as an institution has "failed to challenge the destructive outcomes of marginalizing and isolating people" (p. 237). This acknowledgement of systemic and structural effects on individuals is a great starting place. RCT acknowledges the role of its field in blaming individuals for the situations they find themselves in, particularly if they require societal or relational support, rather than paying mind to contextual factors. There are obvious parallels between this way of thinking and that of structurally minded social work, which works to lay bare the various intersecting oppressions and privileges which contribute to the way one exists in the world.

Another clear connection between RCT and AOP lies in their shared focus on the destructive dynamic of 'power-over' relationships. Jordan (2017) explains that RCT sees power-over in the psychological context as "one person [imposing] change on another person via the holding of more power" (p. 231). RCT notes that "fluid expertise" is an antidote to therapeutic power-over relationships, wherein, "both the counselor and client hold certain aspects of knowledge and understanding" (Jordan, 2017, p. 231). While this is addressed as dyadic, it holds the potential for broader applicability. It aligns well with AOP's commonly-parroted phrase of allowing service users to be the 'experts in their own lives'. It also corresponds well with peer support models, in which all members are sharing and learning from one another in a mutually beneficial way.

CHAPTER 3. METHODOLOGY

<u>Methodological Shift</u>

As the focus of my MRP changed, so did my chosen methodology. In its original form, my independent research would have been conducted using mixed-methods research approaches, making use of quantitative and qualitative approaches in a complementary fashion. These methodological approaches made sense in the context of my former MRP, in which I was seeking to explore the efficacy of peer support for those living with dementia grief. I had been planning to facilitate dementia grief peer support groups and then assess them in two ways. First, in the form of a quantitative approach, I would have made use of a customized group evaluation in order to gather information anonymously from participants regarding their experience in the dementia grief peer support group. These responses would have then guided the second type of evaluation, a focus group. Focus groups are a method of qualitative inquiry which look at the self-expressed experiences of a set number of individuals (Creswell, 2013). The results of both responses would have then been synthesized to provide a comprehensive portrait of participant responses. Here I was aligned with methodological pluralists who believe that, "the social world is composed of multiple realities that cannot be understood without multiple methods" (Engel & Shutt, 2013, p. 331). This belief is echoed by Ruth Wodak, a pioneer of critical discourse analysis, who speaks to using multiple methods or disciplines in stating that, "relationships between language and society are so complex and multifaceted that interdisciplinary research is required" (2001, p. 8).

As I became interested in the way that grief was being discussed on a larger scale during this pandemic, mixed-methods research with individual participants no longer fit the bill. I was unable to fulfill the requirements of my new research question by using those same methodological approaches. In order to open up my field of vision, I have employed critical

discourse analysis (CDA), an important qualitative research methodology (Eriksson

& Kavalainen, 2008).

While it may seem that participant-centered, narrative-focused approaches to inquiry are

a far-cry from the seemingly detached world of CDA, I would argue that they are cut from the

same cloth. Both first-person, dialogical focus group research and CDA concern themselves with

stories: who is telling this story, why, why *now*, and in what ways?

In a 2013 interview, Professor Corrine Squire of the University of East London noted that

narrative research involves, "researching with materials that have been produced by participants

as deliberately stories that they want to tell you. It also involves collecting those stories by

actually asking people to tell stories." Squire goes on to say that, "when doing narrative research,

you give people some space and time to develop what they're saying, so that you get a more

complex and deeper picture than with some other forms of research" (2013). McKenzie-Mohr &

Lafrance (2017) note that "narrative resistance is a concept that attends to power and oppression

and provides a platform to support people's efforts to resist harmful storyings of their lives"

(p.190) - a storying which may have told them that their grief was abnormal or pathological.

CDA, in the case of this MRP, works to the same end. Rather than asking questions of

interviewees or giving space for individual respondents to share their perspectives, I am working

with stories which have already been created in a particular context. Here, the stories I am

working with were written as news articles. Perhaps most importantly, in both methodological

approaches, the researcher is asked to insert themselves into the work. Their personal perspective

and attachment to the work is of paramount methodological importance.

Clandinin (2007) states that, "narrative inquirers study experience" (p. 2). Wodak points

to the ways that CDA studies language, saying that, "language lends structure to experience"

(2001, p. 8). Coming from the understanding of this shared commonality, it was easier for me to move from narrative inquiry, the former heartbeat of this project, to CDA.

New Methodology: Critical Discourse Analysis

Critical discourse analysis concerns itself, as the name suggests, with discourse. Simply put, discourse can be understood as "the way an issue or a topic is 'spoken of'" (Eriksson & Kovalainen, 2008, p. 5). A discourse "consists of groups of related statements, which cohere to produce meanings and effects" (ibid). By examining discourses and their cultural meanings, which are often communicated through language, researchers can uncover their repercussions. By questioning and uncovering the real-world consequences of powerful cultural discourses, critical discourse analysts can work to make social and political change.

As with all forms of discourse analysis, CDA looks at discourses and how they are created. The difference is that CDA pays particular attention to the structures that have contributed to their creation and continue to benefit from their existence and widespread acceptance. Critical discourse analysts want to know about the power inherent to discourse because they see that discursive power has real-world significance. It is argued by critical discourse theorists, such as Michel Foucault, that the way concepts are discussed in the public realm have material consequences on the way that people conduct themselves in society. Foucault argues that discourse must be examined as part of the historically contextual structures "that make certain things 'thinkable' and 'sayable' and [regulates] who can say them" (as cited in Weaver-Hightower, 2015). The work of doing CDA, and what ties it to the mandate of social justice, involves not only identifying powerful discourses in chosen theoretical samples, but then questioning and challenging them in order to enact social change (Poole, 2020).

Critical discourse analysis has historically gone by the name of critical linguistics, pointing to its origins as the study of language in use. Gee (2014) makes the distinction between CDA and other forms of discourse analysis by stating that CDA is "applied and political", whereas other approaches, such as descriptive discourse analysis remain rooted in linguistics (as cited in Weaver-Hightower, 2015). CDA views, "language as social practice" and "takes consideration of the context of language use to be crucial" (Wodak & Meyer, 2001, p. 1). Wodak (2001) explains that CDA concerns itself with examining, "structural relationships of dominance, discrimination, power and control as manifested in language" (p. 2). While CDA began as a study of language and linguistic communication, it has since expanded its scope to include more varied modes of communication, including visual and non-verbal elements. In particular, CDA focuses on, "social action that is mediated through language" (Eriksson & Kovalainen, 2008, p. 2). Regardless of the form of communication, the power of discourse lies in its ability to naturalize assumptions made about the world so that they appear to be self-evident, and thus go unchallenged (Schneider, 2013). The power of discourse analysis, then, is to make visible the discourses which have been rendered invisible through dominant structures and social mores.

One key role of a CDA researcher is to explore discourse in its presented context. CDA asks analysts to examine the social and historical context in which a discourse emerges and exists in order to, "figure out what worldview informed this particular communication and what intention it might have had" (Schneider, 2013). CDA also asks researchers to explore their chosen discourse in relation to other related discourses. Poole (2020) notes that no discourse exists in a vacuum, that they are always related to other discourses of greater or lesser cultural significance. When analyzing discursive samples, researchers are asked to look for overarching discourses as well as counter-discourses which may serve to challenge the mainstream message,

thus creating a more fulsome picture of the discourse at work. Once this interrogation of chosen

discursive samples has taken place, we can begin the process of "analysing the power effects of

this discourse or the relationship of this discourse with other discourses" (Eriksson &

Kovalainen, 2008, p. 6). In the case of this MRP, for instance, grief is the dominant discourse.

You can tell that it is dominant by the way that the word itself immediately conjures up images

in one's mind. Other forms of grief, such as disenfranchised grief or complicated grief, are

related but are not as powerful. The larger discourse here, grief writ large, has the power to

overwhelm and bully other discourses in order to retain its importance. In order to complete a

thorough CDA, the tensions between related discourses must be uncovered and investigated.

<u>Research question</u>

The research question which has framed and guided this critical discourse analysis is

divided into two parts:

1. How is grief being talked about right now, in the context of COVID-19?

2. Who is talking about this now? Who isn't? Why or why not?

The second part of my research question is perhaps more potent than the first, especially with

regards to my chosen theoretical underpinnings. Delving into what is being discussed with

respect to grief and COVID-19 will give us the *what* but looking at who is discussing it will give

us the why. In alignment with the "important perspective in CDA that it is very rare for a text to

be the work of any one person", my interest lies not with the individual authors or columnists,

but rather with the larger systemic and cultural systems which informed their credence,

publication, and public consumption (Wodak & Meyer, 2001, p. 11).

These interrelated questions were developed in keeping with the theoretical frameworks

of anti-oppressive practice and relational cultural theories. These theoretical approaches ask the

researcher, or in this case, the critical discourse analyst, to closely examine discursive samples for issues of power, oppression, and relationship.

Discursive samples and rationale

Chosen discursive samples were publicly available texts that exist in the mainstream media. The texts used are as follows, presented in chronological order according to their publication date (ranging from March 23 - April 23, 2020):

1. "The Discomfort You're Feeling is Grief" by Scott Berinato, Harvard Business Review

2. "Grieving the Losses of Coronavirus" by Lori Gottlieb, The New York Times

3. "'It's grief': How people may be mourning the loss of normalcy amid pandemic" by Jackie Dunham, CTV News

4. "Coronavirus Has Upended Our World: It's OK to Grieve" by Stephanie O'Neill, NPR

5. "COVID-19 and the Grief Process" by Dr. Robert Weiss, Psychology Today

6. "Grief and fear amid a Covid-19 death: Managing a double trauma" by Sandee LaMotte, CNN

7. "How to cope with grief during the COVID-19 pandemic" by Cory Stieg, CNBC

8. "We're Not Ready for This Kind of Grief" by Amitha Kalaichandran, The Atlantic

9. "That uncomfortable coronavirus feeling: It could be grief" by Marnie Hunter, CNN

These texts were found primarily via search engine, by entering keywords 'COVID + grief'. The articles which were chosen for analysis were those which presented themselves on the

first page of search results. This indicates that these articles are prevalent, popular, and easily accessible, all of which are prerequisites when analyzing texts for prevalent societal discourses. The visibility, prevalence, and wide accessibility of these texts also indicates that they are being pushed or emphasized by certain organizations with certain interests. Visibility and promotion are not benign or neutral. Some of these texts were sent to me by members of my family or community who knew the project I was working on. I took these to heart for the sake of this research, as the well-intended senders are not involved in social work or theoretical, academic research; they are members of the public who consume mass media.

There is precedent to utilizing mainstream media sources as a foundation for discursive analysis. Wodak points out that by studying publications from mainstream media institutions, a researcher can make visible discourses which are hiding in plain sight, stating that, "media institutions often purport to be neutral in that they provide space for public discourse, that they reflect the state of affairs disinterestedly, and that they give the perceptions and arguments of the newsmakers" (p. 6). Fairclough (1999) asks CDA researchers to unearth the "mediating and constructing role of the media" (as cited in Wodak & Meyer, 2001, p. 7). Language becomes powerful when used by those in power. CDA seeks to explore the power that allows for the creation of certain discourses, as well as how to move forward with this newfound understanding towards social justice and political action (Wodak & Meyer, 2001).

Personal connection to CDA

To be honest, my heart is in qualitative research methodologies - narrative in particular. Providing a space for people to share their stories, the hallmark of narrative research methodologies, is one of the main reasons that I got into social work. I am constantly curious about the story behind the individual and was excited to make use of narrative inquiry through

focus groups to gather those stories for my MRP. That said, the situation at-hand called for a change in methodology. This was partially at the behest of the Ryerson Ethics Board, who asked that all researchers shift their work from in-person research with participants to text-based inquiry if they were able to do so. This was in direct response to the COVID-19 pandemic, which required all ethics applications be amended to reflect changes in research methods due to social distancing measures, etc. Although the ethics board made this request, it aligned well with my new research question and focus.

Where my original research would have provided the opportunity to study the in-depth, personal responses of a few participants, CDA expands the field of vision. When I had been studying dementia grief and peer support, it made sense to speak to the few individuals who had participated in a new pilot program as their experience would have been unique. At this moment, however, grief is being experienced on a scale unlike anything I have witnessed in my lifetime. It would feel like a falsehood or a disservice to speak to only a small number of individuals, knowing that grief is being experienced so widely. CDA provides the opportunity to take a birds-eye approach to this phenomenon, rather than the eye-to-eye approach provided by narrative interviewing or focus groups. In addition to the wider focus, conducting CDA reduces the potential for harm. Speaking to individual research participants about their experiences with grief, while potentially therapeutic or cathartic, can cause unwelcome, unpleasant, or painful feelings to arise. CDA does not involve asking individuals to disclose their personal narratives, but rather makes use of pre-existing documents, thus protecting participants from potentially difficult emotional reactions or consequences.

Wodak (2001) asks us to remember that in the case of CDA, "application of the results is important" (p. 9). I am heartened by the fact that CDA asks researchers to use their findings to

enact political action and social change. It is my hope, as it was with my original research design, that these findings will inform the way that social work practitioners and community members can respond to and support those who are experiencing grief.

Ethics approval

The Ryerson Ethics Board (REB) does not require researchers conducting critical discourse analyses to seek ethics approval. This research was conducted using publicly available documents, in accordance with REB guidelines.

Data analysis

In my former MRP, I would have used a dialogical narrative analytical approach in order to analyze participant responses during focus groups. Dialogism "conceives communication as the primary feature of language" and notes that "focus groups are a method to study communication in interaction" (Marková, Linell, Grossen, & Orvig, 2007, p. 47). Allen (2017) puts it simply, saying that dialogical analysis examines, "how, where, and to whom the story is told" (par. 3), noting that when analyzing focus group data through a dialogical narrative lens, the unspoken is as important as the spoken, and that researchers should "analyze the "facework" taking place when people tell such stories" (par. 19). Within narrative analysis, "researchers engage a process of constant comparison to identify commonalities and/or differentiate elements across stories" (Allen, 2017, par. 20).

There are similarities between dialogical narrative analysis and CDA. Although the methods taken in each approach differ, the questions asked of the material are similar. Where narrative analysis asks us to examine "how, where, and to whom the story is told" (Allen, 2017, par. 3), CDA asks us to examine how something is being talked about, where, by who, for

whom, and why (Poole, 2020). While researching how to conduct CDA, I was glad to see so many overlapping similarities with narrative approaches.

I have chosen to approach CDA in a way that looks at the, "uses of the text in social settings, and data on the institutions and individuals who produce and are produced by the language texts" (Hudges, Kuper & Reeves, 2008), p. 571, emphasis added). Hodges, Kuper, & Reeves (2008) make note that CDA, also known to some as Foucauldian analysis, asks researchers to conduct a "macroanalysis of how discourses (in many forms) construct what is possible for individuals and institutions to think and to say" (p. 571). This differs from other forms of discourse analysis which may place more focused attention on linguistics or semantics. CDA is interested in the 'big picture', the wizard behind the proverbial curtain.

CHAPTER 4. FINDINGS AND ANALYSIS

Working through this critical discourse analysis was metered and conscious, following a multi-step process laid out by my supervisor and co-researcher Dr. Jennifer Poole (2020) and based on their CDA work (Poole, 2011). The first step was compiling chosen discursive samples which spoke to my area of study. As aforementioned in Chapter 4, these texts were found primarily via search engine Google, by entering keywords 'COVID + grief'. Some texts were sent to me by those not involved in social work education, thereby demonstrating their consumption by those outside of this area of academic interest. The inclusion criteria were intentionally broad: the articles had to be publicly available, produced by a source of North American mass media, and published between the dates of March 23, 2020 and April 23, 2020. These dates were chosen as they represent a peak period of public interest and attention paid to the COVID-19 pandemic, as the country-wide shut-down in Canada had begun just ten days before the period during which I found these discursive samples.

The first step of analysis, once having compiled the nine chosen discursive samples, was to complete a preliminary scan, guided by my research question and theoretical frameworks. This first scan involved doing a general read of the texts and making note of key words, phrases, or repeating ideas. Once I had compiled the list of key words and concepts, I was able to complete the second step: a close reading of the texts in which I consciously sought out overarching discursive categories. Once the categories revealed themselves, I went back into the texts and chose key quotes which were illustrative of these discursive themes.

The discursive categories were clearly perceptible within the sampled texts when regarded through anti-oppressive and relational-cultural theoretical lenses. They are as follows:

1. Other griefs for other losses
2. Grief managerialism: mastery and pathology

3. Collectivity and requirement for connection

4. Grief (as death)

5. Falsifiable inclusion: We/Us/Ours

I will discuss them in further detail below. While they are broken up here into five distinct categories for the sake of clarity, they are thematically impossible to disentangle from one another. The major emergent discourse here is grief as death. The remaining discursive categories live in conversation with this primary discourse and could not exist without it. The existence of grief as death as a dominant discourse both subjugates and illuminates the other ways in which grief is being discussed in our current cultural and societal climate.

Other griefs for other losses

The discourse of grieving 'other losses' caused by and occurring during this pandemic was strong and consistent across all discursive samples. Of course, something can only be called 'other' when it is held up against something else. In this case, it is clear that the grief felt when a loved one dies is considered to be the primary grief, the foremost type of loss. These 'other' losses are made up of myriad things, potentially anything outside of grief from death. This is made plain by Lori Gottlieb, the author of an article for the New York Times entitled *Grieving the Losses of Coronavirus* (2020), who states that in addition to the seemingly obvious losses of those who have died, "what might be less obvious are the smaller losses that also affect our emotional health" (par. 3). Smaller, lesser, other. These losses are clearly at the mercy of the primary discourse of grief as death.

These so-called 'other' or 'smaller' losses were made up of concepts which were repeated throughout various discursive samples. In *That Discomfort You're Feeling is Grief* by Scott Berinato for the Harvard Business Review (2020), Berinato quotes David Kessler, a

popular grief scholar, stating that we are grieving "the loss of normalcy; the fear of economic

toll; the loss of connection" (par. 3). These losses are further illustrated by Gottlieb, who says

that,

> Right now, in addition to the tragic losses of life and health and jobs are the losses
>
> experienced by people of all ages: missed graduations and proms, cancelled sports
>
> seasons and performances, postponed weddings and vacations, separation from family
>
> and friends when we need them most (2020, par. 3).

Put more succinctly, an article from CTV by Jackie Dunham entitled *'It's grief': How people*

may be mourning the loss of normalcy amid pandemic quotes Kessler who says, "We are

mourning and grieving the world we have now lost" (2020, par. 2)

Disenfranchised grief and symbolic loss

These distinct losses lead to distinct types of grief and along with them, experiences of

disenfranchisement. Gottlieb states that, "It's hard to talk about these silent losses because we

fear that other people will find them insignificant and either dismiss them or expect us to 'get

over them' relatively quickly" (2020, par. 4). This feeling is echoed by Stephanie O'Neill, in an

article for NPR entitled *Coronavirus Had Upended Our World: It's OK To Grieve*, in which she

states that, "people who are physically well may not feel entitled to their emotional upset over

the disruption of normal life" (2020, par. 8). This belief is further corroborated by Marnie Hunter

for CNN in an article entitled *That uncomfortable coronavirus feeling: It could be grief*, wherein

she states that, "people often feel guilty about being upset over the loss of their routine or their

sense of control when they know others are suffering more (2020, par. 6). Hunter goes on to add

that, "we don't feel empowered to acknowledge our grief because we think grief is only real or

valid if someone dies" (2020, par. 15). These quotations point to disenfranchised grief, a grief

that the sufferer does not feel allowed to feel, or perhaps even feels ashamed of (Mitchell, 2018). The concept of disenfranchised grief was present in almost every text. It is seen as lesser-than. Lesser-than what? Grief from death. This type of grief is belittled by that primary discourse. These texts point to the fact that people who are experiencing grief due to the loss of their jobs, roles, stability, and expectation of a stable future (among countless other things) feel unentitled to this feeling because 'others have it worse'. This could be indicative of individual humility and of seeing oneself as a small part of a larger system, but I think it goes deeper than that. It seems apparent to me that people do not feel entitled to feel this grief (or even to *name* it as grief), because the concept of grief has historically been used to denote the feeling of sadness when a loved one dies: the ultimate sadness, the ultimate loss, the ultimate grief.

In addition to disenfranchised grief, there was a strong sense of symbolic loss across nearly all discursive samples. Hunter (CNN), in an article entitled *That uncomfortable coronavirus feeling: It would be grief*, speaks to the truth that, "grief can come from the loss of anything we're attached to deeply" (2020, par. 6): a beautiful everyday definition of symbolic loss. Symbolic loss and disenfranchised grief are sibling discourses, as even the word symbolic points to its non-existence in the material world. Death, however, is strongly material and therefore this loss is made more real.

Grief managerialism: mastery and pathology

Another major theme found in the discursive samples is what Dr. Jennifer Poole and I have termed 'grief managerialism'. Grief managerialism speaks to the discourse of mastery and pathology as it relates to the ways that one experiences or expresses grief. This sentiment was present across all but two of the nine discursive samples.

There are two main ways that grief managerialism makes itself visible. First, it is seen when quoted grief 'experts' or scholars are discussing what grief is. There is often a paternalistic, pathologizing, and prescriptive tone. It involves taking a set of symptoms and telling people, with certainty, what they mean - all with a healthy dose of fear mongering thrown in. In a prime example, an article by Dr. Amitha Kalaichandran for The Atlantic entitled *We're Not Ready for This Kind of Grief* makes mention of the Diagnostic Statistical Manual of Mental Disorders' (DSM) definition of prolonged grief disorder: "grief symptoms persisting for six months or longer after a loss, along with separation distress, impaired social or occupational functioning, and the presence of symptoms such as confusion, shock, bitterness, and difficulty moving forward with life" (2020, par. 12). While I understand that there is an argument to be made for giving people a framework within which to understand their experience, I wonder about the efficacy or supportiveness of naming a disorder in the pages of a magazine, especially when it is followed by a list of vague symptoms which many readers are likely experiencing at this very moment. The timeline of "grief symptoms persisting six months or longer after a loss" may create anxiety in readers, as it did in me, and a sense of urgency that they must 'get over' their grief before it becomes disordered and abnormal.

David Kessler, who is quoted in multiple articles, takes a broader approach to grief identification. Kessler is quoted in a CNN article entitled *That uncomfortable coronavirus feeling: It could be grief*, as saying, "We have to realize that all those losses are grief, they are real grief" (as cited in Hunter, 2020, par. 10). The losses people are experiencing, according to Kessler, are all grievable: he is granting permission to call it grief and to react accordingly. I don't necessarily disagree with this. It is self-evident that experiences of grief are common and widespread right now. I do wonder, however, if Kessler has a vested interest in this discourse

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gaining momentum, as he "is the founder of www.grief.com, which has over 5 million visits yearly from 167 countries" (as cited in Berinato, 2020, par. 2).

Another interesting example of grief management is found in LaMotte's article for CNN, *Grief and fear after a Covid-19 death: Managing a double trauma*, in which individuals who have lost a someone to the pandemic are encouraged to write letters to those loved ones, sharing the things they wish they could have said while the person was alive. LaMotte quotes Barbara Sahakian, a professor of clinical neuropsychology, whose rationale for this practice is that, "by doing that, you are finishing some of the business that you weren't able to do. [...] If you don't do it, I would worry about depression, maybe even suicidal thoughts" (2020, par. 32). I have had firsthand experience with writing a letter to a terminally ill grandparent and with journaling as if speaking to a deceased loved one. I have no doubt in the power of writing as a therapeutic practice, but it should be presented as an option, and not with such dire consequences attached. Stating to a general reader on www.CNN.com that a neuropsychologist is worried about suicidality if they do not follow specific directions on how to manage grief feels irresponsible. At a time when grief is so clearly widespread and heavily felt, it would be prudent to recognize the cultural and interpersonal differences between readers' responses and experiences to grief. This suggestion does not make me feel encouraged to try a new healing practice; it makes me feel afraid.

If the first half of this discourse speaks to identifying the perceived scale and severity of grief, the second half is about how to deal with it. I have labeled this set of discourses as 'the language of mastery'. It makes itself known by using words like 'control', 'manage', and 'navigate' as pathways to getting out from under the crush of grief. A CTV article, *'It's grief': How people may be mourning the loss of normalcy amid pandemic*, states, "[Kessler] said they

should try to recognize their feelings as grief and then try to control their feelings by imagining positive scenarios" (Dunham, 2020, par. 9). This is a perfect example of grief managerialism; first, grief is identified as the catch-all for any emotions felt during this time, an experience that readers are encouraged to identify with, and then a concrete suggestion is provided as to how to mitigate these feelings. In this case, 'imagining positive scenarios' is the proposed counter-weight to the experience of grief. I am all for the power of positive thinking, but those for whom this practice is available, and its material benefit has serious limitations. For those living at the intersection of multiple, overlapping oppressions, for whom this virus is inescapable, for those on the frontlines, for those whose ability to social distance is outweighed by their job requirements or other responsibilities, simply 'imagining positive scenarios' is not enough. Controlling their emotions, as is mandated by grief managerialism discourse, may not be high on the list of priorities or even within the scope of day-to-day life in this current climate. Even if it were accessible, does it put food on the table or rent money in the bank account? There must be more to managing grief than positive thinking. Perhaps making space for people to process grief is a start, by giving them paid bereavement leave or taking them off the frontlines of grocery stores and post offices. While grief managerialism disallows people to navigate their grief due these practical barriers, it also disempowers people from expressing grief through anger, rage, and protest. Managerial discourse demands that grief be expressed in particular ways at particular times.

This discourse, the language of mastery, is further evidenced in an article by Scott Berinato for the Harvard Business Review, in which Kessler speaks to, "how to manage [grief]" (2020, par. 3). He also speaks to the ways that, "we find control in acceptance" (par. 7). These small phrases almost slide by unnoticed but once the lens of grief managerialism is applied, they

come into stark relief. On one hand, Kessler and other grief experts are telling us that grief is everywhere and that we have every reason to feel it (and fear it). In the next breath, we are told that we can manage and control the enormity of this experience by following a few simple suggestions. Kessler even speaks to the mindfulness practice of allowing feelings to flow through with the intention of acceptance, but perverts it by saying that, "If we allow the feelings to happen, *they'll happen in an orderly way* [emphasis added], and it empowers us" (as cited in Berinato, 2020, par. 14). In my experience, both personally and professionally, feelings do not adhere to anything resembling order. To believe that this is possible is to have subscribed to grief managerialist discourse entirely.

A further question here is about what exactly people are being asked to accept or mitigate. This idea of acceptance as the ultimate road to liberation from grief erases the systemic factors potentially contributing to this experience of grief in the first place. Are people being asked to 'accept' their oppression? Are Black folks being asked to 'accept' that racism leads to substandard health outcomes and higher mortality rates for such diseases as COVID-19 (Eligon, Burch, Searcey, & Oppel, 2020)? Are Trans folks being asked to 'accept' the harm done to them by a transphobic society, including significant barriers to dignity and safety within healthcare systems? The management practices of 'control, accept, and move on' feel steeped in white supremacy, a system which thrives on its ignorance of systemic oppression.

The managerialist reliance on order and control is perhaps most evident when discussing the Five Stages of Grief, originally conceived of by Elisabeth Kübler-Ross and expanded upon posthumously by David Kessler. These stages of grief are well-known in colonized North American and are widely utilized in westernized grief support contexts. They show up in nearly every discursive sample in one form or another. The stages are shock, denial, anger, bargaining,

and acceptance. David Kessler has since added a sixth stage: finding meaning. While the authors have repeatedly stated that these stages are not meant to be understood as prescriptive or sequential and are simply a scaffold, they are taken up on the colonial cultural mainstage as checkpoints to pass through on the way to grief recovery. David Kessler is quoted in Psychology Today's *COVID-19 and the Grief Process* as saying that the Five Stages of Grief, "as a general rule, these are the basics of our grieving process" (as cited in Weiss, 2020, par. 3). This quotation points to Kessler's belief that the grieving process is universal and can always be well understood through this model. The idea that any one way of thinking or knowing is acceptable or true for everyone indicates the supremacy of that idea, the power it holds, and its investment in retaining that place of being a privileged discourse. When reading this quotation, my eye is always drawn to the word 'our': "these are the basics of our grieving process". Who does this all-encompassing 'our' include? Who does it exclude and why?

Collectivity and requirement for connection

This next discourse could be seen as a counterweight to the discourses of pathology, managerialism and recovery. Collectivity and the requirement for connection is a prevalent theme, appearing explicitly in eight of the nine discursive samples. Berinato's article for the Harvard Business Review quotes Kessler as saying, "This is hitting us and we're grieving. Collectively. We are not used to this kind of collective grief in the air (2020, par. 4). Here, Kessler is pointing to two distinct aspects of collective grief discourse, which I will explain below.

First, we are grieving individual losses at the same time, in tandem but separately. These are individual scenarios and feelings, such as the death of a loved one, but are widespread and far-reaching in their occurrence. A great example of this is noted in LaMotte's article for CNN,

in which she points to the hard truth that, "we must listen to the tinny sound of funeral emanating from laptops or smartphones, wishing our sorrow and support could race through digital space and surround those in agony with a hug or touch - the most basic of human comforts" (2020, par. 3). She goes on to say that, "Grief is a time of connection. We've always been able to be with their bodies, to gather for a funeral. All that is gone" (par. 6). These quotations speak to the ever-growing lack of normalcy and community connection surrounding funeral rites and death rituals for those who have died, either of COVID-19 or of other causes during this pandemic. In this case, the losses are individual but happening on a large scale. We are unable to be there for one another in the way that we have come to expect and take comfort in. This type of collective loss points to the masthead discourse of this MRP, grief as death (to be discussed in the following section), while adding a layer of community and communion to the colonial understanding of loss and subsequent bereavement as private and individualistic.

Secondly, there is grief due to the loss of collectivity. Discursive samples point to the fact that people are grieving not being in close proximity to one another. There is grief due to the loss of regular social interactions and the ways in which folks are currently unable to connect. Cory Steig in a CNBC article entitled *How to cope with grief during the COVID-19 pandemic* says, "Many people are experiencing a 'collective grief' for other losses, such as jobs, normal life, or connection" (2020, par. 4). The 'other' that Stieg is pointing to in this quotation is the aforementioned type of collective loss: individual losses due to the death of a loved one, happening in tandem with one another. Jane Webber, professor of counselor education at Kean University, is quoted in LaMotte (CNN) as saying, "Where we suffer most is that we want to hug someone. We need human touch and we're denied that. [...] there is no measure of how painful it

is or how horrible it is for people right now" (2020, par. 12). The grief here is recognized as collective and shared, as *ours.* I miss you; I love you; I grieve you.

In either case, whether the losses are happening to one or all of us at once, authors and quoted experts are encouraging readers to connect in whatever ways are accessible to them. This idea makes up the second half of this collectivity discourse: the requirement for connection. Dr. Kalaichandran, for The Atlantic, puts it beautifully, stating that when grief is experienced together it, "[becomes] a connecting agent, joining the broken pieces into a more harmonious common mosaic" (2020, par. 17). Connection is presented across discursive samples as healing, necessary. Lennon Flowers, co-founder of grief support platform The Dinner Party, says that, "In this moment, we need social connection more than ever, even if we can't physically be in the same room with one another" (as cited in Steig, 2020, par. 9). It seems like common sense but is presented across these texts as a novel idea: we are grieving the loss of connection, so we should seek connection. Sonya Lott is quoted in CNN as saying, "Connect, connect, connect, connect as much as you can" (as cited in Hunter, 2020, par. 32). All texts in which this discourse was present made note of the capability of people to connect over social media or video conferencing software, while noting that it was a cheap substitute for in-person interaction.

The support that experts are encouraging readers to access is that of engaging in reciprocal listening and sharing without giving advice. O'Neill in NPR says, "Sharing our stories is an essential step" (2020, par. 17). Francis Weller, psychotherapist, suggests, "simply asking for and offering a space in which to share your feelings without either of you offering advice or trying to fix anything for the other (as cited in O'Neill, 2020, par. 19). The healing power of sharing memories and emotions collectively is echoed by Katherine Shear, psychiatrist and director for the Center of Complicated Grief at Columbia School of Social Work, who says that,

"sharing memories is helpful to bereaved people at any point" (as cited in Steig, 2020, par. 15). While those offering these opinions are lauded experts in the grief and bereavement sector, the support they are applauding as most successful is widely accessible and free of charge. Many articles make note of the importance of calling loved ones on the phone, arranging video calls to check in, and just sharing feelings and thoughts. Readers are not asked to solve their grief in these moments, but simply to allow it. There are outstanding questions about who can realistically access this type of support, particularly when considering systemic barriers to such things as self-care and time to process grief. Generally speaking, however, it serves as a balance to the pathologization of grief and the language of mastery.

Grief (as death)

The discourse of grief as death is the primary discourse across all discursive samples but can only be discussed here, towards the end of the chapter. This discourse is powerful, but it lives in the shadows of these texts. It could be understood as a system of roots, feeding the plants visible above ground while its importance and reach remains hidden.

Experiences of grief which stem from the death of a loved one are perhaps the way it is most widely understood. For myself, certainly, I associate grief with death. It is a word association that is hard to break. It was difficult to find quotations which pointed to this discourse's power, even though I knew from the first scan through sampled texts that it would be the prevalent theme. The reason for this is that it is never plainly stated. No one says, "grief due to death is the most important, all other experiences of grief are lesser-than", but it is made to feel self-evident. There are certain signal phrases which were recurrent throughout all discursive samples when discussing types of grief due to non-death losses. These phrases used the language of minimization: "what might be less obvious are the *smaller* [emphasis added] losses that also

affect our emotional health" (Gottlieb, 2020, par. 3), "...*underlying* or *secondary* [emphasis added] losses" (O'Neill, 2020, par. 8), "people struggling with a host of *less* [emphasis added] obvious or existential losses" (O'Neill, 2020, par. 4), "Many people are experiencing a collective grief for *other* [emphasis added] losses" (Steig, 2020, par. 4). The interesting thing about this sampling of quotations is that they do not often, if ever, explicitly point to the discourse that these so-called 'other' losses exist in relationship to. In most cases, these losses (of jobs, roles, income, stability) are presented as 'smaller', 'other', or 'lesser' without context. It would be like me saying, "wow, the weather today is colder", without providing more information. You, the reader, would subconsciously (and likely immediately) understand that I am implicitly referring to a warmer day than this without my saying so. The same is true here: without having to say so, the authors of these texts are pointing to the seemingly obvious truth that grief due to death is paramount. It is made to seem so obvious that it isn't even worth mentioning.

The power of this invisible yet ever-present discourse is massive. As was discussed in the first discursive theme, other griefs for other losses, individuals are struggling to reconcile or even feel entitled to their grief when it is caused by any reason other than death. This leads to disenfranchised grief wherein people feel that their grief has no place in the societal conversation and fear judgment from those with 'real problems' (Gottlieb, 2020). David Kessler is the spokesperson for mixed signals around this. On one hand, he is affirming readers that, "it's all grief" (Kessler, as cited in Weiss, 2020, par. 17) while on the other hand, he is starting to speak about collective losses with the phrasing, "obviously there are actually people whose loved ones have died …" (Kessler, as cited in Dunham, 2020, par. 4). The way I see it, these competing messages create a sense of unease for the reader; they are allowed to feel grief as long as they

remember that others have it worse. This sounds like a bully discourse to me. Grief as death

subjugates other forms of grief in order to retain its supremacy. But why?

CHAPTER 5. DISCUSSION

<u>Connection to Anti-Oppressive Practice Theory</u>

Anti-oppressive practice theory concerns itself with power, both overt and covert, particularly as it relates to intersecting experiences of oppression (Dumbrill & Yee, 2003; Baines, 2011; Hinds, 2019). When the theoretical lens of AOP was applied to the review of existing literature and chosen discursive samples, issues of power, control, and subjugation came into focus. The use of AOP analysis allowed for an examination of the insidious ways that neoliberal self-interest manifests itself in grief support contexts.

Within my literature review and discourse analysis, these discussions of power existed not in obvious, brash phrases speaking to the supremacy of one ideology over another, but rather in the vast silences and omissions. This hidden oppressive power showed up in the ways that grief was being taken up in the academic literature. In the case of dementia grief, as per the original topic of this MRP, researchers made use of positivist, modernist, evidence-based models and scales such as the Dementia Grief Model and the Marwit-Meuser Caregiver Grief Inventory when speaking to grief, coping, and healing (Blandin & Pepin, 2017). When looking at the way that grief is discussed more generally, Kübler-Ross' Five Stages of Grief is the cultural mainstay. All of these models set out to name, pathologize, and manage grief. Not only are these sets of ideas in misalignment with AOP principles, but they contribute directly to the colonial managerialism of grief: a paradigm which says that grief is a singular experience which can be successfully mitigated through professionalized support.

These thoughts were further echoed across discursive samples. Throughout sampled texts, a small number of individuals were repeatedly interviewed. These interviewees were introduced to the readership by their professional designation, by the letters after their name, and by their affiliated institution of higher education (often from within the field of psychiatry). Their

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expertise and advice were presented to the readership as objective truth, effectively silencing

dissenting views, especially from those whose work and ways of knowing are not aligned with

neoliberal, colonial worldviews. The ideas espoused by interviewed academics and professionals

were those born of neoliberalism, modernism, and colonial thought. A tell-tale sign of a powerful

school of thought is when, without conscious effort, other ideas or voices are silenced in its

wake. One of the major discourses found throughout all discursive samples, grief managerialism,

is a direct descendant of this medically based, neoliberal way of seeing the world.

If AOP seeks to interrogate and dismantle systems of systemic power, its mission has

failed in the realm of grief support and discourse. The spaces in which mainstream, neoliberal

grief support exist are riddled with power imbalances and lack of critical reflexivity. There is

enormous power and privilege inherent to these systems, as they pathologize and silence those

with complicated reactions to complicated situations and those who face systemic barriers to so-

called optimized healing. While the lens of AOP has helped illuminate these very real issues

within the colonial grief support sector, I have yet to see its hand in the process of building a

more equitable, socially justice-oriented movement.

While professionalism and neoliberalism are powerful discourses, we cannot discuss

AOP without examining the most potent and ever-present power structure in colonial culture:

white supremacy. The connections between grief during the time of COVID-19 and white

supremacy were more surprising to me than they should have been. It's easy to see white

supremacy when it is presented in relationship to overt racial discrimination or the ongoing

realities of colonization, as this is the context in which it is often discussed. White supremacist

thought benefits from its ability to remain invisible. It takes focused attention and an active anti-

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racist theoretical approach to witness and understand the dominance of this discourse within the realm of grief amid this pandemic.

White Supremacy

If we cannot discuss power without discussing white supremacy, then we cannot discuss white supremacy without discussing whiteness. Whiteness is "a form of hegemony that allows one group to use its power to dominate a group in a position of lesser power" (Yee & Dumbrill, 2003, p. 102). According to Sue (2006), whiteness is the "default standard . . . [f]rom this color standard, racial/ethnic minorities are evaluated, judged and often found to be lacking, inferior, deviant or abnormal" (as cited in Pon, 2009, p. 59). Conceptually, 'whiteness' is not referring only to those with white skin, but more broadly to a system which prioritizes ways of knowing that are born of and benefit from colonization and racism. An understanding of whiteness is crucial in order to appreciate the weight of white supremacist throughout academia and the world of professionalized grief support.

The culture of white supremacy, as understood by Jones & Okun (2001), is made up of a set of characteristics which exist outside of my rudimentary understanding of racist thought. Some of their noted characteristics of white supremacy are such things as: sense of urgency, paternalism, individualism, objectivity, and focus on the written word. These concepts are part of a larger list, *The Characteristics of White Supremacy Culture* (2001). When reading through Jones & Okun's list, I was taken by the ubiquitousness of these characteristics in neoliberal helping spaces. These characteristics, particularly those of paternalism and objectivity, are inextricably linked to the professions of medicine and psychiatry, both of which have made their indelible mark on the way we are taught to understand grief today. Jones & Okun's important work has illuminated an enduring link between white supremacy and professionalism. This is yet

another tool one can use in order to assess the origin of policies or ideas presented in our institutions, academic literature, and mainstream media.

The ways in which white supremacist thought is covertly present in our society is echoed by Pon (2009), who speaks to the concept of 'new racism', which is "difficult to recognize as racism because racist discourses are interwoven with discourses about social cohesion, cultural preservation, and nationalism, which discriminate without actually using the word *race"* (p. 61). The pervasive but powerful discourses of white supremacy and new racism are interconnected by the ways that they wreak havoc while retaining their perceived innocence.

Ontology of Forgetting/Ontology of Ignorance

White supremacy loves to reinvent the wheel. White supremacy takes ideas, concepts, and innovations created by cultures and communities that it deems inferior, repackages them as white and 'good', and then sells them as revolutionary. Barker (1981) calls this the "struggle to create a new commonsense" (p. 25, as cited in Pon, 2009, p. 61). This continuum of theft-ignorance-rebranding-profit is in direct relationship with that which Lowe (1993) has termed Canada's "ontology of forgetting" (as cited in Pon, 2009, p. 59).

What Lowe calls forgetting, I might call willful ignorance. Lowe is referring specifically to the tendency of the Canadian government and education system to strike the history and ongoing reality of colonialism and violent settlement from the record. This colonization does not simply refer to land and resources, but also to knowledge. Indigenous knowledges on Turtle Island (and indeed, across the globe) have long-suffered epistemic violence, theft, and co-optation.

One way that this epistemic violence is carried out is by way of the fallacious Doctrine of Discovery in which white settlers claimed that they had discovered unoccupied lands, thus taking

them for their own (Assembly of First Nations, 2018). The idea of 'discovering' that which is pre-existing extends widely into the realm of academia and theoretical thought. This is another example of the "struggle to create a new commonsense" (ibid). Pon (2009) states that this so-called new commonsense "deploys culture in ways that [...] do not consider power" (p. 61). This was evidenced across discursive samples in which venerated professionals touted that interpersonal connection and community engagement were ways to stave off and heal from grief (LaMotte, 2020; Berinato, 2020; Steig, 2020; Kalanichandran, 2020; Hunter, 2020). Experts quoted across all discursive samples also spoke to the concept of collective grieving, or the ways that a loss felt by one member of our community affects us all (ibid). While this may seem radical or novel, and was certainly presented that way, knowledge of the healing power of collectivity and community has been held since time immemorial within cultures across the globe. It is white, eurocentric culture that has created and continues to venerate individualism. Indeed, individualism is a tenet of white supremacy (Jones & Okun, 2001). The idea of collective feeling and healing is echoed in writing published by Anishnawbe Health Toronto on traditional Indigenous healing which is, "based on an understanding of the interconnectedness of all life" (2000). Espousing collectivity as a new or radical concept by a member of western helping professions is an all-too-common example of epistemic erasure and 'rediscovery'.

Another concrete example of this colonial ignorance was spoken of during a live streamed conversation on Twitter in late May 2020 hosted by Radical Death Studies, a Twitter account and online community founded by Dr. Kami Fletcher. Dr. Fletcher is a professor of history at Albright College whose work focuses on death and dying, and African American cemeteries. Dr. Fletcher hosted a conversation with Michelle Acciavatti, a funeral director based out of Montpelier, Vermont. This conversation focused on funeral planning for those who have

died of COVID-19 and how their bereaved family members were finding meaning in this time of social and physical distancing. During this conversation, Acciavatti noted the widespread use of the word 'unprecedented' in relation to this pandemic, particularly in the media. (A quick Google search of the keywords 'COVID-19' and 'unprecedented' will supply you with a wide array of headlines and articles to this effect.) Acciavatti stated that the media has repeatedly claimed that people dying alone, without the presence of their loved ones, is unprecedented. She noted that, in fact, there are groups of people who do have experience with their loved ones dying alone, but that they are not being consulted or considered as experts in this area; families of people who are incarcerated are well-versed in how to cope with and grieve the illness and death of someone they love who is dying alone in an institution without love and support. Acciavatti notes that we would be wise to look to them for suggestions on how to contend with this situation, rather than seeking support from experts in clinical social work or psychology without personal, lived experience. This aligns with Davidson et al. (2006) who point to the peer support belief that "people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations" (p. 443). If this is so plainly recognized in peer support research, why is it not being applied here?

During this same conversation, Fletcher noted that for Black communities in the United States, widespread death is all-too common but is not seen as a collective American experience (2020). The L.A. Times reports that approximately, "1 in 1,000 black men and boys in America can expect to die at the hands of police, according to a new analysis of deaths involving law enforcement officers" (Khan, 2019, par. 1). The article goes on to state that, "Latino men and boys, black women and girls and Native American men, women and children are also killed by police at higher rates than their white peers" (ibid). One could call this a pandemic. As I write

this, protests are erupting across the United States following the murder of George Floyd at the hands of police. For BIPOC in the United States, the likelihood of dying as the result of an interaction with law enforcement is far higher than that of *any* American dying of COVID-19. Far higher.

Those who die at the hands of law enforcement do not die peacefully with a loved one at their bedside; this is not unprecedented. Wisdom is present here in terms of collective loss, collective grieving, and supporting one another in a community context. The difference in both of these cases is that they are not considered to be valuable in the eyes of white supremacy. Remember that white supremacy values professionalization; folks offering mutual aid through the lens of their lived experience does not serve to benefit white supremacist ideology (Jones & Okun, 2001). Mullally (2002) speaks to this phenomenon of othering, saying that "how individuals come to be "othered" is often implicated in oppressive processes of marginalization, such as colonization and racism" (as cited in Pon, 2009, p. 61).

Privilege

I would be remiss not to make note of the vast swaths of privilege woven throughout the grief discourse presented across nearly all discursive samples. This is an aspect of the discursive conversation which I find difficult, one which I feel conflicted about. Most studied articles and pull-quotes by grief scholars are explicitly giving permission to readers to grieve any loss that feels significant to them. My empathetic, open-minded self believes whole-heartedly that no one has the right to tell you how to feel or to designate what is or is not grievable. At the same time, it troubles me to think that the loss of regular haircuts or weekend brunch with friends is considered equally grievable as losing one's job, health, or loved ones. *Are* all things equally grievable? Am I upholding a hierarchy of grief by thinking otherwise? I do not have answers to

these queries but have been mulling them over throughout this process. What I do know is that capitalism, from which some of these losses surely stem (think brunch, shopping, haircuts), is a pillar of white supremacy (Smith, 2016), thereby rendering the discussion of privilege as one rooted in anti-racism.

This makes me think of a point made by Fletcher (2020), who noted that the culture of grief and bereavement in African American communities is seen as "garish" by white America. In her community, she says, grief is made visible rather than hidden away. She posits that open expressions of grief and mourning are uncomfortable for white Americans and is therefore considered unacceptable. Fletcher's point brings to mind Foucault who asks us to examine historically contextual structures "that make certain things 'thinkable' and 'sayable' and [regulates] who can say them" (as cited in Weaver-Hightower, 2015). Concepts of disenfranchised grief are found here too, wherein certain grieving styles are considered impermissible (Mitchell, 2018). The structures here which encourage or inhibit certain types of grief and mourning are rooted in white supremacy. This caused me to consider the privilege of mourning: who is allowed to mourn, in what ways, and for what reasons. I have discussed this in terms of disenfranchised grief due to perceived grievable losses, but not in the context of racism. This concept of 'grief supremacy' merits further consideration and investigation.

Falsifiable inclusion: We/Us/Ours

Across all discursive samples, three little words kept popping up everywhere: we, us, ours. This discourse was so hidden, so deeply embedded in every article, that it very nearly went unnoticed. The subtlety of this language was all-but invisible to me due to my whiteness, my assumed inclusion in the inferred group. Words like 'we', 'us,' and 'ours' exude inclusivity for certain readers, namely white settlers whose grief has been deemed acceptable by colonial

society. This discourse is clearly evident in David Kessler's statement about the Five Stages of Grief, saying that, "as a general rule, these are the basics of *our* grieving process [emphasis added]" (as cited in Weiss, 2020, par. 3). Kessler says again, in Berinato (2020), "this is hitting *us* and *we're* grieving. Collectively. [emphasis added]" (par. 4). Gottlieb (2020) also uses this language, stating that, "although loss is *universal*, the ways in which *we* grieve are deeply personal [emphasis added]" (par. 15). Weiss notes in Psychology Today (2020) that, "by using the *universally* shared experience of grief, perhaps *we* can gain a bit of insight into *our* individual as well as *our* collective reactions [emphasis added]" (par. 1). We, us, ours. Universal. The tacit implication that there is a singular grieving process acts to erase the multiplicity of grieving processes, rituals, and timelines throughout cultures and communities. Again, it begs the question: who makes up the 'our' or 'we' referenced here? What do these words do within the grief discourse?

These words of falsifiable inclusion effectively create a group of 'approved grievers', those who are 'doing it right'. This is yet another form of grief supremacy. These words hold such weight and allow readers to interpret (without reading more than a syllable) whether or not their grief is considered acceptable in this colonial society. These three little words imply a single, shared experience of grief - a fallacy which exists only in the minds of neoliberal grief scholarship and not in the multiplicity of human grief experiences. While there is no single experience of grief, there *is* a particular form of grief that is considered acceptable by western academia and medicalized helping professions -- that which is quiet, tidy, and linear.

How can grief 'experts' make the case for universally experienced grief when there are such disparities in which lives are taken up as worth grieving, and in what ways? The lives, deaths, and losses of BIPOC and LGBTQ2S+ people and communities are constantly and

demonstrably deemed to be worth less than those of white people in the place we call North America. Certain deaths are deemed grievable, others are not; certain reactions to grief are deemed permissible, others are not. The incredibly justifiable heartbreak and rage felt and seen in the wake of the murder of George Floyd and the ongoing killing of Black men by police is not recognized as acceptable by white supremacist society. Psychologist Amber Hewitt speaks to the popular Five Stages of Grief model, noting that while anger (stage 2) is being played out right now, it is not being taken up as the 'normal' reaction to grief that Elisabeth Kübler-Ross claims it to be. Hewitt goes on to say that the final stage, acceptance, is not a "logical conclusion" for oppressed communities (as cited in Evans, 2020). The Five Stages model, which is widely (if not falsely) understood to be an all-encompassing scaffold for mourners, is not being applied to the grief being felt and demonstrated in streets all across the world right now as the Black Lives Matter movement garners international support. The reason for this is no mystery: models such as the Five Stages of Grief act as a suppressive tool rather than a liberatory one. They are meant to contain, streamline, and tidy up the experience of grief, not to give credibility to the overwhelming anger that may come alongside. *We, us, ours.* This discourse of false inclusivity contributes to the further disenfranchisement and lately, criminalization of those who do not grieve in a way that is socially acceptable in a white supremacist society. Pastor Derrick McRae, out of Orlando, Florida says this: "As a nation, we can't tell the Black population how to grieve. Don't give me an answer for if you can't give me an answer for how to address this ill" (as cited in Evans, 2020, par. 26).

Connection to Relational-Cultural Theory

The main tenet of Relational-Cultural Theory, that connection is a human requirement, has perhaps never been more acutely tested on the world stage as it has during this pandemic.

One of the major losses experienced during this pandemic, as was expressed across discursive samples, is the loss of connection. The depth of loss felt due to lack of connection at the present moment speaks to the enormous power of relationship and interdependence.

As was mentioned in Chapter Five, the loss of or shift in death rituals and funeral rites due to COVID-19 has been challenging for those who have lost a loved one; the loss of community and familial connection at this time is profoundly felt. Funeral director Michelle Acciavatti said, in conversation with Dr. Kami Fletcher, that during this pandemic, people have opted to hold an online funeral or celebration of life rather than hold an in-person event where mourners would have to maintain a two-metre distance between them (as per current social distancing protocols). Acciavatti noted that her clients, as a rule, feel that holding a funeral or other ceremony through the use of an online platform pales in comparison to that which could take place in person, but still prefer it over forgoing support altogether. Acciavatti has witnessed firsthand that people struggle not to hug and console one another when they are in the same physical space. Acciavatti also poignantly stated that, "We know people die of COVID-19. I've seen people die of loneliness" (2020). This was said in reference to those who are unable to see their family members during this time, particularly older individuals who are isolated. Their lack of connection to loved ones, according to Acciavatti, has led to decline in holistic health and well-being, even leading to loss of life. This is reminiscent of Boss (2011) who says that, "human connections prevent loneliness and can even stave off illness and sudden death" (p. 71)

While RCT showed up across discursive samples in the twin discourses of collectivity and requirement for connection, it was also present in the pathologization of grief, housed under the grief managerialism umbrella. The aspects of grief that were taken up as 'unhealthy' or 'unproductive' in discursive samples were similar to those which were pathologized by the

psychiatric field in the 1970s. RCT was created as a response to this pathologization of

relationality (Jordan, 2017). My research shows that relationality is not simply a 'feminine' trait,

as was posited by RCT creators. Relationality is found in countless, diverse non-colonial ways of

knowing and living in the world. Relationality means community, collectivity. The naming of

this as a solely feminine trait and seeing its opponents as endorsing a 'war on women' acts as a

form of cultural and epistemic ignorance. The systems that stand to pathologize relationality and

connection are not simply espousing sexist rhetoric; they are upholding colonial, white

supremacist thought, the same overarching discourses which created and contribute to sexism

and misogyny.

<u>Connection to peer support</u>

Many of the suggestions provided by grief experts in discursive samples for supporting

one another were taken from the peer support playbook. The key aspects of peer support

according to Keyes et al. (2016), as discussed in Chapter 2, are in close alignment with advice

given by such scholars as David Kessler and Dr. Sonya Lott. Keyes et al. speak to peer support

as "an interpersonal interaction grounded in a commonality of experience" which is "based on a

reciprocity of support" (p. 562). They also speak to the "positive social and emotional impact" of

this type of support (ibid). These words act as an echo to statements made in various discursive

samples about connection, sharing, and open listening between those with common experiences

(Kalaichandran, 2020; Hunter, 2020; O'Neill, 2020; Steig, 2020). The implicit connection

between collectivity discourse and peer support is powerful. It speaks to the possibility, if not the

inevitability, of using this model in supporting those with grief associated with COVID-19.

While I have long been a proponent of peer support, particularly due to its potential to

dismantle power structures within the helping professions, I am becoming increasingly mindful

of the ways in which the long-standing peer support movement has become professionalized by colonial mental health systems (Voronka, 2017). Voronka notes that, "the meaning and practice of recovery and peer support are significantly recalibrated when they move from "movements" into "models," and such models (informed by clinical logics and outcomes) are absorbed into dominant mental health practices" (Voronka, 2017, p. 333). The "dominant mental health practices" that Voronka is referring to here are notably oppressive and in misalignment with the belief that support can be power neutral and mutually beneficial. These mental health practices thrive on white supremacy and localized power. How can peer support exist in this space? Can this movement truly act as an arm of anti-oppressive practice when its original intention has been irrevocably co-opted by this medical model of mental health, disability, and recovery?

I must also note that the idea of peer support as novel is yet another form of epistemic ignorance. Community members helping one another without intervention from neoliberal mental health professionals or other so-called 'formal' supports has always existed. The creation and imposition of colonial mental health supports is what's relatively new. Only in opposition to mainstream, colonial systems do mutual aid and community support seem new and exciting. I am complicit in this. Until now, I had not considered or paid respect to the original source of this healing modality. Even calling it 'peer support' is renaming an existing tool of mutual aid. Reinventing and rebranding the ways folks are already supporting one another is a commonly used tool of white supremacy and white academia.

Surprises

I was surprised at how prevalent the discussion of 'other losses' were throughout chosen discursive samples. I had expected that when grief was discussed, it would be only with regards to death. In my social justice, social media circles, we talk about grief more broadly. We allow

one another to feel and express grief for the devastation of our ecosystem, for the instability of our futures under capitalism, for anything we feel attached to. This understanding of grief felt radical to me and for that reason I did not expect it to show up so widely across articles from such centrist, mainstream sources as CNN and NBC. These were places, I believed, where grief for any loss but death would be ignored, and I would be able to write a saucy think piece about its absence in the discourse. I was happily surprised that almost every article gave permission to readers to grieve the losses they were experiencing, no matter how insignificant they may seem. I was impressed by this and am hopeful that it may represent a turning tide in our emotional intelligence on a societal level. The overarching discourse of grief as death and of grief managerialism still present tremendous opportunities to learn and grow as a culture, but I felt heartened by a more diverse definition of grief.

I was also surprised at how strong the connection was between dementia grief and COVID grief. My belief that these were disparate experiences was upsetting when I was required to change the focus of my original research project. I understood theoretically that there would be overlap between the two, but it was hard to see at the time. Throughout the research and writing phases of this project, I started to truly feel the ways in which these experiences of grief were similar. Both sources of grief lead to feelings of disenfranchisement and guilt because 'others have it worse'. My internal struggle with dementia grief was that it was so incremental that it didn't feel worth grieving, or at least not in the way I had been taught to understand grief at that time. I had friends whose grandparents or parents had died. It seemed whiny to feel so pained over not being able to cook dinner or have a fluid conversation with my grandmother. The same is present in the time of COVID-19, according to reports in discursive samples. People feel unentitled to grieve for loved ones who are alive but distant, who are sick but in recovery, or

who are mourning the loss of their job or stability. Preliminary research done into ambiguous loss and disenfranchised grief as it related to dementia grief was extraordinarily relevant to the final MRP.

Another surprise, related to disenfranchised grief, was mentioned by Acciavatti (2020), who mentioned that people who lose a loved one to COVID-19 feel that it pales in comparison to the mass loss of hundreds of thousands who have died around the world. I was surprised to hear that disenfranchised grief is found even when grieving the death of a loved one. I would think that when someone dies, one would feel entitled to openly grieve - but it is not so. It seems that everyone's experience is held up against another in order to be deemed worthy. This should not come as a surprise, however, when one thinks about the ways that certain people's deaths are considered grievable or not. I am thinking about the Black men and other BIPOC who are killed at the hands of police and then are subsequently villainized in the media. We are routinely told about the crimes they were accused of, meant to act as a justification for their murder. The implication here is that this death is not worth grieving. This is outside of the realm of disenfranchised grief as it is currently understood. Perhaps that definition should be expanded to include experiences of people who are told their lives and deaths are worth less than others -- those whose lives are disenfranchised alongside their losses. The definition of symbolic loss, too, should be expanded to make mention of the ways in which BIPOC and other marginalized people justifiably feel insecure about their future, which is already a tenet of this type of loss. Symbolic loss speaks to the emotions behind this feeling, but not the systems. Ambiguous loss tells us that the way we are grieving is not our fault, but rather the fault of structures in place which make grieving difficult. Can the same understanding not extend to the structures imposed upon oppressed communities which render righteous grief impossible or pathological, systems

such as white supremacist media and racist policing? The definitions of terms in grief discourse do not take into account structural, historical, or contextual factors. They should. We cannot responsibly accept that 'anything is grievable' without paying attention to the ways in which the privilege of grief is withheld from members of many communities.

Practical considerations: So, what now?

Mainstream, professionalized grief discourse is failing so many. It is not attending to the needs of communities facing systemic oppression, disproportionately negative health outcomes, widespread and unjust death. It is not attending to those whose experiences of grief fall outside of the Five Stages or its myriad analogues. It is not attending to those whose grief overflows in anger, in rage. It not only ignores those experiences; it actively works to disempower them in the name of retaining white supremacist managerial control of grief as a personal mental health issue. Grief in this cultural context can no longer reasonably be taken up in such reductive terms, as something that works its way through a linear healing process and resolves within six months' time. What are the practical considerations for social workers, for helpers, going forward in this era of grief on a mass scale?

It seems to me that a major consideration would be to support the work being done in communities, by community members. This could take the form of working to divest resources from professional support to the community-based mutual aid work taking place. This is not to absolve the social work profession of their ongoing legacy and responsibility (another hallmark of white supremacy) but rather to work towards equilibrium in the power imbalance between professionalized helpers and those with lived experience. If this discourse analysis has taught me anything, it is that white supremacist helping professions love to provide solutions to problems that are already being solved by those with lived experience and limited funding. How would the

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landscape of westernized helping professions change if peer support workers were considered as knowledgeable as social workers and were provided equal resources, both financial and material? Better yet, what if 'peer support' was no longer relegated to a program on a health clinic monthly calendar and was allowed to exist outside the confines of mainstream mental health support settings, as it always has? I know that these theoretical musings will not make for a practical change in the ways that grievers are being understood or supported right now. The sheer privilege of such theoretical deliberation in a graduate-level academic paper is not lost on me. The systems which pathologize and colonize grief did not develop overnight and will not be easily changed. The foothold that white supremacy has in the so-called 'helping' professions is strong and will require tireless advocacy, education, and political will to amend. I just have to believe that a paradigm shift is coming. While Black Lives Matter and affiliated movements are making (and achieving) demands to defund the police, the seemingly benign nature of social work is being interrogated too. The devastating colonial legacy of white supremacist social work is coming to light. This legacy affects more than just grief discourse but is present there too.

Social workers engaging in grief support must continue to actively apply an anti-oppressive, anti-racist, anti-colonial lens to their work. This framing is vital in order to maintain a thorough, reflexive awareness of the ways in which power and oppression are ever-present. Grief, under colonization, is so often decontextualized. It is removed from its systemic conditions and taken up as individual, singular, something from which healing is entirely possible. When we unpack the ways in which that understanding of grief and grieving is rooted in white supremacy (Jones & Okun, 2001), we can see our role as agents of or agents against that rhetoric. That is where our true work lies.

CONCLUSION

It feels like time to let my shoulders down, to let my breath deepen. There is a sense of this work being completed. Articles were chosen, read and cited. Discursive themes were named and written about. But what good is all of this work if it does not work to provide practical ways of supporting those affected? This work is not over, nor should it be. In fact, the end of this project feels like a new beginning, one in which this learning starts coming into practice.

This project started because of a deep personal wound: disenfranchised, ambiguous, ongoing grief surrounding the illness and death of my grandmother. On some level, I feel that my grief wound is being healed by the work done here. I have been able to see that my experience is not my own, and it is not my fault. The idea that one can effectively 'move on' and resolve their grief altogether is a neoliberal fantasy. I am an avid anti-oppressive thinker, and someone who would be reticent to admit that they had been conned into a modernist mind-meld. The truth of it is, however, that I had. I wanted my grief to be over. In some ways, I still do. It is hard to actively miss someone all of the time and it is hard to contend with the fact that this might just be how my life is now. In this moment, under the shadow COVID-19, folks are all struggling to reconcile with the way that life is now. The good news, if any, is that there are models of how to support one another, one such model being peer support. I strongly believe that peer support is a way through the enormous pain of COVID grief. I believe this not only because it is an effective model but because it is happening already, as it has been in communities around the world for as long as anyone can remember. Forms of ad-hoc peer support are sprouting and spreading throughout communities across the city, the province, the country, the world. I acknowledge that no amount of peer support, empathetic conversation, or permission to grieve will solve the very real inequities and outstanding concerns of governmental infrastructure, the housing crisis,

racism, colonialism, white supremacy, or the innumerable other issues that are coming to light during this pandemic. I do not think that talking about our grief is enough to solve it entirely, but I think it is a start.

<u>If I could do it all over again</u>

Having completed this project, I now feel that I should press Ctrl+Alt+Delete and re-do the entire thing with a much narrower focus. The research and writing of this Major Research Project has led to more questions than answers. Having seen what the findings revealed, which is a staunch relationship between the discourse of grief and that of and white supremacy, I would take this project up again with a more specific attention paid to anti-colonialism and anti-Black racism. I would examine discursive samples for this type of bias immediately, and not wait for it to come to light by being filtered through AOP. I might choose another theoretical lens, such as critical race feminism, one which may allow for a more directed focus. White supremacy disguised itself in these texts. If I could do it all over again, I would interrogate the hell out of it from the start. I would bet that at the end of *that* project, I would want to restart and take it up again and again, hoping that I would eventually find a distilled truth. I would also bet that that would not ever happen. The work of anti-oppressive social work researchers and practitioners is to never say 'enough is enough'; this work is never done.

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