The Lingering Shadow

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Understanding & Addressing **Disenfranchised Grief**
in Emergency Responders & Healthcare Workers

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MESH COALITION
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About...

Dr. James M. Floyd, Jr.

Jim Floyd possesses over 40 years of experience in public safety, healthcare, and training and is the Administrator and Chief Marion County Medical Multi-Agency Coordination Center Manager for the MESH Coalition in Indianapolis, Indiana. He specializes in organizational psychology consulting, providing tailored support to build resilience, foster healthy workplaces, and guide teams through difficult transitions. Services include crisis response planning, grief workshops, stress management training, and individual consultations. He understands the human impact of crisis and is committed to helping staff and the organization emerge stronger.

Dr. Floyd is a Diplomate of the American Academy of Experts in Traumatic Stress and serves as a Chaplain and leadership team member of the Indiana District 5 Resilience & Emotional Support Team, and as a member of the Indiana Crisis Assistance Response Team. He is a Certified Crisis Chaplain, Certified in Critical Incident Stress Management, Certified in Acute Traumatic Stress Management, Certified Trauma Support Specialist, and Certified Field Traumatologist. He also holds Professional Certification in Trauma & Resilience, Professional Certification in Resilience Strategies for the Workplace, Certified Grief Educator, a Certificate in Grief Support Specialist, a Certificate in Trauma-Informed Leadership, a Certificate in Psychologically Safe Leadership, a Certificate in Psychological Health and Safety at Work, Certified OSHA Workplace Stress Management Trainer, a certificate in Total Worker Health® Professional Program, a certificate in Total Worker Health® Leadership, a Certificate in NOVA National Community Crisis Response Team Training Basic Level, a Certificate in Spiritual Care Specialist, a Certificate in Spiritual Companioning, a Certificate in Teacher of Presence, and is a Certified Meditation and Mindfulness Teacher.

A practicing Tibetan Buddhist since 2000, Jim (Tenzin Kunsang) is an ordained Ngakpa (non-monastic Vajrayana priest) and provides spiritual support to the aged, sick, bereaved, and dying as a volunteer True Refuge Companion. He also serves as a Chaplain and Coordinator of the Hendricks County, Indiana Medical Reserve Corps Crisis Response Team providing Peer Support Services.

Jim is an Indiana Certified Community Health Worker with additional training in Stress First Aid, Spiritual First Aid, Psychological First Aid, Mental Health First Aid, Skills for Psychological Recovery, QPR Gatekeeper (suicide prevention), Talk Saves Lives presenter, ResponderStrong Mental Health Curriculum Trainer, Motivational Interviewing, Compassion Fatigue and Resilience Educator, Building Trauma-Informed Organizations, Solution Focused Coaching, Anxiety & Stress Management Coaching, Change Management for Resilient Professionals, Resilience After Adversity, Interprofessional Spiritual Care Education Curriculum, Cultivating Emotional Balance, Psychology of Buddhist Tantra, Death and Dying Educator, Opioid Paraprofessional, and Opioid Overdose Educator & Naloxone Distributor.

Educationally he earned an Associate in Science degree from The University of the State of New York, Bachelor of Fine Arts and Master of Education degrees from American InterContinental University, a Master of Science degree in Industrial Organizational Psychology from Walden University, and a Doctor of Healthcare Administration degree from Virginia University of Lynchburg.

Jim is a member of the National Society of Leadership and Success, the Golden Key International Honour Society, the National Society of Collegiate Scholars, the National Association of Community Health Workers, the International Critical Incident Stress Management Foundation, the American Academy of Experts in Traumatic Stress Management, the Society for Theory and Research on Salutogenesis, Spiritual Care Partners, and Spiritual Directors International.

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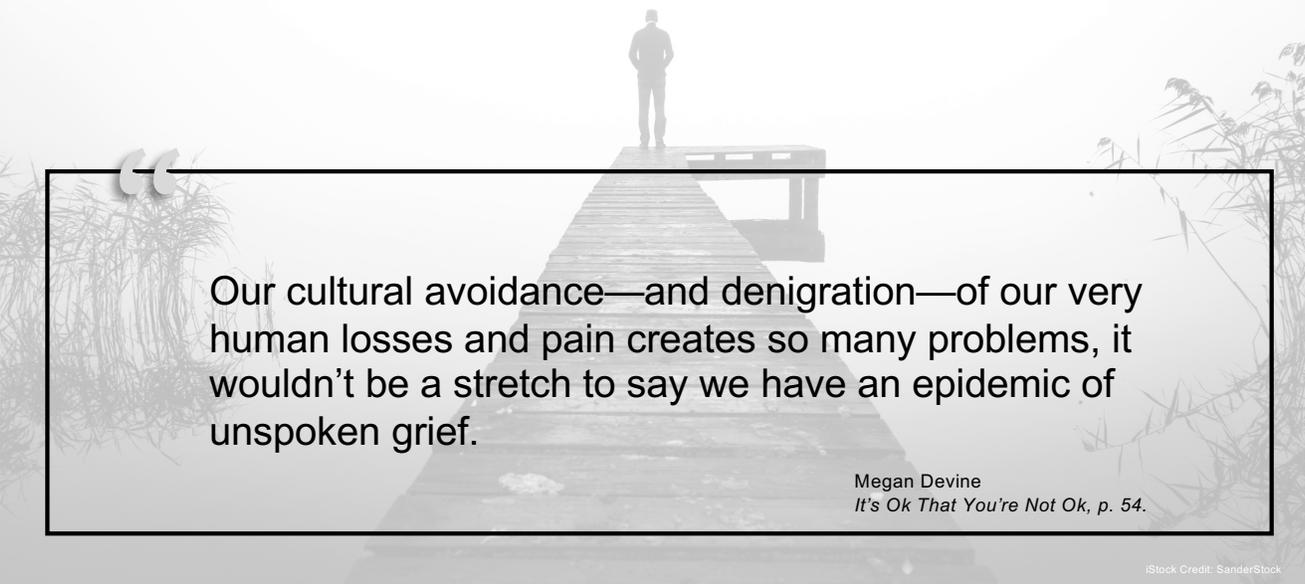
Our cultural avoidance—and denigration—of our very human losses and pain creates so many problems, it wouldn't be a stretch to say we have an epidemic of unspoken grief.
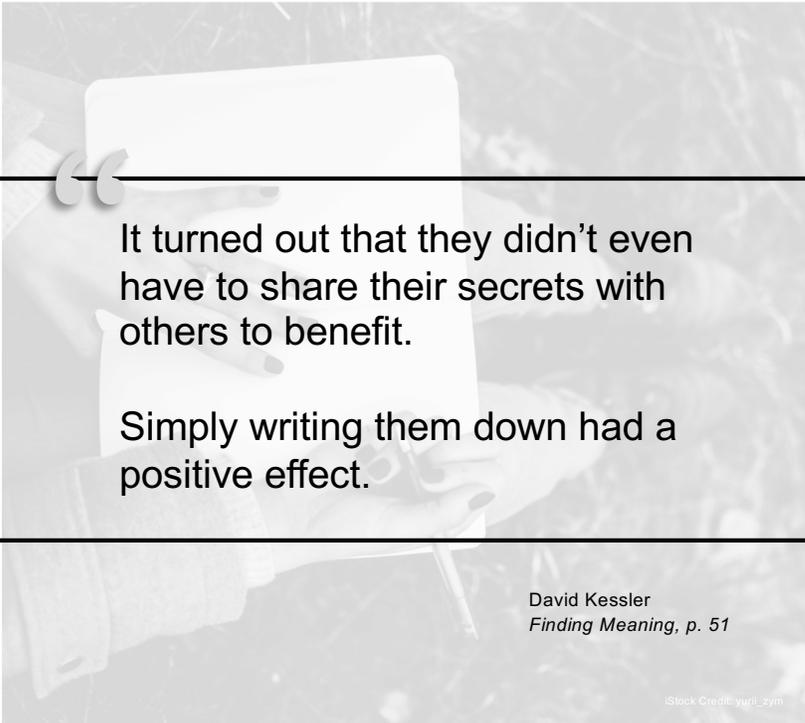
Megan Devine
It's Ok That You're Not Ok, p. 54.

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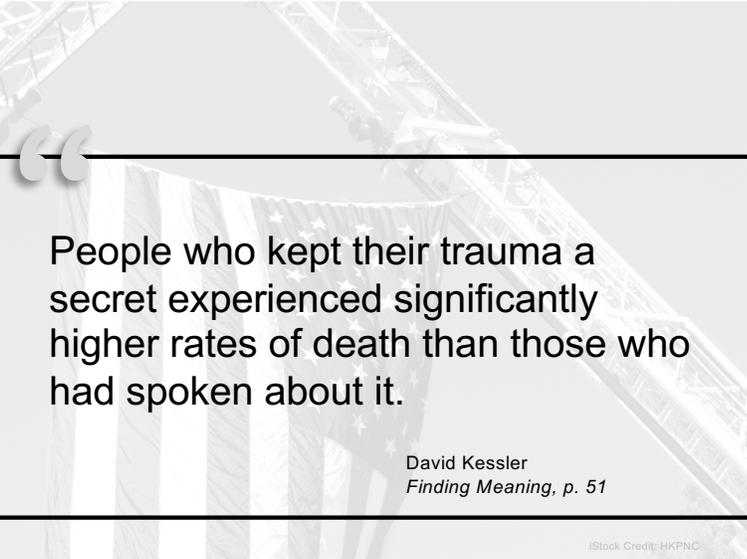
People who kept their trauma a secret experienced significantly higher rates of death than those who had spoken about it.

David Kessler
Finding Meaning, p. 51

iStock Credit: HKPNC

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It turned out that they didn't even have to share their secrets with others to benefit.

Simply writing them down had a positive effect.

David Kessler
Finding Meaning, p. 51

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Grief

Grief is a natural, personal, and multifaceted response to loss. It is caused by any unwanted change. We grieve because we are fundamentally wired for connection and love.

There are many types of grief, including but not limited to:

Common	Delayed/Anticipatory	Ambiguous
Inconclusive	Traumatic	Cumulative
Masked	Secondary Loss	Complicated

Disenfranchised Grief

Disenfranchised grief refers to grief that is not openly acknowledged, publicly mourned, or socially supported. It's a type of loss that society doesn't recognize as "valid" or worthy of grief. The concept of disenfranchised grief was first introduced by grief counselor and author Dr. Kenneth Doka in 1989.

When grief is disenfranchised, individuals are denied the opportunity to grieve openly, receive social support, and engage in the customary rituals that help process loss. This can significantly complicate the grieving process.

Unacknowledged grief can lead to prolonged suffering, isolation, and significant psychological and physical health issues, impacting overall well-being and professional functioning.

Identified several key categories where grief might be disenfranchised:

The relationship is not recognized

01 Examples include loss of a pet, an extramarital affair, a former spouse, or a same-sex partner (historically).

The loss is not recognized

02 Examples include miscarriage, abortion, loss of a job, loss of a home, chronic illness, or the loss of dreams.

The griever is not recognized

03 Examples include children, individuals with cognitive impairments, or those perceived as "too strong" or expected not to grieve.

The death is stigmatized

04 Examples include suicide, overdose, AIDS (historically), or death due to a preventable accident.

The way one grieves is not recognized

05 Examples include private grieving, delayed grief, or expressions of grief deemed "unacceptable" by societal norms.

People who work in **Emergency Management, Public Safety, and Healthcare** are routinely exposed to trauma, suffering, death, and profound loss, often in highly stressful, chaotic, and emotionally charged environments.

They witness events and/or are vicariously exposed and experience situations that the general public rarely sees, leading to a build-up of unaddressed emotional experiences and a unique form of "professional grief."

Dr. Kenneth Doka

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Nature of the "Losses" in these professions:

Patients / Victims
They tried to save, especially children or those with whom a bond was formed

Fundamental Beliefs About Justice & Fairness

Sense of Personal Safety

Personal Time, Relationships, & Overall Well-Being
Due to the demanding and often overwhelming nature of the work

Innocence

Trust
In systems, institutions, or even humanity itself

Colleagues
Line of duty deaths, suicides within the profession

Societal Expectations

There's a pervasive societal expectation for these professionals to be stoic, resilient, and emotionally detached. Phrases like "Be strong," "You signed up for this," or "It's just part of the job" minimize their emotional experiences.

Professional Culture

Within these fields, cultures often inadvertently discourage open displays of emotion or discussions about personal impact. This can be seen as a sign of weakness, a lack of professionalism, or an inability to cope with the demands of the role.

Lack of Formal Recognition

Unlike personal losses, there are often no formal rituals (e.g., funerals for patients, extended bereavement leave for work-related losses) for the significant emotional "losses" experienced on the job, even when they are profoundly impactful.

"Invisible Losses"

The grief is often for a stranger, a situation, or a part of themselves, making it harder for others (and even themselves) to acknowledge as legitimate, valid grief.

Four grieving styles identified by Doka and Martin are presented in Table 1.

Grieving Style	Brief Definition/Core Characteristic
Intuitive (heart)	Experience and express grief primarily through affect and emotion.
Instrumental (head)	Experience and express grief more in cognitive and behavioral ways.
Blended (heart & head)	Exhibit qualities of both intuitive and instrumental styles, often with one being more dominant.
Dissonant (heart v. head)	Experience a clash between their natural grieving style and perceived societal/cultural expectations.

The Intuitive Grieving Style

The intuitive grieving style represents one pole of Doka and Martin's continuum, characterized by a profound emotional experience and an overt expression of grief. Individuals who predominantly exhibit this style experience and articulate their grief primarily through affect, meaning a strong emphasis on feelings and emotions. They frequently describe their experience as "waves of emotion" and report intensely painful feelings. Their external expressions directly mirror their internal emotional states, often manifested through visible displays such as crying, weeping, shouting, or screaming. These individuals are often described as "openly emotional," with their feelings being likened to "an open book". Intuitive grievers may also develop more pronounced emotional symptoms, including sorrow and depression, and can experience physical exhaustion, anxiety, or difficulties with concentration.

For intuitive grievers, coping with loss primarily involves the exploration and processing of these intense feelings. They typically find comfort and healing through sharing their feelings with others, often actively seeking and accepting community support. This support can come through various avenues, including self-help groups, one-on-one grief therapy, or simply engaging in conversations with trusted confidantes. Journaling also serves as another valuable outlet for their emotional expression.

A significant observation concerning intuitive grieving is its social validation within Western cultures. The prevailing expectation in many Western societies is that individuals grieve in an overtly emotional manner. This cultural predisposition often leads to intuitive grieving being perceived as the "correct" or "healthy" way to process loss. Because intuitive grief is characterized by open emotional expression , its alignment with these societal expectations results in greater validation and support for individuals who grieve in this manner. This creates a de facto norm against which other grieving styles are often implicitly or explicitly judged, potentially leading to misunderstanding or a perceived lack of sympathy for those who do not express grief in such an overt fashion. This societal predisposition can contribute to a phenomenon known as "dissonant grief," where individuals may suppress their natural grieving style to conform to perceived expectations, or it can lead to tension and conflict within families where members grieve differently.
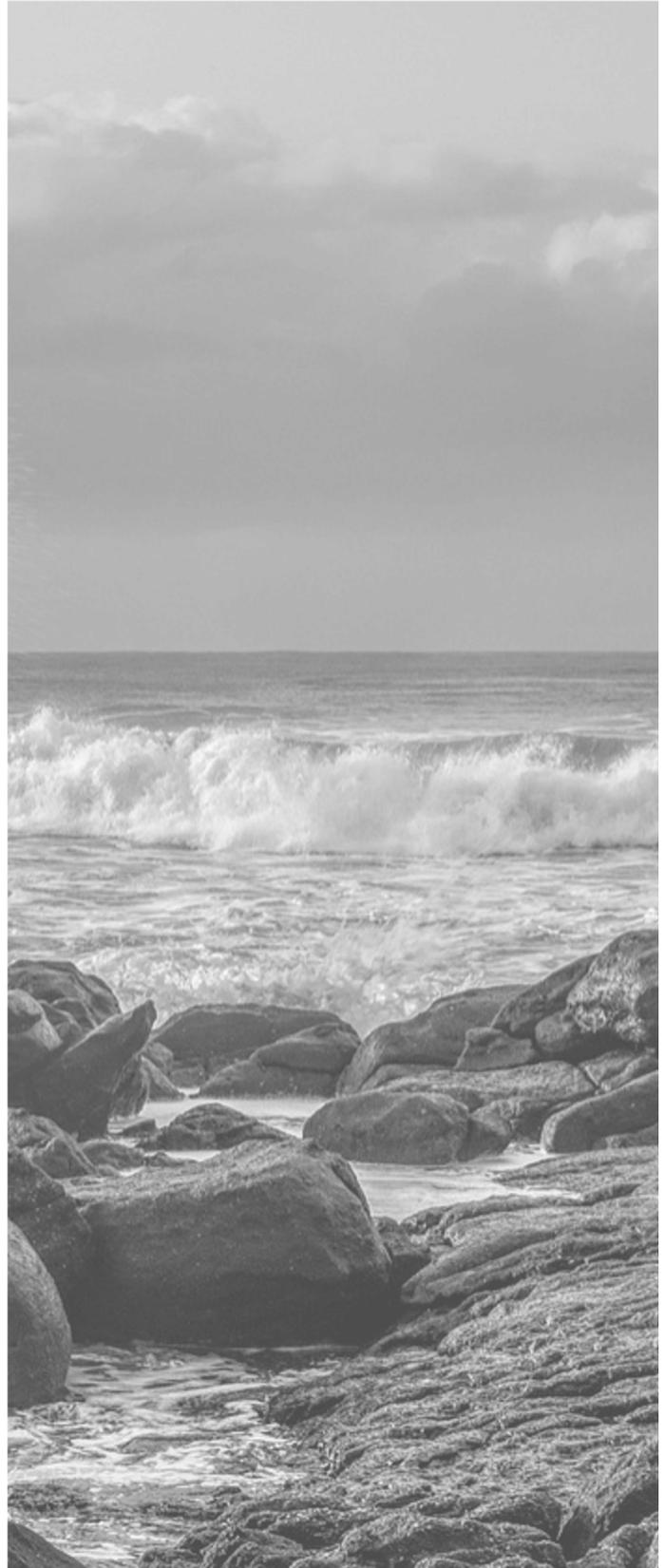
The Instrumental Grieving Style

The intuitive grieving style represents one pole of Doka and Martin's continuum, characterized by a Positioned at the opposing end of the continuum from intuitive grief, the instrumental grieving style is characterized by a more cognitive and action-oriented approach to processing loss. Individuals exhibiting this style tend to experience grief predominantly through cognitive processes, physical sensations, or behavioral responses, rather than through overt emotional displays. They are typically less inclined to express emotion openly and often seek to master their feelings and exert control over their surrounding environment. Their grief response frequently manifests as "doing" or "taking action". Instrumental grievers approach loss with a problem-solving mindset, channeling their energy into activities or tasks. While they may not always recognize a direct link between their actions and their internal feelings, they might describe their experience as "thinking about the person a lot" or feeling a distinct physical sensation, such as being "kicked in the stomach". Among the emotions they do express, anger is often the most readily apparent for instrumental grievers.

Coping mechanisms for instrumental grievers involve engaging in concrete activities. These can include practical tasks such as planning funerals or memorial services, organizing or cleaning out belongings, creating lasting memorials, volunteering for causes related to the deceased, or immersing themselves in other task-oriented projects. They exhibit a strong need for information, often seeking details and focusing on problem-solving and decision-making, frequently with a future-oriented perspective. These individuals may prefer solitude for reflection and adapt to loss through intellectual engagement and action, rather than extensive verbal articulation of their feelings. Consequently, external observers might misinterpret their lack of overt emotional display as a failure to process their grief.

Instrumental grievers frequently face misunderstanding and potential stigmatization in cultures that prioritize emotional expression as the primary indicator of grief. The available information explicitly states that the expression of instrumental grief "can be a bit more difficult for outsiders to discern" , and that "Others might worry the person isn't dealing with their emotions when, in reality, they are just dealing with them differently". This misunderstanding is rooted in the societal expectation that grief should be overtly emotional. As a result, instrumental grievers may be labeled as "unfeeling and insensitive" , "in denial," or "cold" , or even categorized as "maladaptive grievers".

This lack of recognition and validation means they may not receive the specific type of support that would be most beneficial to their coping process. This can lead to isolation for instrumental grievers, as their preferred coping mechanisms are not readily understood or supported by their social networks. Such a situation can exacerbate their grief experience or lead to internal conflict if they feel compelled to conform to expected emotional displays that do not align with their natural processing style.

Dr. Kenneth Doka

The Blended Grieving Style

The intuitive grieving style represents one pole of Doka and Martin's continuum, characterized by a Acknowledging that human experience rarely conforms to rigid binary classifications, Doka and Martin introduced the concept of blended grief. This style represents the most common experience along their continuum, reflecting the nuanced reality of how individuals navigate loss. Intuitive and instrumental grieving are presented as two extreme poles of a spectrum, and it is uncommon to encounter individuals who fit purely into either extreme. The central region of this continuum is defined as blended grieving, where individuals exhibit characteristics from both intuitive and instrumental styles. The majority of people naturally express grief through a combination of cognitive (instrumental) and affective (intuitive) means, although one style typically holds greater prominence than the other. This blended approach acknowledges that individuals draw upon coping tools from both ends of the spectrum, adapting their responses based on the specific loss, their personal disposition, and the surrounding circumstances.

Doka and Martin emphasize the dynamic nature of grieving styles, asserting that an individual's approach to grief is not static but can interact and evolve over time. Even individuals with a predominantly intuitive or instrumental style may find themselves needing to express grief in ways atypical of their usual pattern. For instance, an instrumental griever might require an outlet for intense painful feelings, while an intuitive griever may need to engage in practical tasks or process cognitive thoughts related to the loss. This highlights the multifaceted and adaptive nature of coping strategies employed during bereavement.

The concept of blended grief underscores that grief is a dynamic process rather than a fixed state, and individuals adapt their coping mechanisms over time and in response to different losses. Blended grief is consistently described as the most prevalent experience, integrating elements from both intuitive and instrumental approaches. The assertion that grieving styles are "not static but can interact and evolve over time" and that individuals may "need to express themselves in ways that may be atypical of their predominant pattern" indicates that a person's grief response is not a rigid category they inhabit permanently. Instead, it represents a flexible and adaptive process where various coping strategies are employed as needs shift throughout the bereavement journey. This understanding challenges any lingering notion of a singular, fixed "grief personality." For professionals offering support, this emphasizes the importance of ongoing assessment and the implementation of flexible intervention strategies, rather than rigidly categorizing individuals into one style. It also validates internal shifts in a griever's behavior, helping to mitigate self-judgment if they find themselves coping in unexpected ways.

The Dissonant Grieving Style

Dissonant grief arises when an individual's inherent way of experiencing and expressing grief conflicts with what they perceive as expected or acceptable, leading to internal struggle and potential repression. This style emerges when a person's natural grieving process clashes with societal, cultural, or familial expectations concerning how they "should" feel or react during bereavement. This conflict generates a "persistent discomfort and lack of harmony" between their internal grief experience and its outward manifestation. Individuals experiencing dissonant grief may actively struggle to conceal their true feelings in an effort to maintain a desired public image. This internal clash can result in significant confusion, shame, and emotional repression. For instance, someone typically perceived as "strong" might become overwhelmed by emotion, or an individual expecting to be flooded with feelings might find them absent, leading to feelings of guilt or self-condemnation.

The underlying factors contributing to dissonance are often rooted in broader societal norms, cultural traditions, or specific family dynamics that dictate "grieving rules". This style highlights the profound influence of social context on individual grief, where the perceived "right to express grief" can be constrained by established norms. The act of repressing emotions to project an image of strength or to conform to expectations can be detrimental. Research suggests that actively confronting upsetting experiences—whether through writing or verbal expression—is hypothesized to mitigate the negative effects of such inhibition.

Dissonant grief reveals the substantial psychological burden placed on individuals when their authentic grieving process clashes with internal or external expectations, potentially leading to maladaptive coping. The definition of dissonant grief centers on this conflict between natural expression and perceived expectations. This conflict results in "persistent discomfort," leading to "confusion, shame, and repression". This directly connects to the observation regarding the societal validation of intuitive grief. If intuitive grief is considered the "expected" norm, then instrumental or other less outwardly emotional styles, when forced into an intuitive mold, become dissonant. The internal struggle to conceal genuine feelings or to experience guilt for not feeling "correctly" indicates a profound psychological cost. This repression, as noted in the research, can be associated with long-term stress and disease. This phenomenon extends beyond simply "grieving differently" to describe "grieving in a way that causes internal distress because it is not accepted." This underscores the critical necessity for grief support to be non-judgmental and to validate all authentic expressions of grief, rather than implicitly or explicitly promoting one style over another. Furthermore, unresolved dissonant grief may contribute to more complicated bereavement outcomes.

Dr. Kenneth Doka

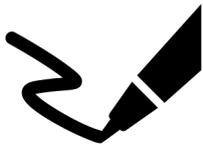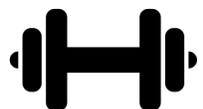| Aspect	Intuitive Grieving Style	Instrumental Grieving Style
Internal Experience	Primarily through affect, intense emotional symptoms, sorrow, depression, waves of emotion.	More cognitive, physical, or behavioral; mental separation from loss, physical sensations (e.g., "kicked in the stomach").
Outward Expression	Openly emotional, verbal, mirrors inner feelings, crying, weeping, shouting.	Less overt emotional expression, often looks like "doing" or "taking action"; anger is often the most readily expressed emotion.
Coping Mechanisms	Exploring and processing feelings, sharing feelings with others, seeking support groups, one-on-one therapy, journaling.	Mastering feelings, controlling environment, problem-solving, directing energy into activities/tasks, seeking information, future-oriented.
Support Needs	Opportunities to communicate thoughts and feelings, active and empathetic listening, safe space for emotional expression.	Support through concrete activities, information, practical tasks (e.g., planning memorials, volunteering), nonverbal communication.
Societal Perception	Often perceived as "correct" or "healthy" due to alignment with cultural expectations of emotional grief.	Often misunderstood as "unfeeling" or "in denial" due to lack of overt emotional display.

Papadatou's Model of Healthcare Worker Grieving Process

A clinical psychologist, Dr. Danai Papadatou developed a specific model to understand the unique grieving process of healthcare professionals, particularly in response to patient death.

Unlike traditional models, Papadatou's model acknowledges that grief for healthcare workers is often anticipated daily and is an inherent part of their chosen profession.

Papadatou's Key Categories of Loss:

Relationships

The bond formed with a patient, even if brief.

Identification

Grieving the pain of the patient's family, especially if the professional identifies with them (e.g., same age, similar family role).

Confrontation with own mortality

Witnessing death frequently forces professionals to confront their own finitude.

Personal Beliefs / Assumptions

The shattering of a professional's worldview when confronted with unexpected or unjust deaths (e.g., a child's death).

Provoke past / anticipated losses

A patient's death may re-activate unresolved personal grief or trigger fears about future losses in their own lives.

Professional Goals/ Self-Image

The inability to cure, save, or achieve desired outcomes for a patient, impacting their sense of competence.

Dr. Danai Papadatou

Papadatou's model vividly illustrates how many of the losses experienced by healthcare workers fall directly into Doka's categories of disenfranchised grief.

Unrecognized Loss

The grief over "unmet professional goals" or "loss of self-efficacy" is often not validated as legitimate grief. It's seen as a professional failing rather than an emotional response.

Grieving for the pain of a family rather than the patient themselves is a profound loss that society rarely acknowledges as a professional's grief.

The erosion of personal beliefs and assumptions due to repeated exposure to suffering is a deep, internal loss that lacks external recognition or support.

Unrecognized Griever

Papadatou's work reinforces that the professional identity of healthcare workers often prevents them from being "recognized as grievers." The expectation of stoicism and emotional control means their grief is often hidden, both from others and sometimes from themselves.

Lack of Rituals

The absence of formal societal or professional rituals for these specific types of work-related losses (as highlighted by Papadatou's model) directly contributes to their disenfranchisement.

How Disenfranchised Grief Manifests

Intensified Grief: Because it's unacknowledged, grief can become more profound, prolonged, and complicated.

Anger and Resentment: Towards self, colleagues, systems, or society for the lack of recognition and support.

Guilt: Feeling guilty for surviving, for not doing enough, or for experiencing emotions deemed "unprofessional."

Depression and Anxiety: Persistent sadness, hopelessness, panic attacks, or generalized anxiety.

Emotional Numbness: A protective mechanism that can lead to detachment and an inability to feel.

Irritability and Mood Swings: Difficulty regulating emotions, leading to strained relationships.

Chronic Fatigue: Persistent exhaustion that rest doesn't alleviate.

Sleep Disturbances: Insomnia, nightmares, or excessive sleeping.

Increased Illness: Weakened immune system leading to frequent colds, flu, or other infections.

Physical Aches and Pains: Headaches, muscle tension, digestive issues, or other stress-related somatic complaints.

Emotional

Physical

Behavioral

Professional

Social Withdrawal/Isolation: Pulling away from friends, family, and colleagues, leading to loneliness.

Substance Abuse: Using alcohol, drugs, or other substances as a maladaptive coping mechanism to numb pain or escape.

Risk-Taking Behaviors: Engaging in dangerous or impulsive activities.

Changes in Eating Habits: Overeating or undereating, contributing to health issues.

Restlessness or Agitation: An inability to relax or settle down, a constant state of unease.

Burnout: Emotional, physical, and mental exhaustion caused by prolonged or excessive stress and unaddressed grief.

Compassion Fatigue: A state of profound emotional and physical exhaustion that results from the continuous use of empathy and exposure to trauma.

Decreased Job Performance: Difficulty concentrating, making decisions, or performing duties effectively, impacting patient care and public safety.

Absenteeism/Presenteeism: Increased sick days or being physically present but mentally disengaged and unproductive.

Cynicism and Detachment: A jaded outlook and a tendency to distance oneself from patients, colleagues, or the job itself.

Increased Conflicts: More frequent arguments or disagreements with colleagues or supervisors, affecting team cohesion.

> ❝ **Unresolved grief leads to future physical and mental health issues.**
>
> (Lennon et al., 2008)

Moral Injury

The Deep Wound of Transgressed Morals

Moral distress arises when emergency responders and healthcare workers know—or strongly believe—what the right or ethical action would be but feel constrained from acting on it due to internal or external barriers. This could happen when resources are scarce (e.g., not having enough supplies to treat every patient), when organizational policies conflict with personal values (e.g., being asked to prioritize rapid return to service over proper grieving time), or when systems fail to protect vulnerable populations. This conflict threatens their core values and moral integrity.

Over time, repeatedly witnessing situations where one feels powerless to alleviate suffering or injustice can create a deep sense of inner conflict and frustration.

GRIEF

MORAL SUFFERING

Burnout

Moral Injury

Moral Distress
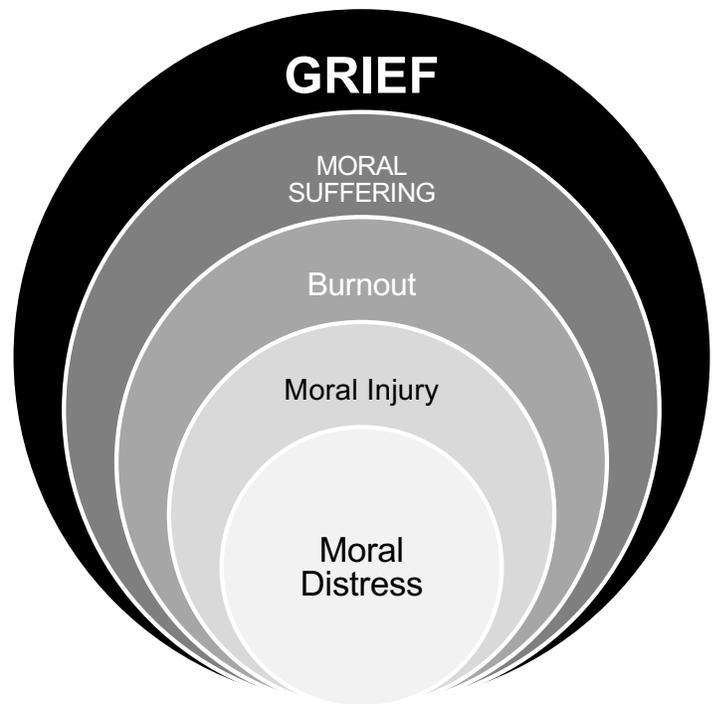
Moral injury is a more severe and lasting psychological, spiritual, behavioral, and social impact that occurs when an individual perpetrates, fails to prevent, or witnesses acts that "transgress deeply held moral beliefs and expectations" It often involves a sense of betrayal, either by oneself, others, or institutions.

CAUSES

- Impossible Choices: Healthcare workers might be forced to make impossible choices about rationing care or resources, leading to feelings of responsibility for negative outcomes.

- Witnessing Atrocities: Public safety personnel frequently witness horrific events or human suffering that violate their fundamental beliefs about humanity.

- Betrayal: This can come from leadership, institutions, or society that fails to provide adequate support, resources, or acknowledge the moral burden of their work. For example, healthcare workers feeling betrayed by systems that rationed PPE during COVID-19.

> Moral distress, moral injury, and burnout -collectively termed moral suffering - stem from a self-evident reality: **grief**.
>
> - Dr. Pedro Weisleder

> We would rather feel *guilty* than helpless.
>
> **My need to be needed.**
>
> -David Kessler
> *Certified Grief Educator Course*

> **You cannot save anyone**. You can be present with them, offer your groundness, your sanity, your peace.
>
> You can even share your path with them, offer your perspective. **But you cannot take away their pain**. You cannot walk their path for them.
>
> You cannot give answers that are right for them, or even answers they can digest right now. They will have to find their own answers…
>
> Jeff Foster

Finding meaning in disenfranchised grief is a profound and often challenging journey, precisely because the loss itself may not be openly acknowledged or validated by society. However, meaning-making is a crucial component of healing and moving forward after any significant loss.[1] It's not about finding a "reason" for the loss, but rather about integrating the experience into one's life narrative in a way that allows for continued growth and purpose.

Transforming Pain into Purpose

Finding meaning in disenfranchised grief is a deeply personal and often non-linear process. It's about constructing a new narrative that incorporates the loss, even when that loss is not socially recognized. This process can transform the pain into a source of wisdom, growth, and renewed purpose.

For those experiencing disenfranchised grief, the absence of societal validation can leave them feeling stuck, isolated, and questioning the significance of their own suffering. Meaning-making helps by:

● Validating the Experience

It affirms that the loss, regardless of external recognition, has had a profound impact and holds personal significance.

● Reducing Isolation

By finding meaning, individuals can connect with their own internal resources and, sometimes, with others who understand, even if that understanding is limited to a small, trusted circle.

● Preventing Complicated Grief

The inability to find meaning can contribute to prolonged or complicated grief. Meaning-making helps to process the pain and prevent it from becoming a chronic, debilitating state.

● Facilitating Integration

It allows the griever to integrate the loss into their identity and life story, rather than having it remain an unaddressed, festering wound.

● Fostering Post-Traumatic Growth

While not diminishing the pain, finding meaning can lead to post-traumatic growth, where individuals develop new strengths, perspectives, and appreciation for life.

Finding Meaning

Meaning-making is unique to each individual and loss, but several common strategies can facilitate this process:

Narrative Reconstruction

Telling Your Story

Even if it's only to yourself, in a journal, or to a trusted few, articulating the story of your loss—what happened, how it impacted you, and your feelings—is crucial. This helps organize chaotic thoughts and emotions.

Reframing the Experience

Over time, you might be able to reframe certain aspects of the loss. For example, instead of focusing solely on the pain of a lost dream, you might recognize the strength and resilience you gained in navigating that disappointment.

Creating a New Identity

Loss often shatters one's sense of self. Meaning-making involves building a new identity that incorporates the experience of loss, recognizing how you have changed and grown.

Rituals for Healing

Disenfranchised grief, by its very nature, lacks the social acknowledgment, validation, and customary rituals that typically accompany more recognized forms of loss. This absence can leave grievers feeling isolated, misunderstood, and unable to fully process their experiences. Creating and engaging in meaningful rituals becomes a crucial tool for healing and integrating these unacknowledged losses.

Rituals serve several vital functions in the grieving process, particularly for disenfranchised grief:

Validation & Acknowledgment	Rituals provide a concrete way to acknowledge that a loss occurred and that the grief is legitimate, even if society doesn't recognize it. This act of validation is profoundly healing.
Symbolic Expression	They offer a safe space for symbolic expression of emotions, thoughts, and memories that might otherwise be suppressed or have no outlet.
Transition & Integration	They mark a transition, helping the griever move from a state of active suffering towards integrating the loss into their life story.
Meaning-Making	Rituals can help individuals find meaning in their loss, even when the loss itself feels senseless or unjust.
Connection & Support	While public support may be absent, personal or small-group rituals can foster a sense of connection, either with oneself, a trusted few, or a spiritual belief system.
Empowerment	Creating a ritual can be an empowering act, giving the griever a sense of agency and control in a situation where they may have felt powerless.

Finding Meaning

Rituals can be formal or informal, public or private, and can be adapted to the specific nature of the disenfranchised loss. The key is that they are meaningful to the individual.

Symbolic Acts of Remembrance

Creating a Memorial Space

This could be a physical space (e.g., a small garden, a designated shelf with mementos, a special box) or a digital one (e.g., a private online tribute page). For the loss of a pet, this might be planting a tree or placing a stone.

Lighting a Candle

A simple, yet powerful act of remembrance. It can be done regularly (e.g., on an anniversary) or whenever a wave of grief arises.

Writing

They mark a transition, helping the griever move from a state of active suffering towards integrating the loss into their life story.
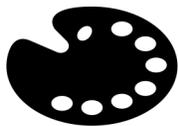
Letters

Writing a letter to the person, pet, or even the lost dream, expressing unsaid words, feelings, or goodbyes.

Journaling

Regular journaling about the loss, its impact, and the emotions experienced.

Poetry or Songs

Creative expression can be a profound way to externalize internal pain.

Creating Art

Painting, drawing, sculpting, or crafting something that symbolizes the loss and the feelings associated with it.

Acts of Connection and Acknowledgement

Sharing Stories with a trusted few

While public acknowledgment may be absent, sharing stories of the loss with a trusted friend, family member, or therapist can be a powerful, albeit small, ritual of recognition.

Acts of Service or Advocacy

For losses related to injustice (e.g., loss due to systemic issues, moral injury), engaging in advocacy or service in memory of what was lost can transform grief into purpose.

Anniversary Rituals

Marking the anniversary of the loss (e.g., the date of a miscarriage, the end of a relationship, the day a career ended) with a specific, personal ritual. This validates the significance of the date.

Creating a "Memory Box" or "Grief Jar"

Collecting items or writing down memories and placing them in a designated container, which can be revisited when needed.

Key Considerations for Rituals

Personal Meaning — The ritual must be personally meaningful to the griever. There's no "one size fits all."

Flexibility — Rituals can evolve over time as the grief changes.

Safety — Ensure the ritual is safe, both emotionally and physically.

No Judgement — The purpose is to acknowledge and express, not to judge the grief or the way it's expressed.

Self-Care

Self-care is absolutely crucial for individuals experiencing disenfranchised grief, especially given its often hidden and unsupported nature. Unlike more recognized forms of grief, there are fewer societal scripts or external validations, making internal coping mechanisms and intentional self-nurturing even more vital. When moral distress and moral injury are also present, self-care becomes a critical component of healing and maintaining well-being.

Self-care for disenfranchised grief isn't about "getting over" the loss, but rather about acknowledging its validity, processing its impact, and finding healthy ways to integrate it into one's life, despite external lack of recognition. It's an active and ongoing process of self-compassion and validation.

Self-Validation is Paramount

Acknowledge Your Loss

01 The first and most critical step is to internally validate that your loss is real and significant, regardless of whether others recognize it. Give yourself permission to grieve.

Accept Your Feelings

02 All emotions associated with grief—sadness, anger, guilt, confusion, numbness, anxiety—are valid. Resist the urge to judge or suppress them, as this only prolongs suffering. Journaling can be a powerful tool for this.

Normalize Your Experience

03 Understand that your reactions are a normal response to an abnormal situation (unacknowledged loss). Don't compare your grief to others' or adhere to societal timelines.

Identify Trusted Individuals

04 Seek out friends, family members, or colleagues who are empathetic, non-judgmental, and willing to listen without trying to "fix" or minimize your grief.
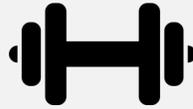
Prioritize Physical Well-being

Rest & Sleep

Grief is exhausting. Prioritize adequate rest & address sleep disturbances.

Physical Activity

Engage in regular physical activity. Exercise can help alleviate stress, improve mood, and release pent-up energy.

Nutrition & Hydration

Maintain healthy eating habits and stay hydrated, as physical well-being supports emotional resilience.

Mindfulness & Relaxation

Practice stress-reducing techniques like deep breathing, meditation, yoga, or mindfulness to calm the nervous system and stay present with your emotions.

Professional and Systemic Self-Care

Self-Reflection (RAIN Method)

01 For healthcare and public safety professionals, self-reflection is key to identifying and processing strong emotions. The "RAIN" framework (Recognize, Allow, Investigate, Nurture) can be helpful .

Self-Compassion

02 Be kind and understanding towards yourself, especially when grappling with feelings of shame or guilt related to moral distress or injury. Self-compassion is an antidote to self-criticism.

Debriefing & Peer Support

03 Actively participate in peer debriefing sessions or seek out colleagues for informal discussions after difficult incidents. This legitimizes the shared emotional burden.

Self-care for disenfranchised grief is not a luxury but a necessity. It empowers individuals to navigate their unacknowledged losses with courage and compassion, fostering resilience and promoting healing despite the lack of external validation.

R.A.I.N Method

Recognize
What's happening? Name what you're feeling, thinking, or experiencing. This is about noticing **without judgement.**

Accept
Write about your willingness to allow the feeling or thought to be present. The idea is not to like it or resign to it forever, but to **create space** around the experience.

Investigate
Gently explore with curiosity. Be compassionate and curious rather than analytical or judgmental.
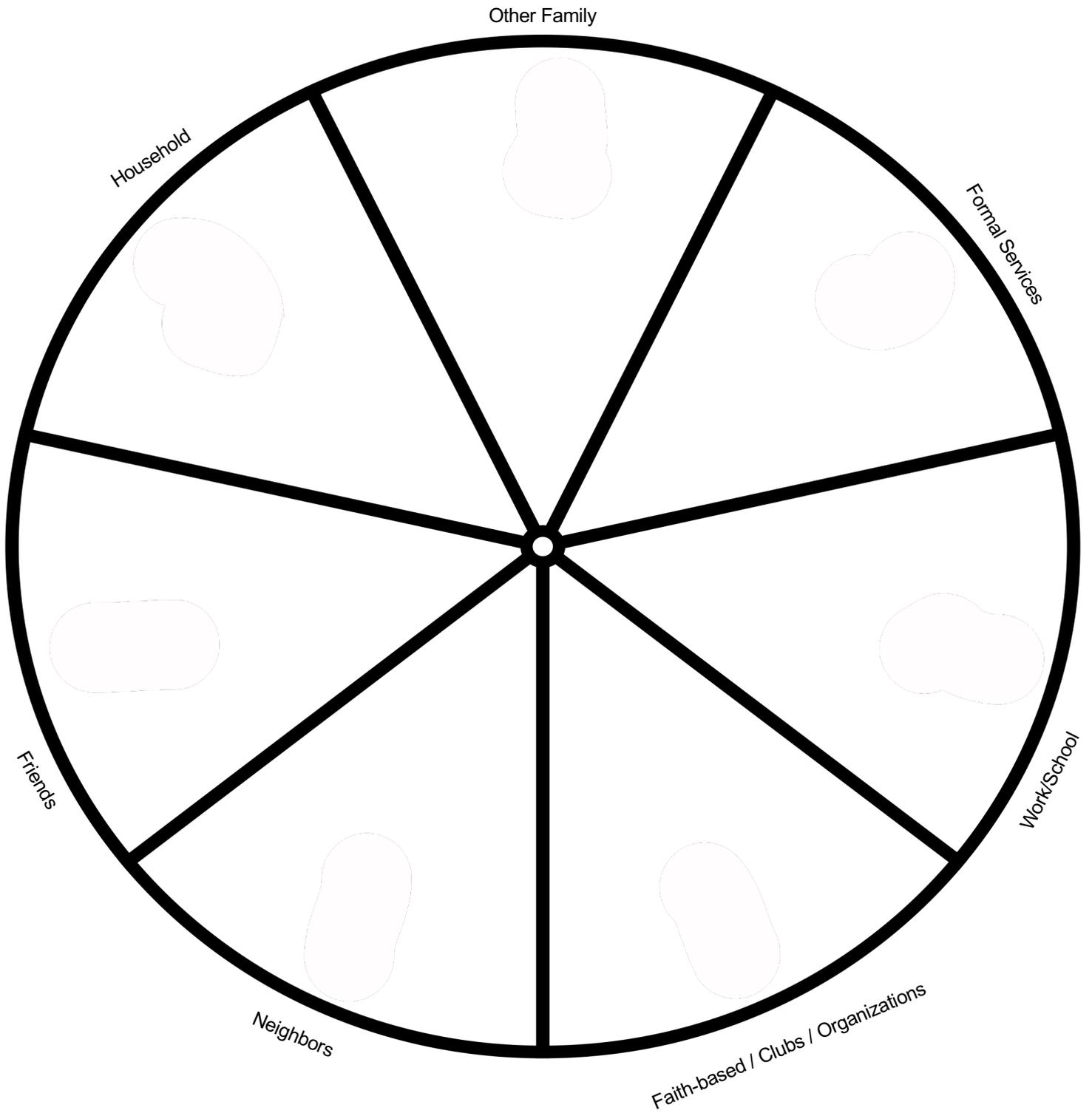
Where do I feel this in my body?

What is this emotion trying to tell me?

Are there memories, beliefs, or unmet needs connected to this?

Nurture
Respond with kindness & care. Write supportive, kind words to yourself-like you would a friend. Place your hand over your heart, take a deep breath, or imagine giving yourself a comforting hug.

Social Network Map

Other Family

Household

Formal Services

Friends

Work/School

Neighbors

Faith-based / Clubs / Organizations

Physiological Sigh

The **physiological sigh** is a natural, double-inhalation breathing pattern that helps **rapidly calm the nervous system**. Developed through research by neuroscientists like Dr. Andrew Huberman (Stanford University).

Benefits of the Physiological Sigh:

- Rapidly reduces stress and anxiety
- Lowers heart rate
- Releases tension in the body
- Can be done anywhere, anytime— takes just a few seconds
- Effective for grounding, regulating emotions, and improving focus

01 **Place hands over your heart**

Apply pressure.

02 **Double-inhale through your nose**

The **first inhale** fills the lungs. The second, shorter inhale opens collapsed alveoli (tiny air sacs in the lungs), improving oxygen exchange.

03 **Long exhale through your mouth (sigh)**

The long exhale activates the parasympathetic nervous system (your "rest and digest" mode), helping slow the heart rate and reduce anxiety.

Reframing Your Thoughts

Positive Thinking is the practice of focusing on constructive, hopeful, and empowering thoughts—even during stressful or traumatic situations. It's not about ignoring reality or pretending things are fine; rather, it's about maintaining a realistic but optimistic outlook that supports resilience and problem-solving.

In the context of **emergency responders and healthcare workers**, positive thinking helps responders manage overwhelming emotions, stay focused under pressure, and maintain energy during prolonged crises. It involves recognizing your own internal dialogue and intentionally shifting it in a healthier direction.

Reframing is a cognitive strategy where you identify unhelpful or negative thoughts and consciously reinterpret them in a more balanced or constructive way. It doesn't erase the hardship but helps you see it from a different angle that can reduce stress and increase effectiveness.

▭ Negative Thought	✚ Reframed Positive Thought
"I can't handle this—there's too much going on."	"This is hard, but I've handled tough situations before."
"I failed to help everyone."	"I did what I could under the circumstances."
"This is hopeless."	"This is challenging, but I can take it one step at a time."
"I made a mistake."	"I'm learning and adapting—mistakes are part of the process."

Quick Practice

1. Notice the Thought – Catch yourself thinking something negative or absolute.

2. Pause and Reflect – Ask: Is this 100% true? Is there another way to see this?

3. Reframe – Replace it with a more balanced or empowering perspective. Building this habit takes time, but it's a critical skill for staying grounded and effective in high-stress environments.

Mantram

A **mantram** (also spelled *mantra*) is a word or phrase that is repeated silently or aloud to focus the mind, calm the body, and promote inner peace. It is often spiritual or sacred in nature but can be personally meaningful regardless of religious affiliation.

Mantram repetition involves choosing a short, meaningful word or phrase and silently repeating it—especially during times of stress, waiting, or emotional overwhelm. It can be done anywhere, anytime, and does not require specific posture or setting.

Benefits of Mantram Use

• **Quick calming effect** — lowers physiological stress without needing privacy or equipment

•**Improves focus** — helps maintain clarity and concentration in chaotic settings

• **Promotes emotional regulation** — offers a grounding tool during moments of fear, grief, or frustration

• **Accessible and portable** — can be used while walking, waiting, or during tasks

• **Strengthens spiritual and psychological resilience**   Bormann, 2020

How to Use a Mantram

1. **Choose your word/phrase** — something comforting or personally meaningful.

2. **Repeat it silently** — while breathing, walking, waiting in line, or trying to sleep.

3. **Use it regularly** — not just in crisis, but also during downtime to build the habit.

By incorporating mantram repetition, healthcare workers and emergency responders can enhance their inner stability, sustain compassionate service, and prevent burnout in the face of adversity.

Bormann, 2020

Mantrams (pronunciation) — Description

Mantrams (pronunciation)	Description
Om mani padme hum (Ohm mah-nee pahd-may hume)	An invocation to the jewel (Self), in the lotus of the heart
Namo Butsaya (Nah-mo Boot-see-yah)	I bow to the Buddha
My God and My All	St. Francis of Assisi's phrase
Maranatha (Mah-rah-nah-tha)	Lord of the Heart (Aramaic)
Kyrie Eleison (Kir-ee-ay Ee-lay-ee-sone)	Lord have mercy
Christe Eleison (Kreest-ay Ee-lay-ee-sone)	Christ have mercy
Jesus, Jesus	Son of God
Hail Mary or Ave Maria	Mother of Jesus
Lord Jesus Christ, Son of God, have mercy on me	Jesus Prayer
Rama (Rah-mah)	Eternal joy within (Gandhi's mantram)
Om Namah Shivaya (Ohm Nah-mah Shee-vah-yah)	Invocation to beauty and fearlessness
Om Prema (Ohm Pray-Mah)	A call for universal love
Om Shanti (Ohm Shawn-tee)	Invocation to eternal peace
Shalom (Shah-lome)	Peace, completeness
So Hum (So Hum)	I am that Self within
Barukh Atah Adonoi (Bah-rookh At-tah Ah-doh-nigh)	Blessed art Thou, King of the Universe
Ribono Shel Olam (Ree-boh-no Shel O-lahm)	Master of the Universe
Bismallah ir-Rahman ir-Rahim (Beese-mah-lah ir-Rah-mun ir-Rah-heem)	In the name of Allah, the merciful, the compassionate
O Wakan Tanka (Wah-Kahn Tahn-Kah)	Great Spirit

Ho'oponopono

Ho'oponopono is a traditional Hawaiian practice of reconciliation and forgiveness. The word roughly translates to **"to make right"** or **"to correct errors."** It is rooted in the belief that harmony can be restored through confession, repentance, and forgiveness.

In its traditional form, Ho'oponopono was used by families and communities to resolve conflict and restore relationships, often led by a kahuna (spiritual healer or elder).

A more modern, personal version of Ho'oponopono has been popularized by spiritual practitioners, focusing on self-healing through four key phrases:

Ho'oponopono (original)	***The Four Things That Matter Most*** Dr. Ira Byock
I'm sorry Please forgive me Thank you I love you	I love you Thank you I forgive you Please forgive me

These phrases are repeated as a form of meditation or prayer to take responsibility for one's own thoughts, actions, and experiences, with the goal of cleansing negative energy and promoting healing and peace.

Daily Reflection

Date: M T W T F S S

MOOD/DATE RATING:

◯ AWESOME   ◯ GOOD   ◯ NORMAL   ◯ BUSY   ◯ SAD   ◯ FRUSTRATED

MY DAY IN 3 WORDS:

TODAY I FEEL GRATEFUL FOR:

WINS:

GOALS/SKILLS/THINGS I WORKED ON:

CHALLENGES:

TOMORROW I'LL BE FOCUSING ON:

TOMORROW'S GOAL/NOTES: