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Disenfranchised Grief Following African American Homicide Loss: An Inductive Case Study

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Abstract

Disenfranchised grief is experienced when a mourner's grief response is socially invalidated, unacknowledged, or discouraged. When the circumstances of death or the emotional reactions of the griever violate social norms, empathic failures can occur within the bereaved individual's support systems. This study used conventional content analysis, an intensive and inductive qualitative research method, to analyze the experience of one African American woman who lost her only son to homicide, a particularly distressing and marginalized form of loss. Results elucidate both the empathic failings and resiliencies within the social systems of this griever and emerged from the perspectives offered by the bereaved mother and her primary supporter. Clinical implications and suggestions for future research are discussed.

Keywords

grief, African American, homicide loss, case study

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Grief is a normative and universal response that psychologically aids individuals in accommodating the loss of a loved one in their lives. This process occurs at intrapersonal and interpersonal levels (Corr, 2002). Intrapersonally, bereaved individuals attend to their loss in a private, internal process of coping and meaning making. The interpersonal process occurs between grievers and their social environment, engaging others to help redefine life in the absence of their deceased loved ones. These attempts are made within the social and cultural contexts that set grieving expectations for bereaved individuals. Doka explained that these "'grieving rules'... attempt to specify who, when, where, how, how long, and for whom people should grieve" (1989, p. 4). Inevitably, for some grievers, their expressions and needs are in violation of social expectations, and their experience becomes delegitimized, unrecognized, or unsupported by the social systems around them (Corr, 2002). Such experiences of *disenfranchised grief* occur when "the grief that persons experience when they incur a loss cannot be openly acknowledged, publically mourned, or socially supported" (Doka, 1989, p. 4). Neimeyer and Jordan (2002) proposed that empathic failures—"the failure of one part of a system to understand the meaning and experience of another"—are central to the construct of disenfranchised grief (p. 96). They explained that these failures occur "from the interaction of self and others rather than deficits in either party taken alone" (p. 100). The purpose of this article is to conduct a systematic qualitative analysis of social support and disenfranchisement in the context of one African American mother contending with the homicide of her son, both to better inform theory regarding crucial social processes in bereavement and to guide clinical interventions with this neglected population.

Among the various factors that make one vulnerable to disenfranchised grief, some grievers become marginalized when their grief expressions are incongruent with cultural expectations. In such cases, outward signs of grieving (e.g., emotional expression) might surpass societal norms in terms of intensity, duration, or form of expression. Other bereaved individuals might experience disenfranchisement after surviving a loss that is horrific in nature (e.g., homicide loss) and subsequently stigmatized. At times, these factors are interrelated, as the type of loss incurred can have a negative impact on one's trajectory through bereavement, prompting higher levels of distress. Violent losses, such as homicide loss, can result in comorbid clinical disorders such as depressive and posttraumatic stress syndromes (McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2012) as well as complicated grief (CG) reactions (Burke & Neimeyer, 2012; Currier, Holland, Coleman, & Neimeyer, 2007; Keesee, Currier, & Neimeyer, 2008), also known as prolonged grief disorder. This severe reaction is a protracted, debilitating, and sometimes life-threatening response to loss (Prigerson et al., 2009; Shear et al., 2011). Bereaved individuals who experience such severe distress levels following a

stigmatized loss are especially vulnerable to grief disenfranchisement—both interpersonal and intrapersonal.

Bereavement Distress

The Role of Ethnicity

The connection between violent death and increased bereavement distress naturally invites attention to the losses of African Americans, a community that is both disproportionately at risk for homicide and for experiencing high levels of CG following loss (Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Laurie & Neimeyer, 2008). Nationally, it is estimated that African Americans are 10 times more likely to die by homicide than their Caucasian counterparts (Kochanek, Murphy, Anderson, & Scott, 2004). Laurie and Neimeyer (2008) found that 11.6% of African American college students versus 2.4% of Caucasian students reported homicide loss within the past 2 years. Currier et al. (2007) showed that violent death loss (e.g., homicide, suicide, and fatal accident) poses a pronounced problem for many grievers, producing more CG symptomatology than nonviolent death loss (e.g., resulting from lengthy illness or heart attack) in a large sample of bereaved young people. Burke and Neimeyer's (2012) review of studies assessing risk factors of CG found that ethnicity predicted higher levels of CG in some samples (e.g., Goldsmith et al., 2008; Neimeyer, Baldwin, & Gillies, 2006). For example, Goldsmith et al. (2008) found higher prevalence rates for CG among African Americans (22%) than among Caucasians (12%). However, when Cruz et al. (2007) examined ethnic differences among African Americans and Caucasians receiving CG treatment (Shear, Frank, Houck, & Reynolds, 2005), no differences were found. One interpretation of this finding is that once CG is diagnosed, the presentation might not differ between these two ethnic groups.

The Role of Kinship

Studies show that close kin can be especially affected by the violent deaths of family members. For example, Cleiren's (1993) longitudinal study showed kinship to be the strongest predictor of grief, explaining 15% of the variance in grief scores at 14 months postloss. Specifically, parents and spouses grieved more severely. In particular, mothers in their study recovered more slowly and experienced more grief at 4 and 14 months postloss than did individuals represented by other forms of kinship. These findings are corroborated by Burke and Neimeyer (2012) who identified being a mother of the deceased as a risk factor for developing CG. Also, Prigerson et al. (2002) found that parents were 11 times more likely to meet criteria for CG than other kinship types. Given the connection between severe grief responses of close kin in relation to violent death loss, the

current case study will highlight the experience of a mother bereaved by homicide.

The Role of Social Support

Social support has been defined as “an interpersonal transaction involving one or more of the following: (1) emotional concerns (liking, love, empathy), (2) instrumental aid (goods or services), (3) information (about the environment), or (4) appraisal (information relevant to self-evaluation)” (House, 1981, p. 39). Investigators have studied the important role of social support within bereavement, but most research has been conducted with Caucasian samples. But what little is known indicates that African Americans’ social interactions in bereavement might differ from Caucasians’. For instance, African Americans typically have larger social networks (Rosenblatt & Wallace, 2005) and different mourning rituals than Caucasians (Barrett, 1998). African Americans also report spending less time talking about their grief (Laurie & Neimeyer, 2008) and are less likely to seek mental health-care services (Snowden, 2012).

Given these differences, Burke, Neimeyer, and McDevitt-Murphy (2010) examined social support within a homicidally bereaved sample of African Americans. Using various social support measures, they only found a modest correlation between bereavement-specific support and general support, suggesting these are distinct constructs. General support was unrelated to bereavement outcome across measures, whereas grief-specific support was tied to lower levels of posttraumatic stress disorder (PTSD) and depression among homicide survivors. Yet, grief-specific support was unrelated to levels of CG. The researchers hypothesized that once CG symptomatology is present, grievers’ needs might extend beyond the capabilities of lay supporters (Currier, Neimeyer, & Berman, 2008).

Because African Americans have been shown to have larger networks than their Caucasian counterparts, Burke et al. (2010) took a closer look at this variable within their violently bereaved sample. They found that having a large number of available supporters was related to lower levels of CG. However, there was little additional evidence that general social support was associated with reduced psychological effects of homicide loss. This finding might suggest that a support network can serve as a protective factor against CG but has less impact once the symptoms are present. The researchers also found that network size was not significantly related to bereavement-specific support. This finding implies that the size of the network is just one factor, with the composition and type of support that a social network provides being just as important.

Negative Social Interactions

Just as social interactions can be a source of comfort for grievers, social networks can also be fraught with negative interactions. Burke et al. (2010) found

that greater percentages of negative relationships within the homicidally bereaved's social network indicated higher levels of CG, PTSD, and depressive symptomatology. These findings align with those of Dyregrov (2004) and Wilsey and Shear (2007), where extreme negative social interactions were found to impede the healing process of bereaved individuals. While inadequate support has been connected to the development of major depression (Falkenstein, 2004) and PTSD (Lepore, Silver, Wortman, & Wayment, 1996), contentious, negative interactions between the bereaved and his or her social world also might be an instigating context for the development and perpetuation of CG (Wilsey & Shear, 2007). Therefore, it is imperative that researchers consider the impact that both negative and positive interactions may have on the bereaved individual's psychological functioning.

The Current Study

Despite the elevated occurrence of homicide within the African American community, and the debilitating responses to violent death loss experienced by many survivors, the literature on African American bereavement following homicide loss is limited. We therefore will conduct an intensive and systematic inductive case study of one participant in the Burke et al. (2010) study, whose social network dissolved following the murder of her son. Focusing on the experience of disenfranchisement as well as relational resilience, our aim is to both inform theory regarding the role of social support in bereavement adaptation and to contribute to greater sensitivity on the part of clinicians working with CG in the wake of violent loss.

Method

Case Participant

Following institutional review board approval of the study, we selected the current case from the sample of Project Bravehearts, a study of African Americans who were homicidally bereaved (Burke et al., 2010; McDevitt-Murphy et al., 2012). We chose her as an index case because she was suffering from CG and found her social network fraught with negative interactions and disenfranchisement following the murder of her only child. In this, we followed Stake's (2008) suggestion to select "a case of some typicality but leaning toward those cases that seem to offer opportunity to learn" (p. 130). Because case studies "are generalizable to theoretical propositions, and not populations or universes" (Yin, 2009, p. 15), we were not attempting to extend our findings to all African Americans or homicide survivors. Instead, we aimed to inform theory about the interplay of grievers with their social networks, especially when the interaction might yield disenfranchisement.

Louise, grieving mother of Jaden. The case we explored is that of "Louise,[1]" a single, African American woman in her mid-50s who suffered the loss of her only child to murder. Her son, "Jaden," was in his early 20s at the time of his death. Louise endured invasive media coverage and ongoing community speculation about her son's death. She also faced numerous financial burdens, as Jaden previously contributed to her financial well-being. Louise's distress levels were assessed at 4 months postloss and again at 10 months postloss. Her scores indicated clinical levels of anxiety, depression, PTSD, and CG symptoms and were notably higher than those of the sample mean.[2] Louise described herself as a being socially engaged prior to her loss. However, in the aftermath of the death of her son, her social networks deteriorated. She described experiencing very low levels of positive social support and high levels of negative social interactions with her family and community.

Louise nominated as her main source of support a Caucasian neighborhood couple, "Patty" and "Mike," who also endured the loss of a child several years prior. Despite Patty's sensitivity to her loss, Louise's distress remained high. Louise ultimately sought the assistance of a clinical psychologist for her bereavement-related struggles.

Qualitative Method

Conventional content analysis. As part of the larger study (Burke et al., 2010), we conducted separate semistructured interviews with each participant and a primary support figure of their choice at each of two assessment points 6 months apart, focusing on themes of social support for the survivor or its absence. We then transcribed and analyzed the approximately 6 hr of interviews in Louise's case using *conventional content analysis*, an inductive process in which the researcher becomes immersed in the data and identifies themes without use of preconceived categories (Hsieh & Shannon, 2005; Kondracki & Wellman, 2002). This methodology is used to investigate a phenomenon where limited research exists (Hsieh & Shannon, 2005) as is true of African American homicide bereavement. To facilitate the inductive process, I (E.P.B.) immersed myself in the interview transcripts, repeatedly reviewing the data to conceptualize it as a whole (Tesch, 1990). We used MAXQDA 11 qualitative software (MAXQDA, 2012) to aid in data organization. To stay within the subjective experience of the given participant (i.e., Louise or Patty), I analyzed the respective interview transcripts separately, highlighting text that appeared to capture key ideas (Hsieh & Shannon, 2005). I used memoing to document the analytic process as I worked. I then identified meaning units (Giorgi, 1970)—a single concept within a phrase, clause, or sentence—as the unit of analysis and derived labels for codes that represent idea units present in Louise's and Patty's respective interviews. I then systematically compared meaning units, looking for similarities and themes (Coffey & Atkinson, 1996; Patton, 2002). This analysis resulted in a coding

scheme with a hierarchical structure, with categories and subcategories describing Louise's grief experience in the context of her various support systems. I then applied the coding scheme to all four interviews.

We used a credibility check of establishing intercoder reliability to protect the validity of the coding scheme, enlisting two additional investigators (including the third author) to apply it to a subset of the data. I, along with the other coders, coded the same 20% of the transcripts. We compared the results among three dyads in all possible combinations. We collaboratively modified codes and created new ones as needed, attaining a minimum of 80% agreement. This step allows for additional perspectives to shed light on the complex nature of the data, while also demonstrating that researchers with unique perspectives can share an interpretation of the data (Hill et al., 2005).

Results

Our inductive analysis of interviews with Louise and Patty resulted in a hierarchically organized coding scheme, with five themes identified. Four of those themes will be presented here.[3] They describe empathic failures and resiliencies within Louise's various interpersonal and intrapersonal systems. The following section describes the categories and subcategories (see Table 1) subsumed under each of the four themes. Salient examples from each subcategory also will be explored, and italics will be used emphasize salient words used by the Patty and Louise in the interview.

Theme 1. Empathic Failure: Louise-With-Community/Family System

This dominant theme, comprising 185 meaning units (see Table 2), emerged from both Patty's and Louise's interviews. The themes described ways in which Louise's friends and family demonstrated their withdrawal of support, both in active (Code 1.1.1) and passive (Code 1.1.2) ways. Louise and Patty also contributed rationales as to why support was taken away. Their interviews highlighted the social (Code 1.2.1), individual (Code 1.2.2), and grief-related reactions from Louise (Code 1.2.3) which might have contributed to this breakdown in empathy between Louise and her former supporters.

Category 1. Support revocation in Louise-with-community/family system. In the aftermath of Jaden's murder, Louise was surrounded by friends and family who cared for her emotionally and physically. They listened to her cry, tended to her hair, cleaned her home, and even slumbered with her. However, Patty and Louise noted that this support dissolved in the weeks following Jaden's funeral. As Patty reflected, "There was a lot of people there when all that happened. But after the service and everything was over, it was like a lot of people just backed away, *and they haven't come back*." Louise echoed this sentiment and felt

Table 1. Coding Scheme: Theme/Category/Subcategory.

1. Empathic Failure: Louise-with-community/family system
  1.1. Support revocation in Louise-with-community/family system
    1.1.1 Active support revocation by community/family
      1.1.1.a Revocation of relationship/emotional support
      1.1.1.b Revocation/lack of financial support
      1.1.1.c Revocation of practical support
      1.1.1.d Verbal aggression/taunting by community
    1.1.2 Passive support revocation by community/family
      1.1.2.a Lack of mentioning Jaden/Jaden's death
      1.1.2.b Avoid speaking to/visiting Louise
  1.2. Reasons for empathic breakdown
    1.2.1 Societal factors
      1.2.1.a Louise's grief opposes cultural grieving norms (e.g., duration of grief)
      1.2.1.b Homicide is Taboo
      1.2.1.c Louise is expected to maintain former roles
    1.2.2 Individual reasons
      1.2.2.a Individuals don't know what to say/how to help to Louise
      1.2.2.b Individuals want to give Louise space/time to accept the death
      1.2.2.c Louise's grief-related emotions are more than individuals can handle
      1.2.3 Louise's grief reactions fuel disenfranchisement by community and family
      1.2.3.a Louise public outbursts of thoughts and emotions/unusual behavior
      1.2.3.b Louise constantly talking about Jaden (and Homicide) to friends and strangers—Leads to negative social interaction
      1.2.3.c Verbally aggressive towards others
2. Empathic failure: Louise-with-self system
  2.1. Louise's guilt and shame
    2.1.1 Louise's self-appraisal as being a pariah (stemming from community/family's reaction to homicide)
      2.1.1.a Louise as tainted/diseased
      2.1.1.b Louise as criminal/culpable/unfit parent
    2.1.2 Louise's Louise-appraisal stemming from community/family's reaction to her grief-related emotional expression
      2.1.2.a Louise infantilized
      2.1.2.b Louise as crazy
      2.1.2.c Louise's shame of doing something "wrong" to push others away
  2.2. Self-isolation and disenfranchisement
    2.2.1 Silences own thoughts/emotions/needs
    2.2.2 Rejects others/withdraws
    2.2.3 Pessimistic perception/distrust of others
3. Empathic failure and resiliency: Louise-with-professional system
  3.1. Empathic resiliency of Louise-with-professional helpers system
  3.2. Empathic failure of Louise-with-professional helpers system

(continued)

Table 1. (continued)

4. Empathic Resiliency: Louise-with-primary support system
4.1. Context between Patty and Louise
4.2. Empathy-based strategies patty uses to support Louise in her grief
4.2.1 Endless support (i.e., duration, unconditional)
4.2.2 Humor
4.2.3 Practical help for Louise
4.2.4 Physical self-care for Louise
4.2.5 Emotional support and encouragement
4.2.6 Behavioral activation for Louise
4.2.7 Gentle confrontation by Patty
4.3. Patty's gains/costs from relationship with Louise
4.3.1 Gains
4.3.1.a Mutual buffer for loneliness
4.3.1.b A reciprocal friendship
4.3.2 Costs
4.3.2.a Patty starts reliving her losses
4.3.2.b Patty worn out/frustrated/decreased patience
4.3.2.c. Patty emotional from empathizing with Louise's pain
4.3.3. Balancing care of griever with care of Louise
4.3.3.a Patty empathizes only as much as needed/tunes Louise out to cope with her pain (own losses are triggered)
4.3.3.b Patty occasionally avoids Louise
4.3.3.c Patty "dealt with" her own losses before taking on supporter role

"abandoned" by the exodus of friends and family from her life. She lamented, "[They] *deserted* me. That's the bottom line."

Louise and Patty described the active revocation of interpersonal and emotional support by friends and family (Code 1.1.1). In some cases, supporters openly demonstrated their intentions of severing ties with Louise (Code 1.1.1.a). She described how one friend "dropped our friendship like a hot potato." Patty spoke of another who "flat out told [Louise], 'I'm not gonna deal with it, with your cryin' and stuff'." In a few instances, Louise was aggressively confronted when she sought support (Code 1.1.1.d). In one example, she described an instance where she reached out to the grandfather of Jaden's friend, explaining, "This man Mr. Terry cursed me out when I called over there to ask for his granddaughter's number. Jaden must have been dead for some weeks, not quite a month."

Louise and Patty also described how support was revoked in more passive ways (Code 1.1.2). Former supporters began avoiding Louise (Code 1.1.2.b). As Patty noted, "People don't even go there [to visit Louise]. His [Jaden's] friends don't ever come up and see her . . . She's pretty much lost a lot of people because of this." Louise provided an example of passive relationship loss with a romantic partner, saying, "He called me and was coming over and all of this, until I told

Table 2. Frequency of Meaning Units by Louise and Patty contributing to Each Theme/Category/Subcategory.

	No. of Meaning Units		
Theme/Category/Subcategory	Louise	Patty	Total MUs
Empathic Failure: Louise with Community/Family System	102	83	185
Support Revocation in Louise-with-Community/ Family System	53	35	88
Active Support Revocation by Community/Family	32	12	44
Passive Support Revocation by Community/Family	21	23	44
Reasons for Revoked Support/Empathic Breakdown	49	48	97
Societal Factors	24	13	37
Individual Reasons	14	14	28
Louise's Grief Reactions Fuel Disenfranchisement by Community and Family	11	21	32
Empathic Failure: Louise-with-Self System	30	12	42
Louise's Guilt and Shame	16	5	21
Stemming from Community/Family's Reaction to Homicide	6	0	6
Stemming from Community/Family's Reaction to her Grief-Related Emotional Expression	10	5	15
Self-Isolation and Disenfranchisement: Louise Reacts to Community/Family	14	7	21
Silences own Thoughts/Emotions/Needs	4	4	8
Rejects Others/Withdraws	10	3	13
Empathic Failure and Resiliency: Louise-with-Professional System	9	4	13
Empathic Resiliency by Professionals	6	4	10
Empathic Failures by Professionals	3	0	3
Empathic Resilience: Louise-with-Primary Support System	32	108	140
Context between Patty and Louise	9	5	14
Empathy-Based Strategies Patty Uses to Support Louise in her Grief	18	75	93
Endless Support (i.e., duration, unconditional)	4	13	17
Humor	1	2	3
Practical Help for Louise	2	8	10
Physical Self-Care for Louise	0	3	3
Emotional Support and Encouragement	7	26	33

(continued)

Table 2. (continued)

Theme/Category/Subcategory	No. of Meaning Units Louise	Patty	Total MUs
Behavioral Activation for Louise	4	11	15
Gentle Confrontation by Patty	0	12	12
Supporter Gains and Costs from Relationship with Louise	5	28	33
Gains	5	13	18
Costs	0	11	11
Balancing Care of Patty with Care of Louise	0	4	4

Abbreviation: MUs, meaning units.

him Jaden was murdered. I haven't heard from him. He didn't come over. He just stopped calling."

Louise often described how she longed for others to talk with her about Jaden, both about his life and his death. However, both she and Patty spoke of ways that friends and family passively excluded Jaden by failing to mention Jaden's death at all (Code 1.1.2.a). In one poignant example, Louise described spending Easter with her family following Jaden's death. This time was especially important to Louise, as his death and birthday fell within days of the holiday. She said, "Easter came, the anniversary of Jaden's death came, and the next day was Jaden's birthday. *And nobody said anything* . . . I felt like they were just trying to erase his memory." Both participants described how Louise's attempts to talk about Jaden were subverted by others changing the subject or ignoring Louise's attempts at conversation. Patty described the difficulty, saying, "When she wants to bring Jaden up . . . it's like they shut down. They don't know what to say anymore."

Category 2. Reasons for empathic breakdown. Louise and Patty generated several explanations as to why so many supporters left Louise in her time of need. The breakdown in empathy sometimes occurred as a result of the social stigma surrounding homicide loss (Code 1.2.1.b). Louise described her acute awareness of the reactions people had to the nature of her son's death. She explained this intuitive understanding, explaining, "Yeah I feel that deep down inside, I feel it . . . People look at you as if—I guess it's the same as if your child committed suicide."

Louise and Patty also described how the duration of Louise's grief violated cultural expectations (Code 1.2.1.a). Louise noted several interactions in which

months after Jaden's death, friends and family would respond, "You're not better *yet*?!" This sentiment was echoed throughout the interviews, illustrating that there was a narrow window of time in which Louise was socially supported in her grief but was quickly told to move past a state of mourning.

Friends and family also expected Louise to maintain her former social roles (Code 1.2.1.c), despite her intense grief. Louise was asked to continue hosting these gatherings, despite the strain this placed on her. When asked why friends might have responded this way to her, Louise offered, "They miss me 'cause I'm a fun person, and I'm always helping people and their children, and they want that back, and my family wants me back too because I'm the fixer."

Some empathic failures resulted when would-be supporters felt unsure of how to support Louise in her grieving (Code 1.2.2.a). Others wanted to provide her space to accept Jaden's death (Code 1.2.2.b). The most common explanation was that Louise's emotional expression was more than individuals could handle (Code 1.2.2.c). Louise explained that one friend "said something to the effect of she didn't know how to deal with people grieving like me." She described another who ended their relationship, explaining, "I just can't take her grief about Jaden! God, I can't take that!"

Louise and Patty both described how Louise's expression of grief-related emotions fueled disenfranchisement by former supporters (Code 1.2.3). They most often elaborated on Louise's public displays of emotions and unusual behaviors (Code 1.2.3.a). Louise described an emotional moment she had while on an outing with a friend who subsequently terminated their relationship, saying, "First I was crying like I normally do to myself. I know how to cry without people seeing it... [someone nearby] said 'Is everything alright ma'am?'... and I just boo hooed, and I said 'my baby died!'... I was hanging all out the window. I mean I looked like Frankenstein's mother or something (laughing). I just let loose torrents of tears." Louise and Patty also described how Louise frequently sought conversations about Jaden—sometimes at inappropriate times—with both friends and strangers. Both noted how these attempts often ended in negative social interactions (Code 1.2.3.b), causing more disenfranchisement of her grief. Both also acknowledged that Louise's emotions were sometimes expressed in an attacking and aggressive manner (Code 1.2.3.c), especially when she perceived a lack of support, although she later responded with regret or shame.

Theme 2. Empathic Failure: Louise-With-Self System

This theme captures how social disenfranchisement characterized Louise's views about her own grief. Both women described how Louise began to internalize her imagined perceptions of others based on their reactions to her grief (Code 2.1.2) and to the stigmatized nature of Jaden's homicide (Code 2.1.1). Louise began to feel guilty and ashamed of her grief, subsequently lost trust in people (Code

2.2.3), and withdrew from those few individuals who were trying to support her (Code 2.2.2). She also sometimes silenced her needs, thoughts, and emotions (Code 2.2.1). This overarching theme comprised relatively fewer meaning units (42) than other themes; however, this intrapersonal system is highly relevant to understanding the ways in which grievers themselves might react with disapproval and shame of their own grief experience, adding an additional layer of disenfranchisement.

Category 1. Louise's guilt and shame. As Louise faced the withdrawal of support for her grief, along with various negative interactions with former supporters, she began to internalize feelings of guilt and shame. Louise explained that she sensed, and internalized, these perceptions from others—most of which were covertly expressed. Some of these feelings stemmed from the community's distancing from Louise as a result of the violent nature of her loss (Code 2.1.1). Louise expressed thinking that others perceived her as diseased (Code 2.1.1.a), and even criminal (Code 2.1.1.b), saying "They don't come around anymore, like I killed him. Like I murdered him. Like I'm an unfit parent. Or, like it's going to catch." She also began to internalize these reactions (Code 2.1.2), feeling guilty for causing others to withdraw their support (Code 2.1.2.c). Patty offered her perspective, saying, "...she thinks that she's done something wrong to make them stay away, but the only thing she's done wrong is crying in front of them and I don't know why that runs people off, but it does." Louise noted that her tears were not welcomed, and others' responses made her feel like a child (Code 2.1.2.a). For example, she said, "...this lady...in my neighborhood...I went over there twice just to sit with her—and it was months after Jaden [died]—my eyes watered up once and she was like 'Don't you cry!'—like I'm some kind of *baby*." Louise and Patty also spoke of Louise's feeling of being "crazy" and unfit for public. Louise explained, "I want to go with Patty somewhere, but I just don't go. I think that I'm not fitting. I think that if they can they'll put me in a straight jacket and throw me away. That's how I feel since Jaden died."

Category 2. Self-isolation and disenfranchisement. Louise and Patty spoke of how Louise's guilt and shame about her grief-related emotions, and her internalized culpability in Jaden's death, began to erode her desire to interact with others. Louise reacted with a distrust of others (Code 2.2.3) and turned away from some individuals who tried to support her (Code 2.2.2). She explained, "If it's not to be the people who I thought...would be there for me, I don't want anybody there'cause I don't know those other people well enough. They're not my friends." Louise responded by withdrawing and sometimes isolating herself at home. Patty offered, "She don't know how to act anymore around people'cause she thinks she has to control what she talks about...these people don't want to hear about Jaden." Other times, Louise spoke about being around family and

actively silencing her own needs or emotions that she longed to express. Overall, Louise's acceptance, validation, and expression of her grief degenerated in the face of negative social responses. This suggests that disenfranchisement from the broader network can spread to the internal world of the griever, adding a further level of marginalization, isolation, and rejection.

Theme 3. Empathic Failure and Resiliency: Louise-With-Professional System

As Louise faced rejection from her social network, she sought support from professional sources. Louise and Patty spoke least about Louise's professional support (13 meaning units), but what they did say was noteworthy. In one sense, the professional system served as an integral support for Louise (Code 3.1). However, some attempts at support were unsuccessful (Code 3.2), with Louise describing how these interactions intensified her pain and distress instead of abating it.

Category 1. Empathic resiliency in Louise-with-professional helpers system. Louise and Patty spoke of several professional sources of support (Code 3.1): Victims to Victory (VTV), a professionally led support group for homicide survivors, an individual psychotherapist (who she began seeing at T2), and, most frequently, the research team. Louise found value in being able to tell her story, even if only for investigative purposes. Patty echoed this idea, saying, "She loves talking to you [the researcher]. She does love that because she doesn't have a whole lot of people that she can just sit down and talk to." Louise also wrote on one of her study measures that without the services provided by VTV she would have "evaporated." This statement illustrates the significance of professional supporters' roles within the lives of some grievers, especially those who have severe distress and are disenfranchised because of their grief.

Category 2. Empathic failure in Louise-with-professional helpers system. Louise's attempts to seek professional support were sometimes more hurtful than helpful (Code 3.2), however, and further disenfranchised her grief. Louise explained that after Jaden's death, she felt that her health was deteriorating and she needed to be under a doctor's care. She went to the low-cost clinic in distress and explained, "They kinda ran me out of there.... It's where a lot of poor people go and a lot of people who are ignorant of things like this I guess. They should be trained there.... I asked to see the social worker—*God, Jesus, somebody*.... I said 'My baby died, I need to talk to you!' She [the social worker] said 'I'm going to transfer you to somebody else to [name of another clinic]'.... She didn't want to deal with my case, and I knew that." Louise inferred that the poor treatment she received was due to a lack of empathy and understanding of her grief distress. Louise also spoke of a famous actress who recently endured homicide loss,

and she said, "[She] is going to have all she wants.... There are going to be people to meet those needs—those important needs that I didn't get—from doctors or people." Louise recognized that her financial constraints limited her options for care and resulted in more disenfranchisement for an already marginalized individual.

Theme 4. Empathic Resiliency: Louise-With-Primary Support System

Louise was silenced by her family, her community, a professional health-care worker, and even herself. However, in the midst of deteriorating support, one system remained unflappable. This theme captures the resilient relational system between Louise and her primary supporter, Patty. The following section describes their relational context (Code 4.1), exploring how their mutual experiences of grief bonded them, despite their differences. This section will also address the strategies Patty used to support Louise in her grief (Code 4.2), as well as explore how this interpersonal system affected Patty in both positive (Code 4.3.1) and negative (Code 4.3.2) ways.

Category 1. Context between Patty and Louise. Louise and Patty both noted differences between them (Code 4.1). In one way, Louise spoke about how her friendship with Patty was "unlikely" and explained that prior to Jaden's death, their relationship was lacking in many ways. However, Louise described becoming closer to Patty as she supported her in the wake of Jaden's death. The progressive evolution of their relationship is especially notable, given the ways in which most of Louise's other relationships dissolved following Jaden's homicide.

Both also spoke of noticing, but overcoming, their racial differences. In Patty's interview, she once referred to herself and Louise as "single white women"—and corrected herself, saying, "... I don't see her as being black I guess." Louise also spoke of racial differences, joking about Patty being a "redneck" and explained, "When I say redneck, I'm not saying it to be critical... I mean Confederate flags, pickup trucks, '*yee-haw!*' But I overlook that." Both women also described bonding over similar life experiences, especially that of losing a child. Patty expressed this mutual empathic understanding, saying, "She knows what I went through and I know what she went through." Louise described feeling supported by this connection, saying that Patty (and her husband) "... didn't act like my friends and relations [and] relatives. They were different. They were there for me when no one else was." It seemed this empathic connection became the central factor in helping Patty sustain her support during even the darkest of Louise's days.

Category 2. Empathy-based strategies Patty used to support Louise in her grief. Louise and Patty described various ways that Patty supported Louise in her grief (Code 4.2). Many of these drew on Patty's own understanding of what a grieving

mother needs. Patty contributed most of the information in this category, which is understandable, given that she was the individual enacting these strategies. The most frequently mentioned strategy was Patty's encouragement (Code 4.2.5). Louise spoke several times about her ability to be emotionally vulnerable in front of Patty, saying, "I could holler ... I could do the belly flop, the fish flop, and she would let me. And she did not judge me. And I mean I did everything I just described and she was there." Patty spoke about how her firsthand experience with child loss helped her to be emotionally supportive of Louise in this way. For instance, she spoke encouraging words when Louise was saying, "'I just don't think I can do it, Patty', and I'm like, 'Yeah you can! You know, I did it, Louise ... You can do it too. You know, you're going to have your ups and downs. You're going to talk real slow and you're going to talk real soft and then all the sudden you're gonna be screaming'."

Both women also described Patty's endless willingness and ability to provide support (Code 4.2.1). Both viewed this support as unconditional, with unending duration. Louise described Patty as being supportive "from day one." Patty offered, "It don't matter if I'm there all day, all night .... I'll be right there.... for as long as she needs me." Patty offered support in many forms: using humor (Code 4.2.2) to cheer Louise when she seemed inconsolable, offering practical help around the house or with cooking (Code 4.2.3), encouraging Louise's physical self-care (Code 4.2.4), and encouraging (and providing opportunities) for Louise to be physically active (Code 4.2.6). Patty described that sometimes these strategies were not enough, and she would gently challenge Louise (Code 4.2.7), as when she confronted Louise about needing to clean up Jaden's room. The two friends subsequently redecorated Jaden's room, turning it into an office for Louise. Patty explained how she uses her own grief experience to guide her when confronting Louise, "... you need somebody to tell you every once in a while that 'Hey, this gotta change'. You know, 'cause that's what did it for me." Patty's own grief experience also appeared to provide her with more patience and optimism about the trajectory of Louise's grief.

Category 3. Patty's gains/costs from relationship with Louise. The system between Louise and Patty was one of dependent and caregiver in many ways. However, upon closer examination, both offered frequent examples of how Patty not only gave, but also received, in this relationship (Code 4.3.1). Specifically, they described the reciprocal nature of their friendship (Code 4.3.1.b), with Louise continuing to attend to Patty as a friend, despite her intense grieving. They spoke of spending time together engaging in everyday tasks (e.g., cooking for one another, talking on the phone, and gardening together) and how this also buffered feelings of loneliness for them both (Code 4.3.1.a).

In contrast, Patty spoke about how this shared understanding also made it difficult to fully support Louise when emotions tied to her own losses were evoked (Code 4.3.2.a). In one example, Patty said, "... it just brings everything

back.... of what I went through. When she gets to going [emotionally] I get to going too. But my mind's on my kid where hers is on her kid." Patty explained ways in which she would balance caring for Louise and caring for herself by empathizing only as much as necessary to support Louise (Code 4.3.3.a). In one example, Patty described this balance, saying, "I'll hug and hold on to her until she gets over it, but I can't let my mind feel everything that she's feeling right at that moment'cause it you know... it takes away my strength.... and I want to be there for her." In these times, Patty clearly limited her use of empathy so to be able to protect herself and ultimately support Louise in her grief.

Discussion

In conducting this case study using systematic qualitative analysis procedures, our aim was to better understand one African American mother's experience of homicide loss and through it to refine existing theory in the area of violent death bereavement. In this exploration, we discovered the pivotal role of empathy within Louise's support systems as she navigated the experience of grief. Louise's narratives illustrate the ways in which empathy sometimes failed, and other times persisted, within her relational systems with her community, family, professional supporters, primary supporter, and herself. For Louise, her interactions with the social world were most frequently fraught with invalidation, silencing, and ostracism. Subsequently, she began to internalize these negative messages, producing a self-imposed form of disenfranchisement that generated guilt, shame, and silencing of her own experience. She reacted with distrust and pessimism toward her former supporters, perceiving the pursuit of further support as futile. These systems starkly contrasted with her relational system with Patty, who provided unyielding and multifaceted support in the midst of Louise's intense grief reactions.

Louise's case provides us a unique lens through which to explore these contrasting systems, all with empathy at their core. Louise primarily focused on the ways that her support systems failed to understand her experience and how she internally mirrored these responses toward herself. These empathic failures appear intricately linked to cultural expectations of how one "should" grieve and Louise's violation of these norms. This connection is not surprising, given that grief has been conceptualized as a social construction (Neimeyer, Prigerson, & Davies, 2002) with cultural influences defining this universal experience. Louise's bereavement was shaped within African American culture, whose expectations about "grieving rules" (Doka, 1989, p. 4) are thought to differ from those held by Caucasians, who are the primary subjects of bereavement research. Therefore, because it is important to understand how an empathic disconnection is maintained (Neimeyer & Jordan, 2002), our attention shifts to the grieving expectations in the African American community—and how these might have affected Louise's grief experience.

In the African American community, intense grief-related expressions, such as wailing, are thought to be culturally acceptable at the funeral or wake of the deceased (Hines, 1991; Rosenblatt & Wallace, 2005), with lessening acceptance for such emotional expression as time passes (Hines & Boyd-Franklin, 1996). This was evident in Louise's case, where her community and family initially reacted with support of her sorrowful emotions but then expected Louise to "move on" within the weeks and months following Jaden's death. Rosenblatt and Wallace (2005) found a common value of strength in grieving among the narratives of African Americans. In addition, Laurie and Neimeyer (2008) found that although African Americans had larger support networks, they spent less time talking about their grief than their Caucasian counterparts. The value in grieving privately (Boyd-Franklin & Lockwood, 1999), and not collectively, has been linked conceptually to African Americans' historical need for self-protection against inequality and oppression (Hooks, 1993; Laurie & Neimeyer, 2010). Now, as African Americans continue to face unique stressors (e.g., high rates of poverty and increased susceptibility to homicide), the perception of emotional strength might continue to serve as a form of self-protection in the face of adversity. For Louise, her public displays of grief were often unwelcome. Because African Americans are disproportionately affected by violent death and CG reactions, this opposition between cultural values of stoicism and individual needs for emotional expression could present an increased risk of disenfranchised grief.

Disenfranchised grief can be addressed in terms of both prevention and intervention (Neimeyer & Jordan, 2002). To prevent the disenfranchisement that Louise experienced, community outreach strategies can broadly increase understanding—and therefore, empathy—at a social level. African American culture traditionally is infused with spirituality and religion (Taylor, Chatters, & Levin, 2004). The church often fills an important social role in the community, serving as an "informal social service provider" that attends to not only the spiritual needs of a congregation—but also their physical and psychological needs (Blank, Mahmood, Fox, & Guterbock, 2002, p. 1668). Therefore, churches might serve as a natural forum for community awareness of the unique impact of homicide loss, as well as how to identify, support, and attain services for someone suffering from clinical levels of grief distress. However, Blank et al.'s assessment of Black[4] churches throughout the South found little to no interaction between mental health professions and clergy. They advocated for further investigation of the barriers to such interaction, with an aim to provide mental health information to the community.

In terms of intervention, a contemporary model of grief suggests the need for individuals to oscillate between loss-oriented and restoration-oriented strategies (dual process model [DPM]; Stroebe & Schut, 1999). In cases like Louise's, this process can become maladaptive, as the bereaved individual does not integrate the loss in a healthy way, yielding CG symptoms.

Treatments developed to target CG include meaning reconstruction (Neimeyer, Burke, Mackay, & Stringer, 2010), cognitive-behavioral strategies (Cognitive Behavioral Therapy; Boelen, Van den Hout, & Van den Bout, 2006), and attachment-theory based interventions with cognitive, behavioral, interpersonal, and coping components (Complicated Grief Treatment; Shear et al., 2005). These approaches, along with an intervention developed for violent death survivors (Rynearson, 2001), share several overarching principles to help bereaved individuals resume a natural grief trajectory (Shear, Boelen, & Neimeyer, 2011). Specifically, they facilitate engagement with the story of death and encourage continuing bonds with the deceased, while promoting coping strategies and emotion modulation to redefine and work toward goals that make life worth living again. Bereaved individuals might also benefit from interventions that aid in identifying specific support persons to fulfill specific needs, while also identifying individuals with whom contact should be minimal (Doka & Neimeyer, 2012). Louise's case also suggested the vital role that support groups can fill for a disenfranchised griever. Support groups comprised individuals who share similar stories of loss might provide solace and compensate for bereaved individuals' invalidating social networks. Such groups could be led by professionals or volunteers and could provide a delicate balance of challenge and support.

For bereaved individuals whose grief has been intrapersonally disenfranchised, interventions might focus on giving voice and meaning to silenced feelings and thoughts related to their losses. This work could be facilitated with a variety of experiential (e.g., Greenberg, Rice, & Elliot, 1993) or narrative (e.g., Neimeyer, 2012) interventions. The first aim of these interventions would be to alleviate the suffering of the bereaved individual, while reestablishing meaning and purpose. However, a secondary goal might be that in reducing the intensity of their symptoms, they might present as less of a challenge to their support systems, thereby facilitating social reintegration.

Louise's case further illustrates how professionals who are unable to appropriately attend to bereaved individuals in distress can be an additional source of disenfranchisement. Therefore, all health-care providers would benefit from being knowledgeable about appropriate treatment referral sources for bereaved individuals—while interacting with sensitivity until services can be secured. However, both referring professionals and therapy providers should be aware of potential mental health treatment barriers that exist at a cultural level. Specifically, studies have shown that African Americans are less likely to utilize mental health services than their White counterparts (Laurie & Neimeyer, 2008; Snowden, 2012) due to a myriad of factors, including mental health stigma (Alvidrez, Snowden, & Patel, 2010) and financial barriers to seeking health care (DeNavas-Walt, Proctor, & Smith, 2010). Therefore, health-care professionals need increased sensitivity when working with bereaved African Americans in need of mental health services.

Our analysis highlighted not only the empathic failures of Louise's supporters but also the resilient interpersonal system between Louise and Patty, whose empathy stemmed from her own agonizing experience of losing a child. This knowledge helped her balance unconditional emotional support with gentle confrontation to help Louise make necessary changes. This strategy mirrors the aforementioned DPM taken to a social level, in which the griever attends not only to emotions and meaning making around the loss but also the need to adapt to life in its wake. Patty's support appeared to help Louise attend to both of these processes.

However, Patty also described times in which her empathy for Louise's loss brought her own feelings of loss to the forefront. During these times, Patty talked about emotionally distancing herself from Louise, while maintaining a supportive stance. Patty's oscillation between support and distancing helped to preserve her empathic availability to Louise, while respecting the need for both expression and silence when each was required. A similar process of mutual emotion regulation has been observed in spouses struggling with the death of a child, who are vigilant to stay close to the child's memory while maintaining sufficient distance to avoid being drawn down into the core pain of the loss (Hooghe, Neimeyer, & Rober, 2012).

The case of Louise is limited in that we cannot generalize her experience to that of other bereaved individuals. However, we are still able to glean the ways in which empathic failures and resiliencies were integral in her experience and inform theory about the role of empathy in disenfranchised grief. To test the bounds of generalization of these findings beyond our case participant, it is imperative to investigate these systemic processes in a larger sample of African Americans and other ethnicities bereaved by homicide and other causes. It would also be worth exploring how distress levels relate to the severity of grief disenfranchisement. Moreover, systemic interventions that bridge empathic failures could be further explored within the context of African American bereavement—especially where the loss is stigmatized or grief is complicated. Finally, it would be useful to understand more fully the ways in which empathy is maintained between griever and supporter, as this could inform intervention across systems.

Notes

1. We have replaced participant names with psuedonyms and modified identifiable aspects of the case.
2. Anxiety (T1 [41]; $M = 11.60$), (T2 [41]; $M = 9.21$), Depression (T1 [46]; $M = 14.28$), (T2 [41]; $M = 11.42$), PTSD (T1 [74]; $M = 36.29$), (T2 [83]; $M = 33.13$), and CG (T1 [133]; $M = 77.65$), (T2 [118]; $M = 67.69$).
3. The fifth theme solely captures Louise's distress and is outside of the focus of the current themes being presented—which describe Louise's various intrapersonal and interpersonal systems in the aftermath of her loss.
4. Ethnicity description used by Blank, Mahmood, Fox, and Guterbock (2002).

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