

Phyllis R. SILVERMAN

HELPING WOMEN COPE WITH GRIEF

 A SAGE HUMAN SERVICES GUIDE **25**

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Phyllis R. SILVERMAN

Published in cooperation with the University of Michigan School of Social Work



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COPE WITH GRIEF**

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Acknowledgments

The concept of this book evolved over a period of years while I was working on Contract 278-77-0038 awarded by the National Institute of Mental Health to the American Institutes for Research, Cambridge, Massachusetts, for the provisions of technical assistance to mutual help groups. Included were a group for widows, one for birthmothers, and a third for battered women. It soon became clear that these three groups of women shared many experiences in common. As part of the project, separate self-study guides were prepared for the members of each group, but were never published. Because so much of the experience of these groups is common to them all, it eventually appeared advisable to bring it together in one book.

The pamphlets, then, serve in part as the basis for this book, and in that sense the women who helped write them helped write this book. First, I should like to thank Elizabeth Hormann of Belmont, Massachusetts, who edited the pamphlets and who contributed so much to each of them from her own experiences with mutual help groups. In turn I want to thank Doris Barnard of *People Without Partners*, Waltham, Massachusetts, and Arlene Thompson of the *Needham Widow to Widow* program for reacting to an earlier draft of the chapter on widows; and Lee Campbell, national president of *Concerned United Birthparents*, and the members of the Massachusetts chapter of that organization whose stories are told in the chapter on birthmothers.

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Introduction

Women often find themselves in extreme situations which put them under unusual stress and for which their previous experience has not prepared them. Three such situations are described in this book, which I have written as a guide for professionals in social service agencies, mental health clinics, and other human service organizations. It is my hope that a discussion of the issues involved in these situations can help practitioners become more aware of the way in which women experience loss and consequently become better able to offer more relevant help.

The women whose problems I examine are widows, birth-mothers, and battered women. By the death of a husband, an untimely pregnancy and subsequent surrender of the baby for adoption, or eruption of domestic violence, these women have all suffered severe losses which produce grief and mourning. Bereavement is a universal experience, of course, but the way it is expressed and the impact it has may be very different for men and for women.

In this book I take a fresh look at the grief of women and suggest that the way they deal with it can be profoundly and constructively affected by the availability of relationships with women who have suffered the same losses. The existence of groups where women can discuss the problems they share can greatly facilitate their development of confidence and competence and their successful adaptation to the altered roles they must assume in their futures.

In recent years the life experience of women in our society has been given serious scrutiny, usually with the goal of ending

any inequities in the situations of men and women. The impetus for this continuing examination is coming from women themselves, who are calling for greater public awareness of the aspects of women's lives that appear to foster helplessness and ineffectuality. Moreover, there is now far more open recognition and discussion of issues, such as out-of-wedlock pregnancy and violence against women, which heretofore were not discussed above a whisper and then only in the privacy of the family.

Women are not only identifying their concerns openly today but they are also actively searching for new solutions to age-old problems. These efforts have enormous consequences for professionals in human service organizations. Traditional practice has been increasingly criticized for ignoring or mishandling problems, such as abuse, when women have sought help. By seeking in women's behavior the reasons for domestic violence, for example, or by using such words as "masochistic" or "acting out," practitioners have minimized and denigrated women's very real problems and left them feeling that they have not been helped at all.

Some practitioners still seem to be basing their consultations on outdated, inaccurate, or incomplete theories about the nature of women and the nature of grief. It is not uncommon, for example, for counselors to focus on anger or guilt as the main reasons a widow has more than the usual difficulty adjusting to her husband's death when, in fact, the real problem is that she needs to change her role from that of wife to that of widow. Told that she must deal with anger and guilt rather than with an inevitable role change, the widow may well feel that she has received no constructive help. Birthmothers have also felt let down when agencies have assumed that their problems were fully resolved when their babies were taken away from them and successfully adopted. The help given these women must be changed to reflect a more accurate and complete view of the difficulties these women experience and of the meaning of loss and grief in their lives. Although this book focuses on the situations of only three groups of women, I believe it will help

practitioners to respond more effectively to the losses and subsequent grief of other women, whatever the cause.

Although great emphasis is placed in this book on the value of mutual help programs, it is not my intent to imply that mutual help should replace the help furnished by professional agencies. My purpose is to show that no single helping technique can meet all the needs of a troubled person and that, in consequence, even the best services of any one agency are liable to be incomplete. Other helpers, such as those in mutual help groups, can be an invaluable complement to the assistance offered by professional agencies.

The data on widows, birthmothers, and battered women were obtained in interviews with members of mutual help groups. Many of these exist for the widowed and for battered women. They are scattered across the country and are, for the most part, organizationally and administratively separate from one another. The widows quoted here were interviewed in the greater Boston area and in other parts of the country as well. The information on battered women was obtained in interviews with women who belong to a number of independent groups in metropolitan Boston. The birthmothers who were interviewed are members of Concerned United Birthparents, which is the only organization in the country specifically formed to help women and men deal with the experience of surrendering a child for adoption.

Mutual help groups are the vehicles through which these women have found counterparts with whom they can discuss their problems and search for better solutions to them. Sharing is the essential characteristic of the mutual help experience which distinguishes it from other therapeutic exchanges. The helper may not be a "peer" in any other way of the woman she is helping, but she is equally a "survivor" who has coped successfully with the same problem and has acquired a useful expertise based on practical experience rather than special education.

The sort of help available from women who have had the same experiences has always been available on an informal

basis. Today, there are growing numbers of organizations for mutual help with all types of problems. The following characteristics can be said to apply to all formally organized mutual help groups:

- (1) They develop an organizational structure, with officers, a governing body, and procedures for continuity of the organization.
- (2) The members determine all policy and control all resources — they are both the providers and the recipients of the services.
- (3) Membership is limited to people who have the particular problems with which the group is concerned.
- (4) Helpers are chosen because they have personally successfully overcome or resolved the problem.
- (5) There is a specific assistance program which has evolved from the members' experiences in dealing with the shared problem.

It has been gratifying to observe how many professional human service practitioners have recognized that mutual help groups need not be competitors for clients or for resources. The practitioner and the member of a self-help group can be partners in the promotion of women-to-women helping situations. How professionals can develop constructive collaboration with mutual help groups is the subject of another book in this series, *Mutual Help Groups: Organization and Development*.

ORGANIZATION OF THE VOLUME

This book is divided into six chapters. In the first two, we will consider the nature of grief and examine together the experience of bereaved women in the context of new insights into the nature of women and their place in society. The light a "new psychology of women" can throw on the nature of grief and mourning will be discussed. In the next three chapters the ways in which widows, birthmothers, and battered women experience the grief cycle and make the transition to their new lives and identities are discussed. The stages of the transitional

process — which here are termed impact, recoil, and accommodation — as they affect each group of women are explored. Finally, experiences are recounted which show how the women have been helped to restructure their lives by their association with other women who have experienced the same losses.

Readers will observe that, in accommodating themselves to their situations and in developing new “identities,” these women do not deny their grief or relinquish their pasts but rather alter their relationship to their previous experience. As they develop a new sense of themselves, these women need to remember the past and acknowledge and accept its influence on their futures. They nevertheless are eventually able to achieve a new feeling of competence and of their ability to control their lives.

In the final chapter the findings are summarized and some of their implications for practice are presented. The material should help the human service worker appreciate how women in these and comparable situations can be helped when their grief is understood, their sense of self reinforced, and their establishment of new identities and relationships encouraged. Supplementing professional care with the mutual help experience is recommended.

Questions for readers to ponder are presented at the end of the chapters in the hope that they will promote a better understanding of bereaved women and in turn an enhanced ability to help them. It is usually difficult to read about grief and mourning without turning inward to reflect on our own losses. At least some aspects of the experiences recounted in this book apply to all of us who form attachments to others. If the material strikes a chord in you, please stop and think about your own feelings and behavior and test the ideas presented here against your own experience.

Chapter 1

SPOILED IDENTITIES

Depression is said to be of almost epidemic proportions among women. The commonest causes of female depression seem related to losses women experience and to the way they deal with the accompanying grief. These losses can result from, for example, the end of a marriage either because of a death or a divorce, being forced to give up an important love tie, or if a meaningful figure leaves. On the face of it these experiences often can seem to be very different but all lead to the common experience of grief. This book is concerned with how women react to loss, the way they express their grief, and how they cope with it. Three dissimilar experiences are examined in depth in order to identify issues common to all bereaved women that could account for their high risk.

The three losses with which this book deals are those of widows, of birthmothers, and of battered women. These represent the range of losses women can experience.

On the surface it would appear that the widow whose husband has died, the usually young woman who has had an untimely or unwanted pregnancy and surrendered the child for adoption, and the woman who is abused by her husband or the man with whom she lives are affected by entirely different circumstances. They all, however, have suffered a grave loss — of the husband, the child, or the dream of romantic love and

perfect marriage. The reasons for the grief of the widow are clearly apparent. The grief of the birthmother and the battered woman have not generally been so easily recognized or accepted as justified by their experience. The loss of a dream can have as powerful an impact on a woman as the loss of a person and may be more difficult to deal with. Traditionally, help for the bereaved focused on the extreme feelings of pain and anguish that the mourner felt. While the bereaved may talk a good deal about these difficult feelings, it is critical to examine what else happens when the loss takes place. Each loss, in fact, permanently affects a woman's perception of herself; her identity that was made possible because of the now-ended relationship is profoundly altered. Intervention may therefore need to focus on redefining her identity. In addition, appropriate intervention has to consider society's reactions to the bereaved. In the following text the focus is first on the issues created by society's responses and then on the meaning of relationships to a woman's identity.

SOCIETAL REACTIONS/SOCIAL TABOOS

As a result of her loss, each of these women is in a precarious relationship to the larger community to which she relates. Whether passively or actively, these women have all violated social taboos. In this society, people simply are not comfortable with the fact that other people die, that they can be violent, that young people can engage in premarital sexual relationships and make them obvious by becoming pregnant. Each group has been stigmatized by association with these more profane aspects of life. These women's lives have not worked out as either they or society had expected, and they bear not only their own grief but also the onus of society's discomfort or disapproval. As one widow put it:

My family doesn't want to see me upset. I have to hide my feelings when I see them. My being widowed disturbs other people, too. I've even noticed neighbors avoid me in the supermarket. It's as though being a widow is like having a contagious disease.