

Grief as Communion: Honouring Collective Grief Through a Black Feminist Ethic of Care

by Crystal-Jade Cargill

Author: Crystal-Jade Cargill is a PhD student in the School of Public Health Sciences at the University of Waterloo in Waterloo, Ontario, Canada. Her research seeks to understand the impact of grief, bereavement, and loss on the health and wellbeing of healthcare workers in Long-Term Care Homes (LTCHs).

Introduction

Grief is understood as one's response to loss (Breen et al. 2020; Cadell 2022). In my own experience with grief, I have come to understand it as a deep wave. A tide. We cannot determine or even predict the extent to which our grief will captivate us, flip life on its head, and force us to confront the many unknowns within ourselves and the world around us. While grief is often associated with the death of a human or animal that is in close relationship to us, we will come to face many forms of loss and grief in our lifetime (Frommer 2019). This includes ongoing climate grief, political grief, grief associated with change, and the loss of control (Cadell 2022; Cunsolo and Ellis 2018). Grief is a profound reflection of stories told, words left unsaid, and the uncertainty of what remains. Grief is collective. Yet, the productivity-oriented culture of western society largely disconnects us from the personal and collective embodiments of grief that arise in and through our experiences of bereavement.

When my great-grandmother died, we held a "nine night." This ritual, which brings family and friends together over the course of nine nights through food, shared story, weeping, singing, mourning, and service is of deep sacredness to Jamaican culture. Through this ritual, we hold space for one another to mourn, remember the deceased, and ponder how life continues in their absence. We sat in my grandmother's living room and we mourned, together. However, in western society, grief and cultural grief practices are rarely discussed outside of the home, due to the presence of ongoing silence and denial which continue to pervade the acknowledgement and acceptance of grief and death.

In this article, I begin by providing an overview of grief in western society, outlining the systems of oppression currently utilized to disconnect us from our grief and our ability to heal in communion with others. I then lean into the ongoing medicalization of grief in western society and its implications for navigating and healing grief. I end this piece by situating a Black feminist ethic of care as a portal that unearths new possibilities for grief and bereavement care. I offer no tangible solution but rather an opening towards new ways of knowing, sitting with, and living in our grief.

Grief in Western Society

One's experience with grief is deeply embedded within larger webs of identity, including race, gender, sex, age, (dis)ability, religion, migration, and socioeconomic status (Neimeyer et al. 2014). Further influencing these entanglements are systems of capitalism, neoliberalism, and pathologization that serve as mechanisms of disconnection, both between the mind and body, and between the body and others. The pressure to achieve in order to attain social status reinforces barriers to our wholeness. Thus, we are reduced to our outputs, silenced in our embodied unraveling, and denied the right to exist fully within the broad spectrum of the affective economy (Ahmed 2004; Harris 2009). Further, in western society grief is often contained within the rigid boundaries of time and the pressure to return to normal. Bereaved individuals often feel pressure to "get over" their grief while drawing as little attention to their mourning as possible. The invisibility of grief is also demonstrated by workplace bereavement policies which provide employees with only three days to mourn the loss of a loved one. Bereavement involves identifying, acknowledging, and *sitting with* the emotional and embodied manifestations of loss. With little time and space provided to grieve and mourn, bereaved individuals are unable to fully engage with their collective experiences.

It is impossible to determine the exact timeline for grieving. Historically, staged grief models, including Kubler-Ross's widely regarded "five stages of grief" model, have emphasized that healing, in fact, does follow specific staged processes and encourages traditional healthcare practitioners to guide bereaved individuals through these stages in a specific order. However, Kubler-Ross's and similar models fail to make room for the personal and nuanced intricacies of grief that are often invisible to the naked eye, including intimate memories of the deceased, the journey of making meaning from loss, reconstructing one's identity after loss, and adjusting to the absence of presence post-loss. In fact, staged models are "epistemologically unified as they frame grief within an empiricist postpositivist paradigm. As such, they deny the ontological possibility and importance of other ways of living grief that are present in the stories of bereaved people (Macdonald 2019, 127). Due to the neoliberal and capitalistic culture that dominates western society, communal approaches to care are not prioritized. The pressure to produce has resulted in a resounding silence around death and grief, abruptly disrupting the natural pace and journey of grief and bereavement. This leaves the bereaved malnourished of soul-nourishing bereavement care.

Medicalization of Grief as Hindrance

The medicalization of grief problematizes its natural course and contributes to harmful stigma that reduces grief to a condition requiring medical attention. Undoubtedly, grief causes significant pain, lament, and melancholy. Should the pain of grief persist, one may be encouraged to seek medical attention to address its intensity. The blurred boundary of medicalization in grief care stems from an ongoing history of grief-colonization in which approaches to grief of the Global South become sanitized and publicly discouraged (Jacobsen and Petersen 2019). Grief-colonization is especially salient in the ways that grief is tended to in the Global North where medicalization and pathologization are salient. Those unable to "return to normal" after experiencing grief may be categorized as mentally ill and in need of treatment. However, is grief itself inherently abnormal? One may argue that lament, melancholy, fear, and sorrow are natural and appropriate responses to personal grief as well as responses to the ongoing despair in our world. In thinking through the medicalization of grief and bereavement, I pose this question: How does the pathologization of grief hinder its full and total unravelling? In what ways does it disrupt liberation and rapture (hooks 2001).

Experiences of grief and bereavement have long been dominated by medical discourse. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has included experiences of bereavement as a subset of Major Depressive Disorder since 1980. This has contributed to significant confusion regarding the natural manifestations of grief and loss including sadness, rumination, lament, and acute mental illness (Horwitz 2019). Additional mental health conditions relevant to grief and bereavement are now prevalent in the DSM-5 and Inter-

national Classification of Diseases (ICD-10), including prolonged grief disorder (PGD). The standard classification for PGD include “(1) identity disruption (2) marked sense of disbelief about the [loss] (3) intense emotional pain (such as anger, bitterness, sorrow) related to the death (4) difficulty with reintegration (5) emotional numbness (6) feeling that life is meaningless (6) intense loneliness” (APA 2022, n.p.). According to both classification tools, the manifestations of PGD must be persistent for 12 or more months. Potential treatment modalities include Cognitive Behavioural Therapy and bereavement support groups (as per the APA 2022). While I agree that enduring unbearable pain related to bereavement warrants support and attention, little acknowledgement is made of the powerful role of communal care and interdependence as supportive mechanisms for bereavement and grief. Within the medicalized realm of grief care, a shift to interdependence and communal care becomes a radical portal towards (re)turning to grief as a sacred practice.

Black Feminist Ethic of Care as Portal to Communal Grief

What truths does grief reveal when it is fully allowed to unravel? Grief serves as a portal guiding us towards a deeper sense of love and care within ourselves and our communities. As bell hooks reminds us, “communities sustain life—not nuclear families, or the ‘couple,’ and certainly not the rugged individualist. There is no better place to learn the art of loving than in community” (hooks 2001, 129). Black feminist epistemologies, including Black feminist ethic of care, can assist us in understanding the power of embodied relational care for one another. This ethic is grounded in the unique epistemological standpoint of Black women and their experiences of navigating constraint and invisibility (Collins 2000). It differs from other ethics of care epistemologies because it is rooted in the standpoint and shared lived experiences of oppression faced by Black women.

At its core, this ethic is grounded in affective relationality and the power of shared story. As bell hooks and other Black pedagogues describe, love—for ourselves and our communities—is central to a Black feminist ethic of care (Nash 2020). In her essay “Practicing Love,” Nash discusses the private/public dichotomy and articulates the role of Black feminist epistemology in making expressions of love a public act. The notion of public feelings “problematizes the boundaries between private and public, and draws intimate connections between the subjective and the social, between the emotional and the political” (Nash 2020, 442). I extend this notion to include public mourning as a radical display of love; which is necessary to engage in collective grief.

Black feminist ethic of care is also demonstrated through the ethics of *ubuntu*. Ubuntu, which refers to humanity towards others, and the notion that “I am because we are,” can serve as a tool for understanding the power of collective care as an act of communion. It articulates the integral role of affective and embodied relationships in our collective well-being and honours the position of care as “the symbol for communal relationships representing reciprocal responsibilities” (Gouws and van Zyl 2015). Our ability to grieve in communion with others is a direct result of the permission we receive to become entangled in moral relationships that uphold our need for individual nurturing as integral to nurturing our collective roots. In the context of grief, our relationships, which are “bound into community through relationships of care and obligation” (Gouws and van Zyl 2015, 174) honour our mourning, lament, and anguish, and actively seek ways to carry us through our pain- rather than rendering it invisible.

During the COVID-19 pandemic, the world witnessed millions of deaths due to the vicious virus. Along with this, the world witnessed the death of George Floyd and the ultimate conviction of his murderer, Derek Chauvin, a former Minneapolis police officer. What came after the death of Floyd was a public embodiment of Black feminist ethic of care in a time of insurmountable grief. Black and brown bodies held each other collectively through rallies and protests to mourn not only the loss of George Floyd but the terrifying reminder that Black lives are often undervalued and uncared for in the Global North. This embodied relation speaks to Sara Ahmed’s notion about affective economies and the movement of bodies between contexts and social constructs, as well as an ethic of care that is not always spoken about but deeply felt by those who are a similar

lived experience. This type of collective mourning does not require explanation, as it is deeply felt daily amongst Black bodies.

Conclusion

Grief in Western society demonstrates an unparalleled ethnology of disconnection. The ongoing use of capitalism, neoliberalism, and medicalization as mechanisms for disconnection and silence have harmful implications for bereaved individuals. Amidst pervading silences around grief, Black feminist care offers a portal to revelation, liberation, and rapture for the bereaved. Through affective and embodied relationships, Black feminist ethic of care, including Ubuntu, offer ways of being in caring relations with others that are grounded in a shared standpoint. Thus, offering collective insight into grief as an act of communion.

Works Cited

- Ahmed, S. (2004). "Affective Economies." *Social Text* 22(9):117–139. doi-org.proxy.lib.uwaterloo.ca/10.1215/01642472-22-2_79-117
- APA (American Psychological Association). 2022. "Prolonged Grief Disorder." www.psychiatry.org/patients-families/prolonged-grief-disorder
- Breen, L.J., Kawashima, D., Joy, K., Cadell, S., Roth, D., Chow, A., Macdonald, M.E. 2020. "Grief Literacy: A Call to Action for Compassionate Communities." *Death Studies* 46(2): 425–433 doi:10.1080/07481187.2020.1739780
- Cadell, S. 2022. "Grief and Loss: A Shifting Landscape." In *Trauma, Spirituality, and Posttraumatic Growth in Clinical Social Work Practice* edited by H.M. Boynton, J.A. Vis. Toronto: University of Toronto Press.
- Collins, P.H. 2000. *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*. Routledge. doi-org.proxy.lib.uwaterloo.ca/10.4324/9780203900055
- Cunsolo, A., and Ellis, N.R. 2018. "Ecological Grief as a Mental Health Response to Climate Change-related Loss." *Nature Climate Change* 8(4): 275–281. doi-org.proxy.lib.uwaterloo.ca/10.1038/s41558-018-0092-2
- Frommer, M.S. 2019. "Grieve with Me: Discussion of "Who Has the Right to Mourn?: Relational Deference and the Ranking of Grief." *Psychoanalytic Dialogues* 29:493–500.
- Gouws, A., and van Zyl. 2015. "Towards a Feminist Ethics of Ubuntu: Bridging Rights and Ubuntu." In *Care Ethics and Political Theory* edited by D. Engster and M. Hammington. Oxford University Press.
- Harris, D. 2009. "Oppression of the Bereaved: A Critical Analysis of Grief in Western Society." *Omega: Journal of Death and Dying* 60(3):241–253. doi: 10.2190/OM.60.3.
- hooks, b. 2001. *all about love: New Visions*. Harper Collins
- Horwitz, A.V. 2019. "The Medicalization of Grief." In *Exploring Grief: Towards a Sociology of Sorrow* edited by Michael Hviid Jacobsen and Anders Petersen. Routledge. doi-org.proxy.lib.uwaterloo.ca/10.4324/9780429201301
- Jacobsen, M.H., and Petersen, A. 2019. "Grief in an Individualized Society." In *Exploring Grief: Towards a Sociology of Sorrow* edited by Michael Hviid Jacobsen and Anders Petersen. Routledge. doi-org.proxy.lib.uwaterloo.ca/10.4324/9780429201301

Macdonald, M.E. 2019. "The Denial of Grief: Reflections from a Decade of Anthropological Research on Parental Bereavement and Child Death." In *Exploring Grief: Towards a Sociology of Sorrow* edited by Michael Hviid Jacobsen and Anders Petersen. Routledge. doi-org.proxy.lib.uwaterloo.ca/10.4324/9780429201301

Matthew, L.E. 2021. "Braiding Western and Eastern Cultural Rituals in Bereavement: An Autoethnography of Healing the Pain of Prolonged Grief." *British Journal of Guidance and Counselling* 49(6): 791-803. doi.org/10.1080/03069885.2021.1983158

Nash, J.C. 2020. "Practicing Love." *Meridians* 19:439-462. doi-org.proxy.lib.uwaterloo.ca/10.1215/15366936-8566089

Neimeyer, R.A., Klass, D., Dennis, M.R. 2014. "A Social Constructionist Account of Grief: Loss and the Narration of Meaning." *Death Studies* 38: 485-498. doi: 10.1080/07481187.2014.913454