

CHAPTER 1

Introduction to Grief and Loss

CHAPTER OUTLINE

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A journey of a thousand miles begins with the first step.

Chinese Proverb

BASIC FACTS ABOUT LOSS

Did you know that every year 2 million people die in America? And if each of those deaths affects just five other people, at least 10 million people are affected by loss each year.

This is just one of the facts that makes the study of grief and loss so important for helping professionals. Others that you may not have been aware of include:

- Chronic illnesses, such as cancer, heart disease, and diabetes, account for two of every three deaths. These illnesses create many losses before death is anticipated.
- Accidents are the leading cause of death for children under age 18. They are also the cause of many disabling injuries, creating loss of mobility, fine motor skills, and cognitive functions.
- In 2008 (the most recent year for which statistics have been published by the U.S. Department of Health and Human Services), 463,000 children were living

in foster care. These children, their biological and foster families, their siblings, teachers, and social workers are all affected by loss and grief.

- According to predictions based on the U.S. Census, approximately 43% of marriages in the United States will end in divorce.
- Some parents and children who experience divorce consider adjusting to the losses associated with it to be as challenging as the losses associated with death.
- Each year, there are approximately 33,000–34,000 suicides in the United States, leaving over 180,000 suicide survivors. Suicide impacts families, communities, and society as a whole.
- The tragic events of September 11, 2001, immediately affected people all over the world, and particularly in the United States. The traumatic losses associated with these terrorist attacks, along with natural disasters such as Hurricane Katrina, earthquakes, and tsunamis, have an impact on individuals and communities far beyond what can be currently understood.

How many times have you heard the phrase, “Loss is a part of life”? Yet, have you thought about how loss will impact the work you have chosen to do and how you will respond when someone you are working with is grieving? If you are reading this text, you are most likely a student in training or already working with people in the fields of education, law, health care, mental health, or social services. If so, you will be better prepared than many professionals to help those who are grieving.

Many professionals report a lack of training in grief and loss. In 1997, the Institute of Medicine released a report (*Approaching Death: Improving Care at the End of Life*) that identified multiple causes for the deficiencies in professional preparation including legal, organizational, and economic barriers; a public uncomfortable with discussions about death; and education and training programs for health care professionals that do not teach knowledge, skills, and attitudes needed to care for dying people (Field & Cassel, 1997).

WHY STUDY GRIEF AND LOSS?

If you have chosen a profession in which you will be helping people—through teaching, human service administration, human resource management, coaching, rehabilitation therapy, medicine, social work, or even through law or corrections—it is inevitable that you will encounter loss and the grief reactions that loss engenders.

This book is written for a broad professional audience because loss is encountered everywhere. Loss through death is encountered in hospitals, hospices and skilled nursing facilities, schools, businesses, community clinics, prisons, and every possible setting in which you will find yourself working as a professional. You may find yourself coaching a child whose parent or grandparent has died, teaching in a school where a teacher or student has died, serving as a probation officer to an adolescent whose best friend has been killed, providing legal counsel to a family that has sustained a death through natural causes or domestic violence, or coordinating home care services in a senior center for an elderly woman whose husband has died and whose children have concerns about her ability to live independently in her home of 50 years.

Mildred, a substance abuse counselor, wrote the following description of her encounter with a grieving client for an assignment in our grief and loss class.

CASE EXAMPLE: DEBBIE

Debbie, a thirteen year old, really impacted me, not only as a professional case worker, but also as a mother of two whom at an early age lost her mother in a tragic accident.

Debbie was attending middle school and was an A student. She lived with her parents and two siblings. Both were younger than her. Her mother was an active participant in the Relapse Prevention Program where I was working. Debbie, like many adolescents, gets involved and participates in different activities while they wait for their parents. Even though she was aware of her mother's past substance abuse, she felt highly about her mother. She was very attached to her father and maintains a good relationship with her siblings. There was never a complaint about Debbie. It was not until one day Debbie's mother dropped her off at the mall. Debbie didn't know that would be the last time she would see her mother. While her mother drove away from the parking lot, she waved goodbye and smiled at her. That day, fifteen minutes after, her mother's car was impacted by another car that left the scene where the accident occurred. Later that day, Debbie arrived at the Medical Center with her maternal aunt and other relatives. She was told that her mother was in surgery and doctors were doing all they could. Debbie felt everything was ok. She has seen accidents happen every day. Two hours later doctors called the family to a private room and notified them they did everything possible to save her, but they couldn't. Debbie thought it was a nightmare and she was going to wake up any moment. She couldn't understand why that was happening to her. This was the third death in Debbie's life. When she was three, she lost her maternal grandmother. At age seven, her paternal grandfather died. None of them impacted her so hard like the tragic death of her mother.

(Mildred Arroyo, 2009)

The losses described earlier represent only a very few of the many common types of losses due to death that helping professionals encounter. They are actually quite typical of the kinds of deaths that occur every day in our communities. If you are wondering about what you might gain from this textbook, you might ask yourself the following questions:

- How comfortable and confident am I in my own ability to deal with grief and loss?
- How well do I understand the impact of death on people of different ages, genders, cultures, and spiritual orientations?
- How familiar am I with other life events and losses that cause grief reactions?
- Am I confident that I can identify when an individual or family is expressing normal grief or when their grief may be complicated?
- How prepared am I to respond effectively to those who are grieving around me?
- What types of grief reactions might trigger my own grief reactions and how will I handle them?
- Do I know how to directly acknowledge grief and make a referral to an appropriate resource when necessary?

As we will discuss in Chapter 3, self-awareness regarding our own grief reactions is essential to working with others who are experiencing a loss. These losses may result from a variety of causes, just as our clients' losses do.

In addition to preparing you to address the grief in reaction to death that you will inevitably encounter in your practice, this text is intended to prepare you to identify and assist individuals and families who may be coping with grief that is due to causes other than death. Loss and grief are experienced in reaction to divorce, foster care placement, job loss, changes in health care status, substance dependence, domestic violence, the diagnosis of a child with a serious disability, children leaving home for independent living, and older adults leaving their lifelong homes for nursing homes or alternative care. These types of losses are termed *symbolic losses* and often trigger grief reactions that are similar to those that occur in reaction to death. These will be discussed in Chapter 2 and it is important to be aware of all of the losses that may cause grief reactions in order to respond effectively to those who may need your help.

LOSS EXPERIENCES THAT GENERATE GRIEF REACTIONS

Grief in every practice setting

After many years of teaching social work and providing consultation about grief to a wide variety of programs and agencies, I have come to appreciate how much loss impacts work in every practice setting where professionals are helping others. As a hospital social worker and hospice program director, I frequently collaborated with other disciplines, so I knew that nurses, physicians, employee assistance program managers, pastoral counselors, and funeral directors are almost always closely involved in helping people who grieve when someone dies. But as I began teaching classes on loss to personnel in schools, child welfare agencies, and correctional programs, I realized how important it is for professionals in every discipline to be well prepared to deal with loss and grief—our own as well as others'.

Rachael Kessler, a teacher who created an institute and a Web site to support *teachers* in their professional development, identified several reasons *teachers* should learn about grief. She noted that most students experience unexpressed grief stemming from traumatic losses, family deaths, divorce, geographic relocation, and dislocation. She also discussed the losses that students experience through abuse and pregnancy as well as those routinely experienced through growing up, such as saying goodbye at the end of the school year or leaving for college (Kessler, 2004).

Brandon Hunt (2007) has written about the need for *rehabilitation counselors* to learn about grief due to the multiple losses they encounter in their clients. He identifies loss of employment, loss of independence, and death of loved ones as just a few of the experiences that generate grief reactions to which rehabilitation specialists must be prepared to respond.

LIMITED TRAINING IN GRIEF Like teachers and counselors, nurses and physicians, rehabilitation therapists, child life specialists, and legal professionals encounter loss and grief every day. When my own daughter became a children's rights lawyer and

began working with young victims of human trafficking, our conversations about her work inevitably involved grief reactions to traumatic losses—her clients’ as well as her own in reaction to their experiences. Unfortunately, most professional training programs do not adequately address issues of grief and loss in their programs, even though so many will be faced with grieving clients. Without the opportunity to learn how to assess and address grief, many professionals may lack confidence in acknowledging loss and providing support. This lack of confidence and understanding can make professionals uncomfortable discussing death and loss. Avoidance or reluctance can adversely affect clients who look to professionals for “truth, knowledge and support” (Naierman, 1997).

Even in training programs whose focus includes the populations most vulnerable to loss and grief, class discussion is usually limited to grief related to death or relegated to a “death and dying” elective that few students have the opportunity or room in their schedules to register for.

Professional organizations as well as researchers have become increasingly aware that grief and bereavement have a significant impact on the clients we work with. The National Center for the Advancement of Health published a Report on Grief and Bereavement that recognizes that there is a need for health care professionals to be prepared to respond to grief. The report notes that there are relatively few studies that address the education and training of health care professionals in this area and that those that do address it are focused primarily on physicians. The studies that have been conducted, according to the report, indicate that training is inadequate, but health care providers who do receive training are more comfortable with death (National Center for Advancement of Health, 2003).

These findings are supported by a recent study by genetics professionals (Rush-ton et al., 2010). Genetic counselors work closely with families who have members with birth defects, genetic disorders, and a variety of life-threatening inherited conditions such as *BRCA* gene-related breast cancer and Huntington’s disease. The study was undertaken because the majority of *genetic counselors* have clinical interactions with patients and families who are seeking genetic counseling while experiencing grief, loss, and/or death. Almost 20% of the study participants reported discomfort with grief and loss and 29% reported that their training in grief had not been adequate. When study participants reported their training in grief and loss was adequate, they also reported higher levels of comfort with grief.

This has been my experience in teaching this content to a variety of helping professionals who express relief at finally feeling equipped to address the distress they so frequently encounter in their work with grieving clients. A seasoned crisis counselor pointed out how grief training had helped her become better prepared for her role:

I believe that I have a good idea of my limitations. ... I know that even with my absolute best efforts, I cannot “cure” someone of his or her grief or the emotional pain. What I can do, however, is offer my help, guidance, advocacy, and care during an incredibly difficult time and help them begin to find their own way out of the pain. If I can make the journey a bit easier, though, that would be success. Three most difficult

aspects: First, letting go of (and allowing myself to grieve for) people who have come to be a part of my life. Second, dealing with a certain amount of helplessness. Third, keeping myself in the land of the living when I'm not working-avoiding the tendency to dwell on death. How will I cope? I couldn't possibly do it alone. I will definitely use any support that is available to me—from coworkers or employers, friends, family, etc. I'll have to acknowledge and accept my frustration and stress and grief when they arise. And I'll have to give myself permission to do things I enjoy even when I'm in the midst of death or others' pain. (Townsend, 2002)

BENEFITS OF TRAINING IN GRIEF Without sensitization to, and training in, grief and loss, even seasoned mental health professionals may have difficulty identifying and responding effectively to grief-related problems that clients present. Clients may have sealed over their grief from previous losses, sometimes masking it with alcohol or drugs. Children and teens may develop other maladaptive behaviors such as aggression to cope with anger due to a significant unresolved loss. Grief and loss issues can be obscured or neglected in the treatment of clients who present other primary problems when seeking treatment. Professionals who are not attuned to grief may miss the opportunity to identify and assist with loss and grief associated with these problems. When they are attuned, it is not uncommon to identify loss as well as unresolved grief embedded in the problems that clients struggle with in many settings. Haven and Pearlman (2003), trauma therapists, write about a 37-year-old professional woman who had experienced sexual abuse and a forced abortion of a pregnancy resulting from incest. In therapy she mourned this pregnancy and dealt with the painful feelings of loss that came from the experience of sexual abuse. In describing her mourning, the client stated “my heart hurts,” indicating the depth of pain that accompanied the grieving process. This type of grief is not always acknowledged, even in the therapy of sexual abuse survivors and yet, as in this case, addressing unresolved loss can bring relief and restoration.

While research on the outcomes of grief training programs for professionals is sparse, I have found, over the past ten years of teaching courses on grief and loss, that the responses of students and seasoned professionals regarding inclusion of this content in their training have been universally positive.

They identify many areas of increased competence including:

- The ability to ask questions that lead to identification of loss experiences
- The ability to identify what types of grief reactions clients are experiencing
- Recognition of symbolic losses in addition to losses through death
- Increased comfort in listening to clients speak about their losses
- Increased understanding and utilization of theories related to grief
- Improved skill in working with families in crisis whose symbolic and actual losses impact their current coping

While this text addresses the literature and research on grieving in reaction to death, some of the losses our clients experience are symbolic. Symbolic losses, which will be discussed in Chapter 2, are losses that do not result from death; not all clients will

experience this kind of loss. Loss due to death, however, is inevitable in each of our clients' lives. These losses vary and include sudden, unanticipated, anticipated, accidental, and illness-related deaths as well as deaths of infants, parents, children, and older adults. Even if we have not been directly exposed to these types of deaths in our personal or professional roles, we, and our clients, are exposed daily to media announcements of military deaths, deaths due to natural disasters, and deaths due to crimes. Even when these deaths are remote-like the deaths in Haiti following a massive earthquake in 2010-they have an impact on our communities and often on our clients. With some deaths-those that are anticipated or publicly acknowledged-there may be a good deal of support offered to the grieving family and friends, even to us as professional members of a caring community. But there are many deaths that are not anticipated or publicly acknowledged and there may be little or no support for the grief experienced by significant others. Stillbirth, death from HIV, and suicide are examples of deaths that are often accompanied by stigma, which can result in "disenfranchised" grief. These and other complicated grief reactions are addressed in depth in Chapter 7.

The grief that families and workers experience when death results from violence is also important to recognize and is another type of grief situation that may be accompanied by stigma and not publicly acknowledged. Dr. Michael Durfee (1997) has written one of the few articles about this type of experience in a Web-based publication for the International Child Abuse Network. He recognizes that there is often too little recognition of the grief reactions of survivors of fatal child abuse and neglect. These survivors include the siblings and grandparents who need acknowledgment and understanding of their losses and who may need counseling, particularly in the critical first year following the death. Families who have experienced death due to intimate partner violence, which results in approximately 1,500 deaths per year in the United States, may also be deprived of support due to social stigma.

Through many years of training child protective workers I have also learned that the grief-related needs of this population of professionals are too often unacknowledged or unaddressed.

Although some organizations do recognize the impact that dealing with trauma and grief have on their frontline staff, too often staff do not receive support for the trauma they witness or their own grief reactions. When support is offered, there may be barriers, such as stigma, that impede worker access (Bernier, 1998).

This is not dissimilar from the experiences reported by health care practitioners who also come in close contact with loss through caring for dying patients. The National Center for the Advancement of Health Report (2003), cited earlier, reviewed several studies that indicate that while health care workers experience emotional reactions to the deaths of patients and the "emotional intensity" of their work, support to health care providers in the workplace is lacking. The report also underscores that professionals will be better able to work effectively with individuals and families in need with knowledge of grief and how to assist someone in the process.

While other texts are written for those who are training for a specialized career in bereavement counseling or grief therapy, this text is designed for those students and professionals who find themselves in the position of working in proximity to loss, trauma, and grief in a variety of capacities-educator, advocate, case manager, or

counselor. You will need the basic knowledge and skills addressed here to respond effectively to those you encounter in the course of your daily work. I am confident that when you complete this text, you will feel better equipped to understand and assist your clients with their grief and to deal with your own inevitable losses as well.

Summary

Professionals in every service setting will inevitably encounter clients who are experiencing grief in reaction to losses. These losses will include deaths of significant others such as parents, children, grandparents, partners, classmates, coworkers, and friends as well as losses that do not result from death but are considered symbolic losses. Despite the fact that we will all encounter loss and grief in our work, relatively few helping professionals report feeling adequately prepared in their training to effectively address the complex needs of grieving clients. Without training in grief and loss, even seasoned mental health professionals may have difficulty identifying and responding effectively to grief-related problems that clients present. This text and the accompanying exercises and resources available on its companion Web site will help to prepare you to identify and address grief-related needs from a variety of perspectives, in a wide array of service settings.