PREFACE

This book, like good social work practice, is an interweaving of the professional and the personal. We were motivated to write this book because based on our teaching, practice, and scholarship, we recognized a growing need in the profession. Although social work professionals work daily with persons grieving loss, they often are inadequately prepared to address both their own and their clients’ losses. The relatively limited research is striking given the centrality of loss in the lives of most social work clients. We also were motivated by our own personal experiences of loss, which have profoundly shaped our view of the world, our relationships, and ourselves. A theme throughout this book is that loss is universal, pervasive, and a daily occurrence in our lives. We are no different from any of you who have confronted losses of separation, divorce, unemployment, adoption, abandonment, illness, and death. What does distinguish us is our particular configuration of losses and how we have confronted them and integrated them into our lives. We share our losses with you not because they are out of the ordinary or deserving of your sympathy but because in this book we are trying to integrate the personal and the professional. As we discuss various aspects of grief and loss in the succeeding chapters, we occasionally illustrate theoretical points through our own losses. We believe that we learn mutually from each other rather than from a hierarchy of student/teacher, author/reader, and therapist/client. We are stepping outside our roles of professionalism and authority to show how we have dealt with loss and grief in our lives. Throughout this book, we inject our personal stories into theory and research. We live in a society that denies or pushes death away, acknowledging it briefly with three to five days of bereavement leave and then expecting the bereaved to be able to move on quickly. Few other rituals exist for other types of loss, such as divorce or unemployment. In contrast, we suggest that as social work professionals, we will be more effective at helping our clients deal with loss if we are able to personalize loss. As you discuss this book with your students and colleagues, you can also bring a depth and richness to the dialogue by sharing your losses and how you have chosen to address them. Our personal and professional lives are inextricably intertwined when dealing with grief and loss, the most common and yet the most mysterious of life’s lessons.
We began writing this book before the events of September 11, 2001, and we have been shaped by what we learned from this tragedy. This day brought all of us emotionally close to these unexpected deaths, which affected large numbers of people, and reminded us of our own mortality and vulnerability. Images of the World Trade Center falling, burned bodies, jammed phone lines from families calling loved ones in New York City to check their safety, and the daily New York Times photos and stories about the deceased are seared forever in our minds. We now live daily with not only the trauma of the deaths but also the loss of security for our government, our country, and our world as we once knew it. Yet such a tragic loss still can produce life-enhancing experiences, as witnessed by the outpouring of support from New Yorkers and people around the world and the memorials established to honor the victims. By living through loss, we can find a deeper understanding of ourselves, our lives, and how we choose to live them.

Our Personal Reflections

Before I went to graduate school, I had been reasonably protected from major loss, even though an unspoken loss had always hung heavily around my family. My father’s first wife died in childbirth, and he grieved deeply for four years before remarrying. Vague references were made to her death and that of the unborn child, and we would periodically visit her grave but would never talk openly about her. I knew that there was a locked trunk in the attic where my father kept some of her cherished possessions, and my mother would periodically cry about its presence, wishing that he “would just get rid of those things.” The legacy of loss and the accompanying sadness were ever present but never openly discussed. Three of my grandparents died before I was born, and my memory of my paternal grandmother’s death when I was six focuses largely on my new shoes and the abundance of desserts. Like many young adults, I had dealt with the loss of first loves and a broken engagement. But none of these earlier losses prepared me for the first tragic loss in my life when I was in graduate school: a drunk driver’s hit-and-run death of my brother Tom. I watched helplessly as my parents struggled with their grief, at a time when health care providers, ministers, and other helping professionals had little skill or knowledge about how to support bereaved parents. In fact, the main advice my parents received was to get over it as quickly as possible.

Although they lived nine and eighteen years, respectively, after his death, my mother and father never reached what some theorists have called “recovery” or “adaptation,” or what we define in chapter 2 as integration of the loss. Their
grief was always present, looming large, and sadness surrounded them. My parents tried to escape the pain by leaving the church that failed them when they most needed healing care, moving from the family home, traveling, and distracting themselves with various social activities. Just as silence surrounded the death of my father’s first wife, an even greater silence shrouded my brother’s death, despite my best attempts as a social work student to reminisce, talk about feelings, or try to find meaning in my brother’s death. If the Mothers Against Drunk Drivers (MADD) organization had existed then, my mother would have had an outlet for her anger and distress. Instead, no one ever mentioned Tom’s name. Memories of my parents’ pain and sadness are still with me. I tried to be the strong one, offering them support, but I received little support as a sibling. Years later, my sadness over my brother’s death emerged in counseling.

Next came my parents’ deaths, both from pancreatic cancer. Because they died when I was in my twenties and thirties, these deaths were somewhat “off time,” when I also was beginning my academic career and busy with two small boys. As a gerontologist, I was intellectually prepared for their deaths; yet nothing prepared me for the lonely feeling of being an orphan without siblings, especially on holidays, which intensified my awareness of having no family of origin. The moment of realizing that one is an orphan forever changes one’s life.

Nothing in my life—and little in our culture—prepared me for the death of my best friend and university colleague, Naomi Gottlieb, who was killed in Prague by a tram. Because we had shared so much over the years, I lost my closest confidante, someone in whom I confided even more than my husband. In our society, however, the death of a best friend often is disenfranchised, evoking little expression of sympathy. Her family viewed me as “just a friend,” even though our relationship was probably closer than that of many relatives. In addition, as dean, I was expected to be strong, “handle” arrangements for her son and sister, and honor her publicly with our school’s memorial service. There was neither time nor support for me to grieve.

Because of my brother’s accidental death, I had always feared something happening to one of our children: two birth sons and an adopted daughter. I vividly recalled how my parents’ lives had been shattered and changed after my brother’s death. The thought of losing one of our children was unbearable to me. But it was always present, since I had a son who thrived on high-risk adventures: white-water kayaking, bicycle racing, and mountain and rock climbing. I had imagined and feared his death numerous times, especially when he was late in calling after coming off a mountain glacier or out of a raging river. Fortunately, we had been able to talk about my fear and assure each other of our love. Yet because of my fears and images of his death, I immediately knew why a Rainier
mountaineering guide was at our door at 9:30 on a June Saturday night. The worst thing that could happen had happened: our beloved son who had everything going for him—a loving girlfriend, success as a Stanford undergraduate, a new summer job in outdoor education with youth—and who had celebrated his twenty-first birthday on the mountain, fell to his death while guiding on Mount McKinley. Winds of more than eighty miles per hour had blown him off the mountain while he was trying to help a client who had slipped. For one indescribable week, we waited until he was found, two thousand feet below, on the edge of a crevasse.

I wondered whether I could go on and then realized that I must do so for the sake of my older son, daughter, and husband. But for many days, simply getting out of bed was an act of courage. I was so deep in my grief that I was ineffective at supporting my family. We all coexisted in a blur of constant loving and well-intentioned visitors, an abundance of food for which we lacked the appetite, the media wanting our stories, making plans for a memorial service while still holding on to the thread of a hope that he miraculously would have survived the week of high winds, snow, and ice. Since the day the ranger called from Alaska to tell me that “we’ve found Chris,” I have read hundreds of grief books, written a journal, spent hours with a grief and loss counselor, talked and walked with friends and then talked and walked some more, raged at the gods for letting this happen, gone numbly through holidays, attended a mothers’ support group, and gradually, slowly, almost imperceptibly discovered meaning, purpose, joy, and laughter in my reconfigured life. Writing this book is part of my ongoing “meaning making” of this most painful of losses.

Eight months after my son’s death, my husband was diagnosed with stage 4 colon cancer and told that he had three months to live. I raged at the unfairness of it all, wondering how much more we were expected to endure. Like many parents, my husband and I grieved our son differently, unable to bear the pain in each other’s face. We turned more to friends and relatives for support than to each other, escaping each other’s pain through our work and our two children. We would alternate between holding each other and then screaming at the unfairness of it. Faced with my husband’s death, we experienced moments of intense sadness, intimacy, closeness, and connection before his surgery. And then my husband of twenty-nine years, the man whom I loved deeply, left the hospital and never returned home to his family. For this abandonment and loss, I have only questions. I have no answers, only hunches that I have been able to glean from talking to friends, reading his journal after he died, and rearranging the pieces of our marriage. Perhaps it was a way of escaping the pain of grief on my face, mirroring his and too much to bear. Perhaps it was a way to run away
from our home of seventeen years filled with memories. My older son once said, “Dad died for all of us the day Chris died.” Perhaps it was hope, nurtured by naturopaths, to try to start a new life and relationships as a way to defy the cancer and the odds and miraculously get well. Perhaps it was his anger—at God, at me, at mountain climbers, at doctors who misdiagnosed his cancer as an ulcer and then later told him that it was too late, that nothing could be done to extend his life. Probably it was a mixture of all these feelings and many that I will never know. Even before he died, I was rapidly thrust into another unanticipated loss through separation—single parenting and needing to manage as if I were a widow. Five years later, I can only conclude that we all were “acting crazy” in our grief.

These losses are not unique to me. In fact, when I read or hear of other tragic events, I often think that I have not had to endure as much as others. I have walked, talked, e-mailed and written, cried and laughed with other parents whose child died. Loving friends who are a blessing in our lives surround my daughter, son, and me. I have talked with other men and women whose partners changed dramatically with a diagnosis of terminal illness, leaving them in search of a magical cure. I do well on a daily basis. I was an effective dean and now thrive in my teaching and scholarship, have many friends, and a loving son and daughter. But there still are moments when grief, despair, and intense sadness overwhelm me, and I wonder how I can keep going on. There still are mornings when it is hard to get out of bed and face the life that is now reality. But these moments come less often, are less intense, and are of shorter duration.

A small reminder can trigger tears, but the tears do not last as long nor is my sobbing as deep. Holidays, vacations, and birthdays remain challenges to try to create new memories and traditions for our small family: on a daily basis for my daughter and me, and then with my son and his girlfriend across the country in New York City. I fear something happening to my son or daughter and wonder how I then could survive. But life does go on, challenging us, urging us forward, patiently waiting for us when we are stuck, affirming past loves, and providing new loves and opportunities to learn and grow. My son, my daughter, and I each are different people than we were before my son’s and husband’s deaths. I would much prefer to have them alive and physically present in my life. But that is not what life has given me. And so I value the new person I am becoming—one who is stronger and more empathic, open, tolerant, passionate, and loving and better able to take risks. Since nothing else is as horrifying to me as losing a child, I am less afraid and calmer; I have survived what I consider to be the worst thing that a parent can experience. I know what is most important in life. I try never to end a conversation without expressing appreciation or love for the other person.
I like myself better as a person now, even though I would give anything not to have had to go through the process that created the new me. My hope is that what I have learned through both my research and my personal losses has translated into a book that will be helpful to each of you, the readers who are embarking on this journey with us of “living through loss” across the life span.

Nancy R. Hooyman

When I first joined the faculty at the School of Social Work at the University of Wisconsin at Madison more than a decade ago, I was asked: “What would you like to teach?” Without hesitation, I chose courses on grief and on social work practice with older adults. As a gerontological social worker with years of experience in various settings (hospitals, nursing homes, and community-based agencies), I had had many experiences that informed the development of these courses. A course on grief that I had taken in the 1970s focused primarily on grief associated with death. In contrast, I wanted my course to address more broadly the many and varied forms of grief that social workers confront in their practice. I also wanted the course to be relevant to students in a wide variety of concentrations, such as aging, health, disabilities, children, youth, families, and mental health. I adopted a life-span perspective to examine losses common at different phases of the life course, the developmental issues and needs that affect grief, and developmentally appropriate interventions. Without a text that synthesized the relevant research, theory, and practice, the class readings were vast and comprehensive but unsatisfactory. This book is designed to close this gap and serve as a resource for students and faculty as well as practitioners confronting losses for which they may be inadequately prepared.

I ask my students on the first day of my grief course to explain why they are taking it and what they hope to learn, and on the last day of class, I ask them to describe what they have learned. Some of the reasons that students take my course are

They have been caught off guard by a client’s grief and have not known how to respond.
They do not know how to cope with their clients’ deaths.
They have experienced so many traumatic losses that they find it difficult to help clients with similar losses.
They want to learn how to intervene, what to say, and what to do with the bereaved.
They want to prepare themselves for their own future losses.
My students’ comments often have moved me to tears. They describe being more aware of how their losses influence their professional practice, being less afraid of death, being better at implementing interventions, and being more helpful to and at peace with the bereaved. Many students describe synchronistic events during the semester at which they were called on to practice the skills taught in class for responding to loss. Through this process, I have become more convinced of the need to use knowledge and skills to prepare social workers to competently address both personal and professional grief.

I become even more aware of the inadequate preparation of social workers and other professionals when I find friends and colleagues who have experienced incompetent and even harmful responses from their coworkers. For example, one social worker in a large urban hospital was expecting a baby and planning to be on maternity leave during the summer, but instead her baby died soon after being born. When she returned to work after taking the summer off to mourn, several coworkers, who did not know about her baby’s death, asked about her new baby. Told of her baby’s death, these helping professionals simply walked away. Their discomfort with grief and death prevented them from being able to look her in the eye, to help her, or to express their deep regret and sympathy. The baby of another friend, an emergency room social worker, died just hours after birth. He shared his anger and frustration at his professional colleagues’ lack of support. What made it even worse was that their discomfort was so evident that he had to support their emotional reaction to his own baby’s death. After a month of not receiving any support from his social work colleagues, he and his wife decided to leave the country for a while to seek solace within themselves. These examples reflect the consequences of living in a death-denying society and the inadequate preparation of social and health care providers to address the needs of the bereaved.

In my professional life, I also have been deeply moved by the tremendous resilience of my older clients, many of whom were dying. One African American woman always welcomed me into her home with open arms. She had endured many profound losses, including the death of her son, her husband, and all her siblings. Yet she was fully engaged in her church activities and embraced the troubled youth in her community by caring for them as if they were her own. She reflects some of the attributes of resilience described in chapter 3.

Going to work in a nursing home one afternoon, I found one of my “favorite” residents, Mrs. S., lying in bed, moaning, and crying out in pain. She told me that the nurses were not answering her call. I discovered that she had had a stroke and had fallen and broken her hip. I insisted that the nurses treat her pain and stood by her bedside feeling helpless to comfort her. But then a calm came...
over me when I realized that all I needed to do was to “be present.” I sensed that she did not want to be alone, so I stood silently beside her bed. In the silence, I recalled that Mrs. S. was deeply religious and loved music. When I asked her if she would like me to sing, she nodded yes. As I sang an old spiritual familiar to her, she smiled at me, continued to cry softly, and then began singing along. Mrs. S. died that night, and I felt privileged that she allowed me to be with her during her last day. Experiences like these have convinced me of the need to be an advocate to improve end-of-life care and to help fill the spiritual, emotional, physical, and psychological needs of the dying and their families.

Like many of you, I have had many losses throughout my life. My earliest memory (at age two) is the death of my baby sister Barbara from sudden infant death syndrome (SIDS). When my sister and I were rushed to a neighbor’s apartment, we could only watch from their window what was taking place at our house. I remember feeling confusion and fear, since we did not know where our sister had gone or what had happened to her. Six months later, my sister and I visited the same grandparents whom we had visited just before Barbara’s death. We ran from room to room asking, “Where is she?” “Where is she?” We thought that somehow we had left our sister at their house, since we could not find her at home. Overcome by their grief, our parents did not know how to include us in our sister’s death.

When I was thirteen, my mother underwent a life-threatening surgery to repair a brain aneurysm. I remember standing by her bedside, watching helplessly as my normally stoic father wept when we said good-bye to my mother. We were told that the outcome of this very serious operation was uncertain. I felt respected to be informed about the realities of her condition and was grateful to my parents for their honesty. Although my mother did die during the surgery, she came back to life after undergoing a profound and life-changing near-death experience that she shared with us years later. During her lengthy recovery period, I distracted myself from my grief by busying myself with household responsibilities, taking care of my younger siblings, and cooking and cleaning. Given our different developmental phases, each family member grieved differently about both our fear of our mother’s dying and the losses entailed by her long period of incapacity.

When my parents divorced in my teen years, my siblings’ grief responses varied tremendously. The divorce was especially difficult for my younger brothers, who identified more closely with our father, their only male role model. A subsequent challenge facing our family was the leukemia diagnosis of my brother Jimmy at age fourteen.
My family and I experienced a roller coaster of emotions as we attempted to address his medical needs (including selling our home and possessions to pay for his medical care and moving across the country to get the “best” care available) and deal with our profound grief and fear. It was especially difficult to watch him suffer during his treatments and to see my mother and siblings struggle with their own response to Jimmy’s illness and their unmet needs. Jimmy’s resilience and growth touched me deeply. Before his death, this sixteen-year-old boy asked to speak privately with each one of his five siblings. He assured me that he was not afraid, told me not to be afraid, and shared his hopes for me. I felt that I was in the presence of a wise spiritual being. After his death, he visited one of my sisters in a dream, who was having what I now recognize as complicated grief. Her problematic grief symptoms evaporated, however, after her dream about him, when he assured her that he was happy and at peace.

On September 18, 1997, my older sister called very early in the morning to tell me that our father, a long-distance truck driver, had been found dead by a state trooper. My father’s semi had traveled off the highway for quite a distance before crashing into an embankment, probably because he had fallen asleep with the cruise set at seventy. The suddenness of his death intensified our grief, and how family members variously grieved his death reflects the determinants of grief highlighted in chapter 3 (kind of loss, age, gender, individual and social capacities, developmental phase of life, and the prior and current relationships).

My own grief response was relatively uncomplicated because of the synchronicity of events that had preceded his death. Although I did not see my father regularly, he phoned and surprised me one week before his death, asking if he could drive up to Madison to visit us, see his grandson, and meet for the first time his six-month-old granddaughter. I was thrilled to spend time with him and astonished by the quality of our conversations, since he typically expressed his love by inquiring about the condition of my car or other practical matters. For reasons unknown at the time, our conversations were more meaningful than usual as he voiced his regrets about placing his father in a skilled nursing facility, his grief over his mother’s death, and his beliefs about an afterlife. The next day we drove around the countryside, because my father loved to see hills and valleys stretched across the land. We climbed a tall tower at a state park to take in the natural beauty. At the top of the tower, I took a photo of my father holding my daughter. After the camera shutter clicked, the camera died. Suspecting that this was significant, I paused and paid careful attention to the moment. Ten days later at his memorial service, that beautiful photo of my father and daughter was displayed. In a dream soon after his death, I was having a wonderful
time playing with my father in a toy store. I had never seen him as happy in life as I did in that dream. Somehow, this whole experience felt orderly, which comforted me and initially lessened my grief.

The experience of my dad’s death also heightened my empathy for bereaved middle-aged adults who are juggling numerous responsibilities. As a mother of two young children with a demanding academic position, I had little time to dwell on my father’s death. The effects of this became apparent during my grief class, when I broke into tears upon hearing the song “No Time to Cry,” by Iris DeMent. This song is about a woman in midlife whose father has died, but she is too busy working and caring for her children to grieve. I then realized that I had been carrying intense grief just below the surface. I used this experience to illustrate to my students how grief that is not addressed may surface at inopportune times (e.g., when teaching a class). This happened to be a teachable moment, but if I had been with a client, my grief would have prevented me from attending to her needs. I hope that our discussion of self-awareness in chapter 14 will encourage you to reflect on and acknowledge your own grief that may lie below the surface.

Not long after my father’s death, I received a call that my only living brother had been diagnosed with a large brain tumor. What was most striking about my initial grief response was my absolute numbness and shock, making it very difficult to drive the seventy-five miles to meet him at the hospital. Unable to concentrate, I remember tightly gripping the steering wheel as a way to “hold on.” The doctor who found the tumor explained that surgery was required, and in making his referral, he cautioned us that there were three types of surgeons:

1. Those who were compassionate but not necessarily skilled.
2. Those who were highly skilled but not necessarily compassionate.
3. Those who were both compassionate and skilled but were few and far between.

As I listened to the surgeon’s matter-of-fact assessment of the training and skills of surgeons, I was disappointed in our acceptance of a medical educational system that does not require or expect health care providers to be compassionate communicators and technically skilled clinicians. We were referred to the second kind of physician (good with the scalpel but not with his bedside manner). From our perspective as family members of a surgical patient, the hospital environment felt cold, sterile, and uninviting. Nurses came and went, busy with their tasks, not seeming to notice our tears or difficulties, and physicians were difficult to track down for progress reports. Nevertheless, the surgery was successful, and my brother has recovered beautifully. This experience heightened my desire to engage in research and education that will challenge the culture
and improve the quality of interdisciplinary health care and care of the dying in America.

Other loss experiences include my grandmother’s neurological disorder that took her life and prevented me from knowing her, and the death of my pen pal of many years: my dearly beloved grandfather. Since I was with my mother at my grandfather’s death, I was comforted by the peaceful look on his face and his freedom from suffering. But I still miss him and grieve that my children never knew him. Disenfranchised grief from other unspeakable losses has strengthened my empathy and compassion for others. Because of my experience with loss and grief, I realize that none of us may fully appreciate the loss experienced by our family, friends, colleagues, acquaintances, and clients but that we must be open and sensitive to these possibilities.

My experiences with loss are an important part of who I am and have taught me many lessons. I have learned to be open and honest with children about life and death and to include them in my grief. I have learned not to take anything for granted. My children know that they can never leave the house or go to bed angry and that we treat each parting with respect because we do not know when death or some other event might dramatically change our lives. Compelled to confront my own mortality through my many experiences with loss, I have completely embraced death as an inevitable transition and have lost all fear of it. Accordingly, my priorities have shifted. I am more interested in my spiritual development and being a compassionate, kind, and loving presence for others than in impressing them with material or intellectual accomplishments. I am also more aware of and committed to improving end-of-life care for the dying and their families. I hope that this book will help you, the reader, be less afraid of death and other losses and that the interventions it describes will help you alleviate your clients’ grief. May you cultivate the ability to have an open heart in the midst of the suffering in your personal and professional lives and compassionately tend to your own grief.

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