Introduction

This is a book of questions, not answers. It is about the inexplicable, the mysterious, and the universal nature of mortality and other loss experiences. Death, loss, pain, and grief are pervasive and inevitable aspects of the human experience. They touch all of us in different ways, times, and cultures. As we confront the mystery of loss, we are faced with questions about who we are and why we are here. Whether social workers or clients, each of us must deal with the issues of meaning and purpose in our lives, in our own ways and in our own time.

This is a book of sadness and joy, despair and hope, darkness and light, profoundness and simplicity, good-byes and hellos. It is written primarily for social workers and other human service professionals but also for anyone who has loved and experienced loss. It is for those who are committed to living life fully, no matter what challenges life offers them. This is a book for those who are the searchers, the seekers, and the doubters, those who are willing to ask the hard questions and struggle with the ambiguity of the answers when trying to make meaning of life (meaning making). It is for those committed to the journey and adventure of life, even at its darkest points. This book is for all of us who have ever wondered “why bad things happen to good people” (Kushner 1985). This book does not attempt to answer this question but instead recognizes the many types and meanings of loss and the inevitability of unanswered questions.

Although we have immersed ourselves in the literature, drawn on our and others’ life experiences, and suggested interventions that may be helpful to those who are grieving, we do not consider ourselves “experts.” Indeed, often our clients are the “experts” who teach us the most about life and death, loss and grief. Instead, we join you, the reader, on this journey—learning as we wrote and rewrote this book over three years, continuing to learn more each day, making numerous revisions, and now offering you our insights and guidelines. We did so knowing that you too can offer much to us. Our hope is that this book
will lead to reflection and dialogue among you and your colleagues, family members, friends, and clients.

The Pervasiveness of Grief and Loss

Although we typically refer to grief and loss, the more appropriate term in many ways is loss and grief, since loss precedes the grief. Regardless of the order, grief and the pain of loss are universal human experiences that every person repeatedly encounters, although the meaning and rituals of grieving vary tremendously by culture. Loss is produced by an event that is perceived to be negative by the individuals involved and results in long-term changes to their social situations, relationships, and patterns of thought and emotion. Even perceived positive changes, such as a career move, relocation, or retirement, may evoke feelings of loss and grief (Bozarth 1994).

Losses can be physical or symbolic, but they always result in a deprivation of some kind; in essence, we no longer have someone or something that we used to have. Physical loss is something tangible that becomes unavailable. The clearest example is death: the permanent and total absence of someone we love. Symbolic loss refers to a change in one’s psychological experience of social interaction, such as the loss of status and colleagues as a result of a job demotion or the loss of a couples-oriented social network after a partner’s death (Rando 1988). Losing someone we love or our health or job is like losing part of ourselves. To be human and alive means to absorb loss each day. The grief that follows most losses is not a disease or illness that can be cured. Instead, it is the price people pay for love and commitment to one another. Grief is a natural reaction to loss, and loss is a necessary and natural part of existence (Viorst 1986). Through the grief process, which entails searching for meaning, we need to learn how to live in this altered world.

Major losses are the most personal and emotional happenings that we experience (Harvey 1996). Such losses never really leave our consciousness, greatly affect our lives, and create a sense of lack of control, although we still are able to choose how to respond to loss. Most of us think of death as a major loss, but its magnitude depends on our earlier relationship with the person who has died. For example, a divorce after thirty years of marriage may be more devastating than the death of a distant relative. Our initial responses to a major loss include numbness, shock, denial, and perhaps the wish not to be alive. Life’s greatest and most grievous losses disconnect us from ourselves but also provide opportunities to create more connections with ourselves and others, live more deeply, and find greater meaning in our lives (Bozarth 1994). Whether or not a loss is
Introduction

major is a highly individual matter, based on the nature of the relationship, and varying with culture and religious/philosophical beliefs. (The impact of culture on grieving is discussed more fully in chapters 1 and 3.) In other words, the degree of loss is not a hierarchy, since its magnitude varies with a person’s life experiences, culture, and social relationships.

Life is continuous change. Change in itself—whether positive or negative—always contains loss and learning to let go, although not all losses precipitate a grief response. Such a response depends on a wide range of personal, family, and community capabilities and the degree of attachment to the lost person or object. Moreover, grief affects not only the individual but also the family system, communities (e.g., school shootings mourned by the community), and, in some cases, the nation or world, as occurred with the attacks on the World Trade Center. The tragedy of September 11, 2001, created a ripple of complex losses: the immediate ones of death, as well as the longer-term ones of a sense of safety and security, such as the ability—previously taken for granted—to greet arriving passengers at the airport gate or to watch a loved one depart on a plane. In effect, that day changed our world and worldviews forever, creating cumulative effects of secondary losses across time.

Loss reverberates both across and within generations. The multigenerational legacies of loss in our own families, communities, and cultures are powerful. Consider that most adults who were alive when President John F. Kennedy was assassinated can remember in great detail how they heard about his death, where they were at the time, and how they felt. Nearly fifty years later, his death still affects our country. Similarly, future generations will experience and reexperience the losses created by the events of September 11. Both family systems and communities feel losses across generations, such as the legacy of the Columbine High School’s shootings on schools or the death of a child or sexual violence within families. The multiple traumatic losses of the December 26, 2004, tsunami will reverberate across Southeast Asian cultures, families, and communities for decades.

Some people think that they have never grieved if they have not experienced the death of a family member or friend. But we are griever a thousand times over in our lives (Rando 1988). We all are subject to many “little deaths” and the subsequent lessons they teach us, including giving up our impossible expectations of others and ourselves (Kübler-Ross 1969; Kübler-Ross and Kessler 2001; Viorst 1986). Grief is “like a neighbor, who always lives next door, no matter where or how we lie, no matter how we try to move away” (Tatelbaum 1980:8; also see Becvar 1997). “Life is good-bye” because it means having and holding and then giving up what we love the most; we gradually shift from
surviving to thriving and experiencing “life is hello”—ready to meet the new and unknown, to change with time, and to receive new and different gifts in our lives (Bozarth 1994).

Losing someone we love through death, divorce, or separation; our health and mobility; our birth or foster parents; or our job all are similar to losing part of ourselves: the self before the loss. In addition, each loss typically has cumulative and secondary consequences, reverberating across generations and social systems. When we experience multiple related losses, we tend to “regrieve” our earlier losses at a later point, although from a different perspective (Oltjenbruns 1998). For example, after a partner’s death or divorce, we may experience the secondary loss of friends, income, in-laws, and other extended family members, and we may regrieve losses experienced in our childhood. The death of a child often results in the later loss of friendship networks and the marital or partner relationship, with each of those losses intensifying the pain from the child’s death.

The Nature of Loss

Loss always contains some ambiguity, even when it is anticipated, such as a relocation or divorce. Part of this ambiguity is being able to hold the opposing ideas of absence and presence in our minds at the same time, to live concurrently with joy and sorrow. We learn that we can live with sadness and grief as well as with joy and grief. Life and death each require the other, and without both, neither would be a meaningful concept. When we experience loss, we can no longer maintain the illusion of being inviolable or believe in an omnipotent rescuer. By asking “why me,” we must face our own mortality and the apparent meaninglessness of life. We must find a personal solution to be able to engage in life again. As we grapple with our losses, we not only must acknowledge grief as a constant companion, regardless of the amount of time that has passed, but also learn once again to open ourselves to joy as well as sadness as part of our reality (Becvar 2001). Paradoxically, the process of living and grieving makes the strongest demand on individuals when they feel most exhausted and overwhelmed (Leick and Davidsen-Nielsen 1996).

In a society that tends to deny and fear death, we often feel uncomfortable talking about grief and loss, wanting to avoid the pain and the darkness. As Becvar wrote, death is “the horse on the dining room table,” the “elephant in the living room,” and the one life transition that everyone experiences but few want to discuss (2001:4). Even so, death and life, pain and joy are interconnected. Paradoxically, the only thing permanent about our life is its impermanence. Even in the midst of the intense pain of loss, we can enrich our life by acknowledging
and living in the awareness of our own mortality. As reflected in the title of our book, *Living Through Loss*, the process of searching for meaning can be life changing. Such awareness and such questions encourage us to live in a more vital and honest manner, which, over the long term, will change the way we relate to others and to our lives. In turn, this process will prepare us for handling our own future pain and losses of life.

When we confront loss, we are challenged to create meaning where none seems to exist. This intensely personal process means weaving an entirely new picture and story about ourselves, our world, and what it means to live. Loss through death, for example, marks the end of one chapter and signifies the beginning of a new one in our lives. As such, it can open doors to greater awareness, sensitivity, compassion, and even wisdom. As Theodore Roethke implied in his poem “Dark Time” (1966), it is only in the darkness that the eye sees clearly. Despite feelings of powerlessness and despair, we have choices to make regarding how we will live in a now dramatically altered context. Paradoxically, when we lose someone we love, we may also lose our fear of death and whatever it represents, feeling a freedom that we once thought impossible (Becvar 1997). For example, parents who earlier lost a child tend to fear their own dying less than do those who have not lost a child. In fact, some bereaved parents welcome death as a way of reuniting them with their lost child (Klass 1999).

**Loss Through Death**

Death is the only type of loss that can never be recovered; it is loss forever. In the most basic terms, dead is dead (Miller and Omarzu 1998). Even if one believes that life continues in some form beyond death, there still is the absence of a physical presence to adjust to. We miss the touch, the smell, the smile, the hug, the tone of voice, the laugh, and the lightness, even while we hold these senses in our memories. Becvar (2001) suggested that perhaps we must speak of death in order to understand fully what it means to be in the presence of grief. And to speak of death is to enter the realm of the supreme mystery, that of the unanswerable questions. But in a society that seeks ready answers and solutions to questions, many of us remain uncomfortable with the unanswered questions, the lack of control, and the feelings of powerlessness initially inherent in loss through death.

**Loss Not Related to Death**

Although this book deals largely with the grief and loss entailed by death, it also is relevant to interventions with persons who are grieving a loss not related to death. Grief is pervasive and affects our clients of all ages in a wide range of...
practice settings: children who have been separated from their birth parents through adoption or foster home placement; older adults who must leave their longtime homes and neighborhoods; immigrant families who have lost their country; and individuals and their families who are coping with chronic physical or mental illness or a history of sexual violence. We briefly review several of these types of losses here and then cover them in more depth in later chapters.

Sigmund Freud (1917) deemed the two great wellsprings of mental health as being love and work. Accordingly, the loss of a job can have wide-ranging repercussions on individuals’ self-concept and identity, their families, and their larger social networks of friends and relatives (Harvey 1998). The long-term impact varies with the personal and social resources available to the unemployed person (e.g., counseling, extensive networks) and how he or she uses those resources to cope with the loss (e.g., the unemployed person is highly motivated to use his or her social networks and finds a new job or becomes chronically unemployed). In the current tight economy, many people of all ages are faced with long-term unemployment and the inability to find a job congruent with their skills and background. In this instance, losses are multiplied many times over: loss of income, status, self-identity, and perhaps even one’s home.

Chronic physical and mental illness and disability create numerous losses for both the person with disabilities and his or her caregivers. The parents of a child with disabilities immediately face the loss of a long-awaited “normal” baby and their ideal of what their child was to be. They suddenly have to live with something unexpected and, as parents, accept what is unacceptable. They face the loss of what they had defined as rewarding parenthood (although they may later redefine what is rewarding from raising a child with disabilities). Their grief is long term, or what is termed chronic sorrow, since they constantly face adjustments throughout the child’s life and grieve at each milestone (e.g., birthdays, school graduations) when they reflect on “what might have been” (C. Brown 1999; Roos 2002). Their grief is unending and is associated with the living, not with the deceased. They may also face financial losses through the actual costs and lost opportunities of caring for their child. In response to their losses, they may feel disillusionment, aloneness, and vulnerability, and perceive life as unjust and unfair and their family as disrupted.

Adults with a chronic illness or disability (e.g., burns, spinal/brain injury, Alzheimer’s and other types of dementia) lose not only control over their body and independence but also physically intimate, sexual, or romantic relationships. For them, everyday relationships are central to understanding the meaning of
loss if they feel dependent on others and are unable to develop relationships of interdependence or reciprocity (Harvey 1998). When illness or injury occurs, at any time during life, a person’s self-image of competence is replaced by a new self-image as a patient whom others treat objectively. Life-threatening accidents, such as the late actor Christopher Reeve’s spinal cord injury when he was thrown from his horse, profoundly change a person’s sense of self.

Dreams also are lost in job loss, infertility, illness and disability, sexual assault and domestic violence, and separation or divorce. When a dream has been lost, something inside a person has been lost, too. When a dream dies, a sense of potential dies too, so individuals must search inside themselves for the seeds of another dream (Bozarth 1994:109). Divorce or separation requires letting go of these dreams along with all that was invested in the relationship, by dissolving other ties, relationships, family structures, and previous roles. We may also have to abandon our dreams as a result of a loss of place through moving or not being able to afford a home; this loss can occur throughout life, for the child whose parents are homeless, for the wife who flees an abusive situation, and for the older adult who must move to an assisted-living facility or nursing home. Place defines our sense of space, how we feel in that space, and it adds predictability to life. Consider the emotional connotation of being able to “go home,” no matter what phase of life we are in. Losing the space that is “home” throws us psychologically off base, making it even more difficult to deal with the secondary losses associated with the loss of physical space.

Some of us have undoubtedly experienced a loss that others dismiss lightly or quickly: the loss of a pet, a favorite object, a job, a friend to AIDS, or our first love as a teenager. We may recall feeling misunderstood or dismissed when we shared what for us was painful, only to have someone respond by telling us “the greatest loss is . . .” or “think how fortunate you are that . . .” To imply that any type of loss is greater than another is to overlook the complex, intensely personalized nature of loss and its various meanings based on our family history and rules, personalities, past experiences, and cultural beliefs and value systems—in sum, the essence of who we are. It also overlooks how we choose to react to our loss. Each of us, despite our feelings of despair and powerlessness, can choose how we interpret our losses, give them meaning, and incorporate them into the core of who we are and who we will become. Even when we find new ways to understand and live life as meaningful, the changes in our belief systems and behaviors continue to reverberate throughout the other systems in which we live: our families, neighborhoods, communities, and workplaces.
The Nature of Grief

People grieve because they have lost someone or something to which they were closely attached. In most instances, there has been affinity and attachment before the loss (Leick and Davidsen-Nielsen 1996). Joy, light, and love may have preceded the pain, sadness, and darkness. This pattern of “good” followed by “bad” is not universal, however, since an adult child may grieve the death of a parent who was abusive, neglectful, or absent; a wife may mourn her divorce from an emotionally distant husband; or a widower may grieve his wife’s death after years of exhausting caregiving. Despite any limits of their past relationships, many adults still feel an attachment—even if negative—and thus feel loss, perhaps combined with some elements of relief.

Although we may fear it, grief is the normal psychological, social, and physical reaction to a loss. It is experienced through our feelings, thoughts, and attitudes; our behavior with others; and our health and bodily symptoms (Rando 1988). Intensely personal, our grief is based on our own perception of the loss. It is not necessary for us to have the loss recognized or validated by others for us to feel grief, although the lack of social validation may intensify our loneliness. Accordingly, no two people grieve in the same way. Well-meaning friends and professionals may try to reassure us by telling us our grief will end in six months, a year, five years. But a fixed timetable or sequence of stages does not exist (Hagman 2001). Indeed, some losses are so profound and life changing that the grief never completely ends, with its intensity, acuteness, and form ebbing and flowing over time. In such instances, “getting over it” may not be possible or desirable. Instead, once we have lost, we always live to varying degrees in the presence of grief (Klass 1996a, 1999). Nor can the process of healing be hurried or magically speeded up, even as we may implore others to do “something,” “anything,” to remove the hurt. To grieve requires a great deal of time, energy, and attention. There is no simple formula or escape through drugs, alcohol, isolation, or anger. As implied by this book’s title, each of us must be permitted to struggle to come to terms with loss in a way that works for us. The journey of grieving is toward learning to accept and live with loss, not closure. This journey—the various phases and challenges inherent in the grief process—is discussed in chapter 2.

Disenfranchised Grief

The concept of disenfranchised grief refers to grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported. For example, people who are in a relationship
that is not publicly recognized or socially sanctioned—such as a gay, lesbian, or bisexual relationship; cohabitation; extramarital affair; or a relationship with a former spouse or past lover—may grieve the loss of the relationship through death, divorce, or separation but not receive support from family members, friends, or coworkers (Doka 1989b). The bereaved is disenfranchised from the role of griever when others do not acknowledge the loss, such as a prenatal or perinatal death and the loss of a beloved pet, and among families of persons with mental disabilities, Alzheimer’s, or other types of dementia. The reality of the loss may not be socially validated, such as the “social death” of a person who is comatose, the “psychological death” of an individual who is brain-dead, and the “psychosocial death” in which the person has dramatically changed, whether through dementia, stroke, mental illness, or alcoholism. In other words, the person who previously existed is now perceived as dead by loved ones, even as they continue their physical care of him or her (Doka 1989b:6).

Disenfranchised grief can intensify feelings of anger, guilt, powerlessness, and ambivalence. In fact, the very nature of disenfranchised grief precludes social support; although individuals have undergone an intense loss, they may not be given time off from work, have the opportunity to verbalize the loss, or receive the expressions of sympathy and support characteristic of the death of a socially sanctioned relationship. Every society has rules for or norms of grieving that attempt to specify who, when, where, how, how long, and for whom people should grieve. These grieving rules are often codified in personnel policies regarding bereavement leave. For example, someone experiencing a loss that is not publicly or legally recognized, such as a young man whose partner has died of AIDS, generally cannot use bereavement leave to attend any rituals or to begin to work through his grief. The various types of disenfranchised grief in each developmental life phase are discussed more fully in later chapters.

Social Workers’ Understanding of Grief and Loss

Ideally, all human beings should understand the processes of grief and loss. Unfortunately, many will never have the time, space, freedom, or support to do so because their lives are dominated by loss, pain, poverty, and death. Social workers and other health care professionals, however, regardless of the type of their practice or age group, must take time to acquire such understanding. Social workers, in particular, often work closely with individuals and families who are grieving a loss, whether in a child welfare setting, hospital, hospice, assisted-living facility, refugee center, urban school, or homeless shelter. They need to understand that grief is an inevitable and ever present part of their practice. They should take note of earlier losses and how they were resolved, since past losses
can complicate the grief process by intensifying both the emotional and the physical reaction to recent losses (McCandless and Connor 1997).

In addition, social workers and other human service professionals must acknowledge the nature and centrality of loss and subsequent grief in their own personal lives, as well as in the lives of their clients and in their role as professional helpers. When we accept grief as a given, at least at some level, we then can search more productively for meaning for those whom we wish to help. Yet we also must recognize that facing and overcoming the fear of loss as well as dealing with tragedy are not things we can do for our clients (Becvar 2001:192). Grief is hard, painful work that no one can do for anyone else. But we can and must do this for ourselves, including constructing a belief system that can give us meaning and a safe context in which to facilitate our clients’ journey of grief and healing.

Because death and loss are so often feared or denied in our society, social work professionals must first acknowledge that all of us have a finite lifetime. The harder task is then to become comfortable with the fact that “each of us ultimately must die,” to cognitively and affectively confront and accept the inevitability of one’s own death. As Worden observed, “If loss is not adequately resolved in the counselor’s life, it can be an impediment to a meaningful and helpful intervention. If it has been adequately integrated, then the counselor can be more helpful” (1991:134). Our comfort with our mortality varies with what we bring from our family of origin, our family history, and our culture’s rules and norms. We all receive a variety of messages, both implicit and explicit, about whether death is to be considered an uninvited stranger or a welcome guest (Becvar 1997, 2001). Becoming conscious of those messages is the first step toward working with those who are grieving. Professional helpers must acknowledge explicitly the pain that others feel while at the same time recognizing the potential to reclaim joy.

Despite the centrality of loss for most clients of social workers, few social work practice texts or courses adequately address issues of loss and grief (Kramer 1998; Kramer, Pacourek, and Hovland-Scafe 2003). Although social work’s role in end-of-life care and thus in death and dying has become more important, little has been written specifically for social workers about individual, family, and community responses to different types of loss across the life span. Our hope for you, our readers, is that this book will deepen your self-awareness and knowledge, increase your ability to help both yourself and others through grieving, and point to other resources that can assist you in your work. While the bereaved person is the one who must engage in the hard and painful process of grief, social workers with the appropriate knowledge, skills, values,
and resources can avoid providing misinformation, imposing unrealistic and inappropriate expectations, or using ineffective interventions that only intensify feelings of pain, confusion, and anger. Given the universal nature of loss, the traditional hierarchy of and the boundary between professional and client are less relevant. Rather, it is our clients who are our true teachers in learning about and understanding the meaning of loss as they show us the many facets of the emotions of grief.

**Underlying Themes of This Book**

The issues or themes that underlie our approach to grief and loss that we discuss throughout this book are the following:

- **Grieving is an extremely complex, ambiguous, and individualized experience** with physical, emotional, and spiritual dimensions. Different people grieve in very different ways. Although there is no right or wrong way to grieve, there are empirical examples of complicated grieving. Accordingly, there is no “cookbook” or linear approach that professionals can use with persons confronted with loss.

- **Appreciation of cultural diversity and norms** regarding loss, rituals, and cultural constructions of grieving is important in order for professionals to understand the meaning of loss for different groups of people across the life span. Cultural competency is essential when working with diverse populations who have their own norms about how to grieve. We distinguish cultural competency from cultural appropriateness (i.e., being sensitive to cultural norms, values, and beliefs) and cultural access (providing information and services in ways that break down barriers created by language, institutionalized discrimination, etc.). In this text, cultural competency refers to the preparation of service providers to value diversity, to be able to engage in cultural self-assessment, to be aware of the dynamics of interacting cultures, and to adapt their service to reflect their clients’ culture and traditions. When possible, we include examples of cultural norms and variations throughout the text and examine them in detail in chapter 1. The absence of evidence-based interventions for diverse populations is inexcusable.

- **There is a wide variation in what is considered normal or healthy grieving.** For example, what was once considered pathological, like a continuing attachment to the deceased, is now viewed as normal. Indeed, what is considered “normal,” “complicated,” or “pathological” changes over time and with different social-cultural contexts. Accordingly, we have tried to avoid using the
words pathological, resolved, or normal grief. But because those concepts are so deeply rooted in early grief-work theories, we sometimes have had to use them in our discussion of theoretical perspectives. Within the overarching concept of grief are different types of grief that have clinical significance, such as disenfranchised grief, discussed in chapter 1, and chronic sorrow, described in chapter 7.

• The value of taking account of the larger social and physical environment. What is considered a loss may vary markedly for an adolescent in a low-income community terrorized by violence, a single mother struggling to maintain her family as she flees an abusive situation, or an upper-middle-class parent of a child with learning disabilities and extensive resources. This larger environment affects the individual and social capabilities that he or she can bring to the grief process.

• The necessity of recognizing how the developmental phase of life interacts with and is complicated by grief and loss. For example, the loss of one’s job through retirement at age seventy has a meaning very different from that of the layoff of a single mom in her forties from a high-tech company. Whether losses are developmentally on time (e.g., death of a partner in her eighties) or off time (e.g., the death of a partner in his twenties) also affects the grieving process. The accumulation of loss during a lifetime magnifies the grief with each loss, especially in old age. Each chapter that discusses loss at different phases of life—childhood, adolescence, young adulthood, middle adulthood, and old age—is organized according to that phase’s customary developmental processes and tasks. The recommended interventions therefore need to be developmentally appropriate and are organized by each phase of life.

• Evidence-based interventions work more effectively with bereaved individuals. Such interventions are presented in chapters 5, 7, 9, 11, and 13, following our discussion of losses characteristic of different phases of life. We tried to include only evidence-based interventions, but we need more empirical evaluations of interventions with bereaved individuals, and we lack such interventions for different cultural and ethnic minorities. Because of the unevenness in the intervention literature, the interventions are not always targeted to the types of losses discussed in these chapters. Usually, however, we suggest interventions for each of the types of loss covered in the life-span chapters.

• Most people are resilient and through loss or adversity experience psychological growth, development, and well-being (Fredriksen-Goldsen 2006; Fredriksen-Goldsen and Hooyman 2003). Such abilities emerge in individuals, families, cultures, and communities and interact with and modify the relationship between adversity (e.g., loss) and physical and mental well-being. In
contrast to intrapersonal models of grief, we emphasize social and cultural capabilities as moderating variables. The concept of resilience resonates with social work’s strengths perspective and the ecological model of person and environment.

Overview and Summary

In this book’s review and discussion of the literature and its recognition of the many types and meanings of loss, we discuss how developmental tasks intersect with only some of the most common losses throughout life. We hope that organizing the chapters according to developmental considerations, individual, family, community, cultural capabilities, and resilient outcomes, along with discussing interventions, is useful to your clinical work and research. At the same time, the gaps in research—especially the lack of evidence-based interventions related to grief and loss, particularly for diverse populations—prevent our exploring them fully in each developmental phase.

Throughout this book, the word partner refers to a spouse in a heterosexual marriage or a life partner in either a homosexual relationship or a heterosexual, nonmarried relationship. This definition recognizes and honors the diversity of intimate committed relationships. Accordingly, widow and widower represent all sorts of partner relationships, not just legally married couples. The words wife and husband are used when the research findings are based on only husband/wife samples, not gays and lesbians or heterosexual partners in a committed relationship.

Chapter 1 defines grief, loss, mourning, and bereavement; reviews the major theoretical perspectives of grief and loss; and describes some cultural variations in the experience of grief and loss. Chapter 2 analyzes the dynamics, phases, and challenges of the grief process; discusses the distinctions between healthy grieving and complicated mourning; defines disenfranchised grief; and examines the various manifestations of grief. In chapter 3 we look at the factors influencing the nature of the grief, including the type of loss, personal capabilities such as spirituality and meaning making, gender and age, and family, community, and cultural capabilities or strengths. We present a resilience model to conceptualize assessing the grieving individual’s abilities or strengths and how the adversity of loss affects his or her mental and physical well-being (Fredriksen-Goldsen 2006). The losses often experienced at different times of life are examined in the chapters on childhood (4), adolescence (6), young adulthood (8), middle age (10), and old age (12). These losses include the death of child, parent, or partner; those experienced in adoption and foster care; caregiving for an older adult or
child with physical or mental disabilities; and sexual violence. A chapter on the appropriate grief intervention immediately follows each chapter on a different type of loss. The intervention chapters (5, 7, 9, 11, and 13) analyze the existing evidence about which methods are most effective for which populations and suggest future directions in both practice and research. Since working with the bereaved inevitably raises issues about our own mortality as well as past losses, we look briefly at self-care for the professional in chapter 14.