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# *The Lifelong Impact of Loss on Survivors: The Five Ways We Grieve*

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Adapted from "THE FIVE WAYS WE GRIEVE: Finding Your Personal Path to Healing After the Loss of a Loved One" by Susan A. Berger, © 2009. Published by arrangement with Shambhala Publications, Inc. [www.shambhala.com](http://www.shambhala.com)

## Learning Objectives

1. Overview of loss, grief and bereavement theory.
2. Understand the grieving process as lifelong and life-changing.
3. Appreciate the concept of "worldview" and how loss influences it.
  - Changes in worldview (defined by author)
  - Search for meaning
  - Redefinition of identity
4. Learn about the author's "Five Ways We Grieve."

## Introduction

This continuing education course is based on research conducted to learn how the loss of a loved one affects survivors, not just in the immediate aftermath of a significant death, but also throughout their lives. The result was the author's book, [The Five Ways We Grieve: Finding Your Personal Path to Healing After the Loss of a Loved One](#).

The research was inspired by the author's personal experience of losing her sense of direction and purpose in life more than twenty years after her mother died of breast cancer. In order to understand why she had this inexplicably emotional reaction, she avidly reviewed a growing body of knowledge about the grieving process, studied how the bereaved cope with loss, and realized that she had developed a *worldview* shaped by her unconscious belief that her own life would end at the age of her mother's death. The way she lived, the choices she had made, personally and professionally, were guided by this worldview.

Excerpts from the author's book are intended to provide readers with a new perspective on grief and loss, as well as a broader understanding of the lifelong effects of loss on survivors. Social workers can benefit by more fully understanding survivors' multi-faceted reactions and assisting them to work through the complex process of grieving.

## Grief in American Society

America is a death denying society. Our relatively young country, with a history and tradition of hope and opportunity, is populated with generations of citizens from all over the world who have come here to take part in the future. Unlike the more ancient civilizations of Asia, Africa, or Central America, we do not view the past as our teacher. Many other cultures such as those in Africa and Asia have integrated death and dying into their lives as a natural aspect of life. Americans worship youth, beauty, and the power imbued from them. We have less value for the old ways or the wisdom that has been acquired through a lifetime or centuries of experience.

Even though we all will die, acknowledging the inevitability of death flies in the face of our deep-seated beliefs in our ability to overcome adversity. Creating our own destiny is our cultural heritage. The individual freedom America provides permits us with many chances to start over, select new jobs, new homes, and new relationships. Because we are empowered by such opportunities, we have the ability to suppress thoughts of suffering and bury memories that cause us emotional pain. Even if we have lost a loved one and experienced grief, we are expected to quickly move on with our lives.

Since September 11, 2001, this sense of national confidence has been punctured. Many people have begun to examine how they live themselves and with their families, friends and communities. Public chronicles of dying people, such as [Tuesdays with Morrie](#), and Randy Pausch's [The Last Lecture](#), have carried the message to appreciate joy and love as life's greatest gifts. Their stories, along with the wars in Iraq and Afghanistan, and increasing public incidents of killing by disturbed teenagers, traumatized soldiers, and misguided believers, have caused people to reflect on the grief and despair that each person feels when they lose a loved one.

## Perspectives on Loss

*“Life is a teacher in the art of relinquishing.” -Socrates*

### Shattered Assumptions

Grief counselors should focus on how the loss affects the *assumptions* people made about how their lives were to be when their loved ones were alive. Janoff-Bulman (1992), a researcher on the effects of loss and trauma says most people assume that “...the world is benevolent, the world is meaningful, and the self is worthy.” What she means is that most of us believe we live in a world where people are “generally good, kind, helpful and caring,” and events yield predominantly “positive outcomes and good fortune.”

Yet, when we lose someone significant in our lives, these assumptions often fall apart. As Professor Robert Neimeyer, a major leader in bereavement research and practice suggests, “the narrative of our life is disrupted.” After loss, the world we live in is immediately and irrevocably changed. All of the building blocks of the platform we have so carefully and thoughtfully constructed tumble down in a heap. Like Humpty Dumpty, we have fallen off the wall, broken into millions of pieces that cannot be put together again. This nursery rhyme tells the truth. We can never be put together in exactly the same way. We are forever changed by our loss.

We humans experience loss in many forms throughout our lives. The most commonly understood loss is (1) relationship loss, specifically the death of a loved one, which this discussion focuses on. However, two psychologists, Humphrey and Zimpfer identified three additional forms of loss that are significant in peoples’ lives. These include (1) developmental losses, (2) loss of treasured objects, and (3) the loss of some aspect of oneself.

**Relationship losses.** While the research described here focused on the loss of a loved one through death, loss and the ensuing grief extend to other forms of loss as well. As Humphrey and Zimpfer point out, “any change in a relationship as we once knew it, perceived it to be, or experienced it, constitutes a relationship loss.”

Divorce and separation, rejection and abandonment, abuse by a trusted person, illness that changes the person as we knew them, or geographical relocation when friends and colleagues are left behind, are all significant losses for those affected by them. Pet loss is often a painful loss of a cherished companion that provided unconditional love, closeness, and comfort. Those who have immigrated to this country from other parts of the world may miss their culture as well as family and friends.

**Developmental losses** occur throughout our lives. They are part of the natural life cycle, including growth, maturation, and physical changes as we age. Children and teens lose their innocence as they learn about the real world and are expected to assume age-appropriate responsibilities. When they leave home, parents may experience the “empty nest” syndrome.

The aging process brings many losses of physical and mental capacities, as well as lifestyle adjustments. Elderly people have experienced the most losses. Many geriatric professionals and researchers view this group as the most resilient because of their ability to successfully adapt to these changes.

For those who develop Alzheimer’s and other dementias, memory loss may limit pleasurable interaction with others. In her book, *Chronic Sorrow*, Susan Roos, PhD described another kind of loss she terms “living losses.” Disabilities, both congenital and acquired, are examples of living losses. Like these, Alzheimer’s represents the loss of a part of the person, along with the concomitant lost hopes and dreams, even as the loved one is still alive.

**Loss of treasured objects** is often the result of natural disasters, like tornadoes, earthquakes and hurricanes. Recent tornadoes throughout the country remind us of the how these disasters impact those affected. Man-made disasters, like industrial accidents (recall the eleven men who died in the BP oil spill), wars, and tribal conflicts cause destruction of homes and communities that force dislocation, and require victims to leave everything behind. All of these catastrophes cause considerable damage to property.

When we hear about wildfires destroying homes in California or the earthquake in Haiti, we understand that along with homes, buildings, roads, and infrastructure, victims often lose personal possessions that have held deep meaning for them. For example, a former client of mine lost everything in her apartment when a careless neighbor started a kitchen fire. Not only did she lose food, clothes, and shelter, she also lost family photos, heirlooms and mementoes with sentimental value. She was displaced from her home, had to move several times, and suffered PTSD that disrupted her life for more than two years. She lost parts of her history that could never be replaced.

Grieving for these losses is just as legitimate as grieving for someone who died, because these treasures reflect *lives lived*.

**Loss of some aspect of self.** All of these losses represent ways that help us to define ourselves—whether it’s where we live, how we live, and what our values are. When a man is laid off from his lifelong job, he loses his identity and often his self-esteem because he can no longer fulfill his responsibilities and provide for his family. In the current economic climate, older workers also may lose careers they spent building perhaps for thirty years. In addition to the loss of income, many ‘secondary losses’ are affected, such as daily routines, contact with co-workers, plans for retirement may exacerbate the sense of loss of oneself.

Abuse in any form, such as verbal, emotional and physical abuse, represents loss that involved trauma. A person, whether a child or adult can lose trust, innocence, self-respect and self-esteem necessary for healthy functioning. In the grieving process, survivors lose their identity in relationship to the deceased. One of the major challenges is to create a new identity. This is discussed in detail in Chapter One of *The Five Ways We Grieve*.

## Timing of the Death

Some of the above types of loss are predictable; many are not. Life-cycle losses occur naturally, and in this sense bring changes in ourselves or others we anticipate. We will die (whether we like it or not). How we deal with unanticipated losses, however, may vary depending on the circumstances of the death. For example, when a person is diagnosed with a terminal illness, response to the bad news is usually different from when a person dies unexpectedly from an accident, a heart attack, or a violent crime.

### Anticipatory loss

This form of loss implies that the grieving process may begin prior to the dying person's death. Emotional, financial, social, psychological and spiritual preparation is possible. Advance notice provides opportunities to settle affairs:

- make arrangements for reorganizing daily lives
- accommodations for medical and physical needs
- reassigning responsibilities
- planning for end-of-life care
- gathering family members and friends.

Emotionally, both the dying person and survivors often struggle with simultaneously holding on and letting go. We have a chance to say goodbye.

Social workers can play a significant role in addressing anticipatory grief. By providing a multi-disciplinary approach for meeting their needs, we can offer concrete support and information about resources. Clinicians can assist in helping to allay both the family's and the patient's fears. Dying people experience anxiety related to being alone, fear of the unknown, fear of losing their mental and physical autonomy, and being in pain. Some doctors offer false hope which interferes with effectively coping. Honesty is necessary, and social workers can play an essential role in empowering patients to participate in decision-making about their wants and needs, as well as their care.

Additionally, family members need as much information as they ask for about what to expect during the course of the illness. Initially, some clients experience symptoms similar to grief reactions—shock, disbelief, and disorientation. They may need counseling to develop coping mechanisms. They may benefit from coaching on immediate changes in routines, tasks, and arrangements to accommodate their loved ones emerging needs, as well as for planning as the illness progresses.

Finally, when a family member becomes a caregiver, they become at-risk as well. They often don't take care of themselves. Symptoms of depression, anxiety, as well as physical and emotional exhaustion can lead to "secondary morbidity." Physical, emotional, cognitive and social aspects of their functioning can become impaired, reducing their effectiveness in their necessary and time-sensitive caregiving role.

Programs and services designed specifically for caregivers are becoming more prevalent as providers begin to respond to the increasing aging population. Given the lengthening life span, it is not uncommon to see adult children in their sixties and seventies caring for their octogenarian parents and the frail elderly approaching one hundred years old.

### Sudden death

In addition to the surprise of an unexpected loss, the instant breaking of ties with the loved one is often especially difficult for survivors trying to cope. When the death is sudden, caused by an accident, a violent act, or a disaster; when the one we loved committed suicide, dropped dead without warning, or was a child of any age who preceded his parents to death, rational explanations are hard to come by. We often rely on spiritual avenues for answers—religious or existential understandings: "God had a plan. All life is suffering." Survivors may search for meaning for their suffering.

"Survivor guilt" is a common response to sudden deaths. Given human beings' needs for rational explanations, survivors' questions about "why?" are often unanswerable. Grief counseling cannot always change the individual's perceptions about why things happened. Counseling can assist the bereaved to reach a level of acceptance so they can come to terms with their loss. Survivors who experience sudden losses are at greater risk than other grievers of moving into complicated grief. (See below)

### Traumatic loss

It is acknowledged that trauma always involves loss, but loss does not always involve trauma. Traumatic loss threatens a person's life. Survivors presenting with traumatic loss resulting from war, murder, assault or other forms of violence can re-experience trauma that may have occurred years ago. In the community or the private practice, social workers see victims of abuse—sexual, physical and emotional—who carry memories with them that sometimes surface many years after the suffering was inflicted.

Other forms of violence, such as natural disasters, are also considered traumatic. Initially, surviving the actual event is the most important priority. Listening to the victim's story of the event initially can be very helpful to assist them to accept the reality of

multiple losses. Reviewing pictures and returning to the scene of the event can be necessary interventions, because the trauma must be dealt with to prevent memories from taking hold and preventing the victim from moving on. Thereafter, stabilization, therapy involving problem-solving and integration are skills social workers can bring to these victims.

Trauma that results from violent acts such as physical and sexual abuse, and murder, represent more intimate losses. When any vulnerable person—a child, a woman, an elderly person, or a member of an oppressed group—is violated, their basic rights as a human being are stolen from them. Their boundaries have been invaded; their integrity is assaulted. Loss of basic trust in others and the world becomes evident through symptoms of anxiety, depression, shame and guilt. In more extreme cases, clients may exhibit dissociative or borderline features.

The result is often a dual psychological burden: (1) post-traumatic stress reaction, and (2) a loss and grief response. Survivors of both experiences are at-risk of greater vulnerability, declines in health and well-being, and lower self-esteem.

## What is Grief?

### Symptoms of Acute Grieving

**FEELINGS:** Sadness, anger, anxiety, loneliness, fatigue, helplessness, shock, numbness, yearning, emancipation, relief

**PHYSICAL SENSATIONS:**

Weakness, lethargy, breathlessness, tightness in chest or stomach

**COGNITIONS:** Disbelief, confusion, preoccupation, hallucinations, dreams, magical thinking

**BEHAVIORS:** Sleep disturbances, appetite changes, social withdrawal, absentmindedness, restlessness, crying

**SPIRITUALITY:** Challenging their faith, losing trust in God; searching for meaning

Grief is a normal reaction to loss. Using a systems approach, social workers should address grief and loss broadly. It is not only an emotional response to loss but also a physical, psychological (affective and cognitive), behavioral and spiritual response which generates a range of symptoms affecting the whole person (see left).

Mourning is the *process* of coping and adapting to loss and grief. Theories of grieving have proposed difference ways of organizing this process, including ‘stages,’ ‘phases,’ and ‘tasks.’ Each of these models has value for social workers who confront clients experiencing loss at various stages of grief. These issues are discussed later in this course.

## Complicated Grief

The emotional responses to a significant loss are often perceived as clinical depression. While grief may mimic symptoms and behaviors of depression, it should be regarded as a *normal and healthy response to loss*. It requires the bereaved to “work through the grief” by “letting go of the bonds of attachment to the

lost object,” (Bowlby) so that they can adjust to a new environment, invest in new relationships, and move on with their lives. In his ground-breaking book, Mourning and Melancholia, Freud made an important distinction between mourning and depression. He suggested that “...after a loss, the *world* looks poor and empty; while in depression, the *person* feels poor and empty.”

Given this definition, grief should not be pathologized, which is why the DSM-IV code for the “reaction to the death of a loved one” is coded as V62.82. After six months of the death, however, a small segment of bereaved individuals—an estimated 10-15%—still present symptoms of depression that have a negative effect on sleep, appetite, energy level, focus and concentration. It is reasonable, therefore, to acknowledge that their reaction to the loss may have life-impairing or life-threatening implications that warrant intervention.

What happens to the estimated 10-15% of bereaved who don’t make it through the normal grieving process? Their behavior presents risks of what grief experts call “complicated grief.” Random, sudden and untimely deaths, like an auto crash, can heighten the impact of any loss. Heart attacks, strokes, suicide or death by violent means are also included in this category. Recently, I have observed a spate of deaths of young men whose parents did not know or suspect that their sons had been taking drugs including heroin, methadone pills, and prescription drugs. Because these young men died of overdoses from illegal drugs, police and state medical examiners were involved, and months went by before they will receive autopsy reports explaining the actual cause of death.

### Symptoms that indicate “Complicated Grief”\*

- Intrusive thoughts, yearning, searching for the deceased, excessive loneliness since the death
- Subjective sense of numbness, detachment or absence of emotional responsiveness
- Difficulty acknowledging the death (disbelief)
- Purposelessness or feelings of futility about the future
- Feeling that life is empty or meaningless
- Feeling that part of oneself has died
- Shattered world view
- Excessive irritability, bitterness, or anger related to the death
- Clinically significant impairment in social, occupational, or other important areas of functioning
- Duration of symptoms is at least 6 months

\* Proposed for DSM-V

Because these deaths are unanticipated, they can leave the survivors in a state of shock and disbelief longer than the deaths for which we prepare. Additionally, when difficulties existed in the relationship with the deceased, such as dependency or ambivalence, or there was “unfinished business,” the intensity of feelings—guilt, self-blame, regret or anger—may impede the survivors’ ability to work through their grief and move on with their lives. In addition, many survivors will become confused about who they are or what their life is about. Some may lose hope of having a life without their loved one.

Clinicians need to be watchful of such possible grief complications. Symptoms of complicated grief mimic depressive disorders. If the survivor cannot accept the *reality of their loss within a year* after it occurs, or if they *deny that it has had an effect on them*, their grieving process may be delayed, for months or even years.

## Disenfranchised grief

Dr. Kenneth Doka, a pioneer in the field of bereavement, identified a phenomenon called ‘disenfranchised grief,’ when social norms perceive certain relationships and losses as less significant. For example, those who lose lovers, close friends, colleagues, nieces, nephews, and siblings. These bereaved are often neglected, unacknowledged, or avoided. They are often not recognized as having the right to grieve, or not validated by others for the pain they experienced. A primary example is the sibling.

The siblings of the deceased not only suffer a sense of loss, but also a sense of place in the family. Their role in relationship to their parents and each other changes. Their brother or sister was sometimes a companion in family activities, sometime a competitor for the parent’s attention. Depending on the child’s age, they may suffer an irrational sense of guilt—that they survived, that they were in some way responsible for their sibling’s death, or that they could have prevented it. Siblings often suffer this “survivor guilt,” wishing it was *they* who died. They may develop false beliefs that they were somehow responsible, and that they deserve punishment.

In other cases, surviving siblings may believe that they are less worthy of being loved and appreciated for who they are. These feelings of inadequacy can be increased when parents become emotionally absent from their other children as they struggle to cope with their own grief. The result is that the surviving children feel they have lost both parents.

Understanding the dynamics in the family, the relationships of the siblings with each other and with their parents before the death, is essential to restoring healthy individual and family functioning.

As social workers, our work with disenfranchised populations provide many examples: the GLBT community would mourn the loss of someone’s partner when it wasn’t acknowledged by others; families and partners of AIDS victims; the elderly, young children and people with disabilities are often neglected because they are perceived as not entitled or not needing to mourn.

## A Brief Overview of Major Theories about the Grieving Process

Each of the following well-recognized models can be useful to social workers as a part of an assessment of clients who are grieving the loss of a person they loved. While many individuals seek counseling shortly after their loved ones die, many others present with chronic or delayed grief reactions. Often they don’t even realize that their loss in the past is affecting their current problems. Because grieving is a lifelong process, it may also surface in the guise of other current stressors, such as marital problems, divorce, family issues, job or career loss.

## Stage, Phase, Task and Process-based Theories of Grieving

### The Five Stages of Grief

The most well-known author of the stage theories is Dr. Elizabeth Kubler-Ross, who published the results of her research in the ground-breaking book, *On Death and Dying* in 1969. She observed that dying individuals experience five stages before their death: “denial, anger, bargaining, depression, and acceptance”. This theory was adopted as the accepted approach for helping the dying as well as their survivors through the grieving process. In 2004, nearing the end of her own life, she collaborated with colleague, David Kessler, to write *On Grief and Grieving*. This book applied the same “five stages” to those who are grieving the loss of a loved one. They clarified some earlier misconceptions: Grieving is not a linear process that every bereaved person experiences in the same way. It is not only an emotional experience; it also involves considerable psychological, cognitive, spiritual and social adjustments toward healing. Why? Survivors must go on.

### The Four Tasks of Grieving

The tasks of mourning proposed by psychologist Worden (2002) offer another approach to understanding the dynamics of mourning. He suggests four tasks that the bereaved must accomplish:

**Accept the reality of the loss.** When confronted by the death of someone we love, the initial reaction is one of disbelief and shock. Acknowledging and accepting the reality of the death is necessary for coping with the loss.

**Work through the pain** (which he calls “grief work”). All experts agree that “productive” grieving is essential to healing. Having a strong network of close friends and family, as well as the support of others who have experienced this kind of pain, are two ways to

help grievers work through it. For healthy grieving, *social support* has been shown to be one of the most effective ways to help the bereaved to move beyond their pain.

Colin Murray Parkes, an early expert in the field, said: "...anything that continually allows a person to avoid or suppress this pain can be expected to prolong the course of mourning." (2001). When people turn to drugs and alcohol, try to wipe out memories, or in contrast, enshrine their loved one to cope with their distress, they may present as the "complicated grievers." They are likely to need professional intervention because they usually have symptoms of depression, and often are struggling with "unfinished business" that causes them a range of unresolved feelings including anxiety, guilt and anger.

**Adjust to an environment without the deceased.** Whether survivors like it or not, the needs of daily living continue to occur and must be met. Meals have to be made and the garbage has to be taken out. Children have to be fed, bathed and clothed. Bills have to be paid. Survivors are challenged to assume new roles and learn new skills that their loved one formerly handled. Social workers can help with problem-solving, resource identification, and support to ease this task.

**Emotionally relocate the deceased and move on with life.** This fourth task requires the survivor to *modify their relationship* with the deceased. This does not mean forgetting them. It does not mean pretending they are still alive. The survivor is challenged to find ways to remain *connected* to their loved one, so that they can re-invest in a life.

## The Four Phases of Grieving

The four phase model of grieving identified by Colin Murray Parkes (1970, 2001), is very useful when working with a grieving person.

**Shock and numbness** is the initial reaction to the loss. Reactions include disbelief or detachment, or not feeling anything. Sometimes the person floats along without caring for herself or being able to absorb the reality of the information about the loss. During this time, it is important to assure that the person is resting, eating properly, and exercising even slightly (walking is fine) to keep themselves present.

**Yearning and searching** occurs after the reality sets in but the bereaved cannot acknowledge it. Examples include imagining their loved one is still with them, talking to them, or hearing them come through the door after work. Many survivors who have been married for many years linger in this phase, often for months, until they accept that their loss is real, and their loved one is gone.

**Disorganization** is the confused state of living when everything seems to be turned upside down. The survivor may have trouble carrying out daily routines and responsibilities. Social arrangements with friends and family members may shift. Often, financial affairs have to be examined, and adjustments from the former lifestyle have to be made. Children may have problems focusing on school, adults may find that their thinking is clouded, or they cannot meet expectations in their work or their relationships with co-workers. It is in this phase that survivors may also begin to ask: "Who am I now?" Survivors don't realize how much they have identified themselves with their loved one until they are gone.

**Reorganization** suggests that the bereaved have accepted the changes that have resulted from their loss. They begin to pick up the pieces of their lives, albeit in a new way. Daily life, work, school and other routines are stabilized. Their financial situation may have changed. Sometimes old friends drop away and new friendships develop. As a result, both social relationships and social activities may change. Recognizing that things will never be the same, survivors can begin to "relearn the world" (Attig, 1996), find a "new normal," and a new sense of themselves.

## Process-based Grieving

The last way to understand grieving is through process-based theory. One of the most-widely recognized models was identified by researchers Stroebe and Schut (1999). Their theory, called the *dual process* model, emphasizes what they term an *oscillation* between two types of coping. The first type is the "loss-oriented" focused on coping with the loss. The second type is "restoration-oriented," focused on adapting to a changed life, present and future. They suggest that survivors may swing back and forth as they cope with their grief, and that this is a complex process.

Triggers at different points in life may remind a person of a loss that occurred years ago, causing a shift from a restored life to one that is loss-oriented. At these times, counseling may offer the bereaved an opportunity to re-visit their history and gain additional insight into the long-term impact their loss made on their lives.

One of the earliest grief experts, Sandra Bertman, Ph.D. articulates grieving as a complicated and continual dynamic that "may overlap, may be of varying and unpredictable duration, may occur in any order, may be present simultaneously, and may disappear or reappear at random." Implicit in process theories is the understanding that *grieving may occur intermittently*.

By the end of grieving, the majority of those who have lost loved ones have worked through their grief, found ways of staying connected to the deceased, adapted to a changed life, and resumed some sense of normalcy—though, of course, their lives are never quite the same again. They have made the transition from speaking about the person who "is" to the person who "was". They have found a new identity without their loved one.

## Meaning Reconstruction

In the Old Testament, the Book of Job asks us why God allows good people to suffer. Satan had challenged God to test the faith of one of his devoted servants, Job. To win the bet, God destroyed Job's home and cattle, killed his children, and inflicted painful boils on his body. Job raised his hands and cried to the heavens, questioning God's justice: "God hath torn me in his wrath and hated me!" Why had God caused him, a good man, such misery?

From the writing of this story almost three thousand years ago to the current time, we humans have asked "Why?" in response to a multitude of injustices inflicted upon people throughout the world. Events such as wars, natural disasters, terrorist attacks, and terminal illnesses all result in momentous losses of human life, and leave pain and suffering in their wake.

Neimeyer, a psychologist, grief expert, and himself a childhood survivor of loss, adds to the other theorists we've discussed the concept of "meaning reconstruction." He believes that this is the central process in grieving. It is the nature of human beings to need to make meaning and create significance in matters that affect our lives. It is the manifestation of both our intellectual capacity and our spiritual disposition, our ability to look inward and outward simultaneously. He suggests that when we lose a loved one, the "narrative of our life" is disrupted. As human beings, we require order in our lives and create expectations, for relationships, events, and dreams. As he says, our abilities to "make sense" of a death and to find some "unsought benefit" from the loss experience are meaning-making processes. He contends that accomplishing this task is critical to the successful reconstruction of a person's identity and long-term recovery from loss.

The experience of loss provides us with a search for meaning: First, it is the quest for answers, explanations for why our loved ones died. Why did they suffer? Why losing them has caused us to suffer as well? Intellectually, we want to know that everything that could be done—to save them, treat them, make them comfortable—was done. When a person dies of a terminal illness, and we have been with them, participated with them, and cared for them, we may have the opportunity to obtain these answers—through our conversations and observations, as well as through such caregivers as physicians, therapists, and clergy. When the death was sudden, survivors want as many details as possible to help them make sense of their loss.

Whatever these explanations are, they can only work if they are consistent with one's worldview and beliefs. For example, some survivors, like Job, might remain faithful to their beliefs, their traditions, and their God. Others might reject the God who could have caused such suffering and shattered their lives.

Finding acceptable answers through either means can be difficult. As Rabbi Harold Kushner says: "Sometimes there is no reason. What is important is to focus not on why the tragedy happened, but where it will lead you. We must focus on the world's goodness." Another scholar, Pesach Krauss, builds on this definition of meaning as "achieved only when we relate to other human beings or to a cause greater than ourselves." Neimeyer also believes that our search for meaning and re-defining ourselves is possible only in relation to others, including the loved one we survive.

The quest for meaning leads us to what the author considers the following fundamental questions related to loss:

1. What have I learned about myself and the world around me?
2. What is truly important to me?
3. How can I create a life that is fulfilling, rewarding, impactful?
4. What is the purpose of my life?
5. Who do I want to be as a result of my loss experience?

Finding meaning and purpose in life is the basis for finding a new identity. It is an emotional, cognitive and spiritual task, essential for resolving losses. It is necessary for healing.

## Continuing Bonds and Ongoing Connection with the Deceased

A final concept introduced here is that of supporting the bereaved person to find healthy and meaningful ways to remain connected with their loved one(s). Worden's fourth task of "emotionally relocating the deceased" suggests that it is appropriate for survivors to remain connected through memories with a loved one, while re-investing and moving on with their lives.

This idea stands in contrast to dominant theories in the last century that ongoing attachment to the deceased was symptomatic of pathology or unresolved grief." (Klass, Silverman, Nickman, 1996) Freud posited that "disengagement" was essential to resolving grief, saying "mourning has a precise psychological task to perform: its function is to detach the survivor's memories and hopes from the dead."

Later in the century, this view of grief began to be modified, when some researchers (Pincus, 1974 and Tahka, 1984) suggested that the mourner should "incorporate memories of their lost loved one into a new sense of self as they adapt to a life after their loss."

Klass et al observed that detachment implied that human beings are separate from each other, reflecting American values about the individual's right to autonomy. In contrast, the continuing bonds theory suggests that humans are interdependent. It is interesting to note that the systems model social workers adhere to supports the idea that individuals *are* interdependent, existing in a complex web of relationships between each other and the environment. Perhaps this is why many studies have reported that social support is a key factor in the survivor's ability to recover from significant losses.

## Mediators of Mourning

All of the models described above offer different prototypes of how people go through the grieving process. Since we know that everyone is unique, it is important to assess their personal characteristics as well as the specific circumstances of their loss experience. Grief expert, William Worden, proposed seven factors that can influence the grieving process (2002): The following factors can inform the clinician's approach to treatment:

1. Who the person was: What was the relationship to the deceased? A spouse, parent, child, sibling, partner, friend?
2. What was the nature of the attachment? Was it strong, providing security? Was it ambivalent or dependent?
3. What was the mode of death—natural, accidental, suicidal or homicidal? Could it have been prevented? Was it an ambiguous loss where the loved one's body or cause of death was never found, leaving survivors in a state of permanent uncertainty?
4. Had the survivor experienced prior losses, mental history and/or family issues that were not resolved at the time of the death?
5. Are there any concurrent stressors e.g. financial reversals, job loss, school pressures, or family problems?
6. What individual factors, such as age, gender, cultural background and ethnicity, coping style, cognitive style, personality, ego strength and self esteem, could contribute to the person's ability to heal?
7. What social variables exist, including support networks, community activities, and social role involvements?

## The Five Identities Model

The grief literature and the models described above are focused on how the bereaved cope with their losses. Most discuss how survivors cope in the first several years after their loss. The Five Identities Model (Berger, 2009) builds on those tasks and processes. Based on her own experiences and self-reflection, the author explored the *lifelong impact* of loss. Examining how her losses influenced her own life, she introduced the concepts of "worldview" and the "Four Pillars of Identity" that led to the discovery of The Five Ways We Grieve.

## Identity and How Loss Transforms Survivors

We assume grief has emotional effects for a period of time. Most people are unaware, however, that grieving is a complex process involving psychological, cognitive, social, and spiritual components in order to adapt to a changed reality. Additionally, *losses affect survivors forever*, because they change their view of the world and of themselves. The task of discovering "Who am I now?" and finding a path to healing represents "relearning the world (Attig, 1996)" one of the greatest challenges of the grieving process.

Identity is who we are—in relation to our world of family, friends and community. It is how we represent our "self" to our social world. It is our unique composite of experience, values, knowledge and all that life exposes us to. Since identity is often linked to someone we love, death requires survivors to define a new sense of self and a new reality, without their loved one. Identity, as Erikson proposed, is also a necessary requisite for intimate relationships. "Assuming a new identity" is one of the most important challenges of grieving. New identity formation is, therefore, critical to adapting to loss, returning to healthy functioning and to developing new relationships, including intimate relationships.

Social workers are introduced early in their education to the significant work of psychoanalyst Erik Erikson. He first coined the term "Identity Crisis" as the most important conflict human beings encounter when they go through what he described as the eight developmental stages in life (1970). While Erikson theorized that this crisis first appears as children reach their teens, subsequent thinkers have suggested that we can experience a crisis in the "quality of personal sameness and historical continuity" that forms our sense of who we are. Clearly, when we lose a loved one, and the narrative of our life is disrupted, we are plunged into a state of crisis.

Sociologists tell us that we define ourselves as one way of organizing our world. We assume certain roles—as a mother, father, spouse, daughter, brother, a child with two parents—and create a piece of our "self" in relation to others. Our beliefs, our values, and our direction in life are often shaped by those we love. An example of this was found in Clea Simon's book, *Fatherless Women*, where she describes how fathers often influence their daughters by infusing such confidence in them that daughters can see that all things are possible.

When we lose that person, however, we also lose a sense of who we are. For example, one woman shared:

After my son was killed [in a car accident], I had trouble focusing on my work for months. I didn't know who I was anymore. Was I still his mother? Would people see me as a mother? And what about my daughter? Would she still be a sister if her brother was dead? Those around us often didn't understand this. They expected us to return to our old selves, but we couldn't. We didn't know who we were.



Dr. Therese Rando, a leading clinical psychologist, researcher, and international consultant who writes prolifically about the many aspects of grief explains:

Your identity changes as you slowly make the change from a “we” to an “I.” This is caused by the necessity of responding to the new world without the deceased, which demands that you take on new ways of being, thinking, and feeling in the world to reflect the reality that he is dead. You will have to give up or modify certain hopes, expectations, and experiences you had with your loved one, and you must develop new ones...you must adopt new roles, skills, behaviors, and relationships.

### Old Identity to New Identity

The process of evolving from an old identity to a new one goes something like this: After loss occurs, we begin to make choices, consciously and unconsciously, whether we realize it or not, that reflect this life change. These mutations or alterations in previous patterns include a heightened awareness of life and death, an evaluation of our values and priorities about what is truly important in our lives, and modified perceptions about our existence.

For example, the sudden death of a spouse or sibling forces you to encounter mortality. You are faced with the reality that life is fragile and short, that it can be taken away or altered quite dramatically, quite suddenly. This realization can be a wake-up call to live a better life, or it can be a deep hole that you step into and from which you can't quite rescue yourself.

We integrate these new beliefs into our lives (for example, that life is short), as a way of creating meaning, and new intentions for our life. Through this process we experience a metamorphosis into a re-invented “self” with an identity that can lead us to more—or less—fulfillment and a greater—or less—sense of purpose for our lives.

As survivors of loss, each of us changes forever. We are not—and cannot be—exactly as we were before. We adapt to our new life situation, personally and socially. Our view of the world changes, our priorities and sometimes our values, change. Whether we are aware of this or not, we develop a new identity based on these changes. This identity signifies how we have created meaning from our loss and gives our lives new purpose.

### Lifelong Impact

Loss echoes throughout our lives. In order to understand the *lifelong* impact of loss, this author decided to compile other survivors' stories of long-term loss, and to explore the ways people change their identity and create meaning from their loss. Analyzing the more than sixty interviewees' stories, she found five themes and patterns among the stories about how survivors evolved and created a new post-loss identity. She named these paths: Nomads, Memorialists, Normalizers, Activists, and Seekers. These five paths often represented ways survivors heal.

### The Five Ways We Grieve, Five Paths to Healing

1. **Nomads** have no anchor. *Nomads* are characterized by a range of emotions, including denial, anger and confusion about what to do with their lives. In the acute stages of grief, most survivors are *Nomads*. The anxiety and sadness of losing a loved one is expected, and a normal part of the human experience. Most survivors of loss have the capacity of “resilience” and can make healthy adjustments to their lives within a year's time.

If the bereaved do not go through the necessary process of grieving, they may develop problems with adapting to their changed life based on unresolved issues related to their loss. These are the individuals who could benefit from seeing a professional, including clinical social workers. Unlike the other types, *Nomads* have yet to find meaning from their loss and create a sense of purpose for their changed lives. Whether their loss occurred three years ago or thirty, nomads remain adrift and confused. They make inappropriate choices for their lives and lack an internal compass to guide them. They have not had the support necessary to acknowledge their grief and go through the complex yet necessary steps of the grieving process. As a result, *Nomads* lack a clear identity that can offer a path toward greater resolution and fulfillment for their lives. The *Nomad's* challenge is to find an identity that will help them heal from their loss and align with a particular perspective and purpose that suits them.

2. **Memorialists** are people whose main goal is to preserve the memory of their loved ones by creating concrete memorials and rituals to honor them. Whether the practices are determined by culture, religion, ethnicity, or individual beliefs, *Memorialists* have the most powerful need of all of the ‘identities’ to honor their loved one with concrete tributes that bear their name. These memorials also allow survivors to maintain connection with their loved one by integrating them into their life. Survivors the author interviewed included a woman who wrote a poem to her daughter every year on her birthday; a son who composed a song “*I Never Said Goodbye*,” to his father because he had not been there *sixteen years before* when his father died; and a woman who established a foundation in her son's name for annual trauma training in the hospital where staff attempted unsuccessfully to save her son's life after a car accident.

Nowadays, we see many websites like “Caring Bridge,” where families can keep their loved one's memory alive. This research found that the *Memorialist* is one of the most commonly adopted identities for survivors of loss. Margaret Mead, noted anthropologist observed that “I know of no people for whom the fact of death is not critical, and who leave no ritual by which to deal with it.”

3. **Normalizers** appreciate that life is finite. They work to create the kind of life they either lost or wished they had. Their values and priorities are reflected in the words of French philosopher Simone Weil: “To be rooted is perhaps the most important and least recognized need of the human soul.” *Normalizers* place great value and priority on their family, friends and community. I found these survivors committed to creating or recreating the fulfilling lives they enjoyed before their loss. For example, spouses who remarry, or parents who have lost a child choose to have or adopt another child. Additional examples of *Normalizers* were a man whose father died when he was fourteen, who married and created a life for his children that he had missed; a family that reconciled after a son died on September 11, 2001; and a woman who suffered multiple losses of mother, father and sister, whose main goal was to have a family that recaptured the safety and security she never had herself as a child.

4. **Activists** are survivors who have an increased awareness of the time-limited nature of existence, along with a desire to make a difference. Hungry for intense and varied life experiences, they are oriented primarily toward the future, striving for meaning through the positive impact they can make on people and the world. Their values and priorities are directed toward making this world a better place for all people, improving the quality of life, sharing their hearts and minds with others.

The author’s research discovered that survivors who exemplified *Activists* were social workers, teachers, public service attorneys, and educators in careers that give them a new purpose in life. They worked for social justice and social change. They participated in walk-a-thons, fund-raisers, and volunteered in programs often related to the disease or causes that resulted in their loved one’s death. (For example, violence, a terminal illness, or an accident that caused a sudden death). Social problems are often targeted by these survivors. Writer and playwright Berthold Brecht might have said of *Activists*: “Do not fear death so much, but rather the inadequate life.”

5. **Seekers** experience their loss as a catalyst for philosophical inquiry into the meaning of life. Viktor Frankl, psychiatrist and Holocaust survivor describes the *Seeker’s* path: “The spiritual dimension cannot be ignored, for it is what makes us human.” *Seekers* choose spiritual ways of coping with their loved one’s death. *Seekers* value connection with each other, the natural world, and the Divine (however they define it). They explore the range of human experience on this earth and the universe, and all of its mystery. While a less prevalent identity, *Seekers* find comfort in belonging to groups or practicing lifestyles with others who share their spiritual beliefs. They tend to adopt religious, philosophical or spiritual beliefs to provide meaning for their lives and a sense of belonging they either lost or never had, when their loved one died. One woman I interviewed began studying indigenous peoples and practices because she believed her father “was out there” in the universe. Others turned to Zen Buddhist and fundamentalist Christian communities.

## Worldview changes

Gradually over time, within approximately two years, the majority of people who experience a significant loss go through a complex transformation. Just as our external world changes, so does our inner world. Our identity is revised by a combination of shifts in how we see the world, what we determine is important in life, and how we create meaning from our loss. Just as a person’s external world changes, so does his inner world. These shifts blend together to form a worldview through which the survivor sees his surroundings and his place in the world.

The unique way in which the author defined *worldview* incorporated her sense of mortality, view of ‘time,’ orientation to time, values and priorities, and relationship to the world. Tom Welch, an early leader in the field of death, dying and hospice, reinforced this thinking about the significance of “worldview” as a means of understanding ourselves:

“We peer out, as though through a lens, onto the unfolding events of our lives—a lens fashioned and ground not only by the complexity of our lives but also by the socially supported philosophies, values, and theologies around us, however we take them in. We gradually acquire concepts by which we evaluate our experience, and a vocabulary useful to begin a conversation regarding the realities that are essentially beyond our grasp.

This becomes our worldview, ever evolving. Loss concentrates our vision, and grieving often requires that we adjust the vocabulary for this dialogue.”

This new worldview often reflects a heightened awareness of the significance of both life and death. Survivors become aware of these changes as they integrate their loss into their ongoing life. Most survivors ask existential questions: *Why did my loved one suffer? How could God allow this to happen to my family and me? What did we do to deserve this? When will it be my time?*

## The Four Pillars of Identity

These queries challenged the author’s previous assumptions about the world and hopes about how her life would be. Her new worldview incorporated four factors about which she knew she had changed. She wanted to test them by discovering whether other survivors shared her perceptions. Through her research and inquiry, she found Four Pillars of Identity that significantly influenced her worldview and that influenced her own identity as she evolved through life. These included:

1. Sense of one's own mortality
2. Sense of time and orientation toward time—past, present, or future
3. Values and priorities regarding people and the world around us
4. Relationship to the world

She proposed that these four factors contribute significantly to the new identity and sense of meaning survivors develop after their loss. These concerns shape the worldview the survivor adopts. In her research, the nature of the responses about these factors had a critical effect on how these survivors lived their lives and the type of identity and purpose they assumed—consciously and unconsciously.

By raising awareness about the survivor's worldview, and underlying principles, she believes that bereaved individuals can develop the identity that is consistent with their perspective. She concluded that how survivors perceive these four factors can serve as important predictors of their ability to adapt to their changes, feel a sense of well-being and sense of meaning in life. These factors can contribute to the new identity they adopt. Clinicians, grief counselors, as well as macro-oriented social workers can assist them on their journey by exploring the Four Pillars with them.

**Pillar 1: Sense of mortality.** The first factor considered was related to how a survivor views the duration of her life. The author explains:

Looking back at my life, I now know how the deaths of my father and mother have affected me. Although I was out of touch until recently with how my mother's death affected my view of my mortality, I was acutely aware of how my father's death had guided my perspective on life and death. I had drawn intense and immediate lessons about life from his death even though I was merely eleven years old. Since my father was thirty-five when he died, I inferred that my life would be short and, therefore, that I must seize every moment, to make the most of my time on Earth.

For many who have lost a loved one, a new sense of mortality often emerges. Suddenly, we become aware of—if we were not before—the fact that life is not a permanent condition. We begin to acknowledge our life as finite. Therefore, living—that state of being beyond mere subsistence—assumes a new meaning. Life becomes a precious, limited commodity. Life becomes a cherished gift to be valued and used wisely. A time-limited view of life tends to cause us to evaluate our priorities. Some may take a “Why bother?” approach, behave recklessly, and view life and death cynically or deny their concern exists. The majority of us, however, acknowledge that “we don't know how long we will live,” that life is unpredictable and that “things happen.” We are inspired to set life goals for us to accomplish, aware that we don't know how long we will be alive to achieve them.

As she evaluated the responses about this issue from those she interviewed, she found that most survivors became more aware of their own mortality. *Memorialists*, *Normalizers*, and *Activists* tended to share a view of life as finite. As such, many said they wanted to make the most of their life, realizing it is precious. One *Activist* shared: “I am driven in my work, but I get a lot more done than most people and I feel good about it!”

Based on her analysis of the interviews, she also observed that the *Seekers* tended to fear death less than the other types, because they perceive themselves in relationship with non-material reality, the part of themselves that they would call their ‘soul.’ They were more likely to believe that life is transcendent. Their beliefs ranged from going to Heaven to be with God to reincarnation of the Soul. On the other end of the “identity” spectrum, the *Nomads* reflected a cynicism or fatalism about life and death: “Ashes to ashes—that's all there is to it.” They had lost faith in God and in themselves. Their grief implied their sense of being victimized: “It's not fair that my wife (or my father) died.” They were unhappy with their lives, yet they had not yet grasped the significance of their loss sufficiently to turn their experience into something they could learn and grow from.

The conclusion about survivors' *awareness of their mortality* contributed to understanding what form a new identity would take. The author believed that this awareness should be considered a necessary requisite in the grieving process and the task of finding that identity.

Since the death of her parents affected pervasively her sense of her own mortality, she then asked herself: “If we become aware of the fact that we will die at some time in the future, does this knowledge also have an influence on how we will live? To answer this question, she focused on three additional factors that she believed could be changed by loss.

**Pillar 2: Perception of Time and Orientation toward Time.** With a greater awareness of our mortality, most people are likely to become more aware of time. For most of us, it represents the way we organize our daily lives—around minutes, hours, days and weeks. Time also helps us manage the events of our lives that occur on a continuum in the past, present, and future. Most of us conduct our work and our lives on the basis of ‘time.’

We may not be aware, however, that we live our lives with a *primary orientation* toward time in our lives. For example, some of us clearly live in the moment, ignoring the way our experiences have shaped our attitudes toward life, or how our behaviors might influence our future. Some tend to think forward, not always appreciating the present moment. Others focus on the past, holding on to memories of the way things were, rather than seeing things as they are. The author believes that the way we live our lives and the choices we make are significantly influenced by our primary orientation toward ‘Time.’

Most of the respondents in the research had a primary orientation toward time as “precious.” How they lived their life in relation to their ‘time’ perspective varied. For example, several parents were *Memorialists*, who established scholarship foundations to honor

the lives of their teenaged children. Their primary orientation was to the “past,” looking back to their children’s lives and preserving their memories. Alternatively, a bereaved man in his forties, who admitted thinking about his father “all the time,” created a life for his family like the one he lost at the age of fourteen. As a *Normalizer*, he carefully planned a secure and fulfilling “present and future” for his wife and children, because he learned that “life is unpredictable.”

The *Activist* focuses on the future. A teacher-turned-grief counselor after her ten-year-old daughter’s sudden death anticipates the need to create safe places for children and families to share their own grief, and adapt to their losses. She notes: “90% of children will be impacted by the death or serious illness of someone close to them by the time they graduate from high school.” She is now the Executive Director of one of the nationally-known Centers for Grieving Children.

*Seekers and Nomads* tend to live in the moment, though the *Seeker*’s orientation is rooted in philosophical concepts about life: “All we really know is what is today—we cannot change the past, and we don’t know what the future holds.” In contrast, the 30-something man, whose father died when he was seven, a *Nomad*, may not have found a focus for his life. “Time goes by and I am just floating along...”

**Pillar 3: Priorities and values about people and the world.** The third significant factor pondered was whether survivors evaluate their current lives as a result of their loss. The author found considerable evidence in her own research, as well as her broader experience, that innumerable survivors change their priorities, interests, and values about people, society, and the world. She described in her book stories of individuals with goals for material success, the great job, and the prestigious position who transformed their lives and used their talents to make a positive impact on the world around them. Often this was demonstrated by taking on the cause related to their loved one’s death.

One example is a father whose daughter was killed at the Columbine High School massacre in 1999. He gave up his corporate position, developed a foundation and educational programs to prevent youth violence. Now, he crusades around the world, using his daughter’s beliefs in compassion and kindness, and her commitment to Jesus’ teachings, as his way of improving safety for children and teens.

Another example was the case of a woman whose nephew died in the North Tower on September 11<sup>th</sup>. His aunt who was interviewed had recounted that her family had been distanced from her brother’s family for many years for petty reasons she could not even remember. After losing their son, however, her brother reached out to her to make amends and reconcile with all branches of the family together. He expressed to her the importance of family, asserting his values and priorities by building a home they named “The Inn” to give the message that his family was welcome.

**Pillar 4: Relationship to the World.** The final factor explored how survivors change their perception about the world they live in after loss. Whether we live in the United States or another place on the planet, all human beings develop beliefs that tend to validate their existence in a particular reality. This reality represents what the writer called our “relationship to the world.” In this concept, the world is not merely the geographical location of a place we live; it is how we see ourselves *fitting* in the world, a way of life we choose, and the understandings of our world, as each individual experiences it.

In the United States, for example, we have the rights of freedom to express ourselves in ways that contribute to our sense of self. Our lives are relatively predictable from one day to another. Until the attacks of 9/11, we felt safe, as individuals and as a country, to pursue our hopes and dreams. In contrast, a war-torn country such as Iraq or Sudan presents a reality to its people as one that is dangerous, unpredictable, and at risk of losing its future.

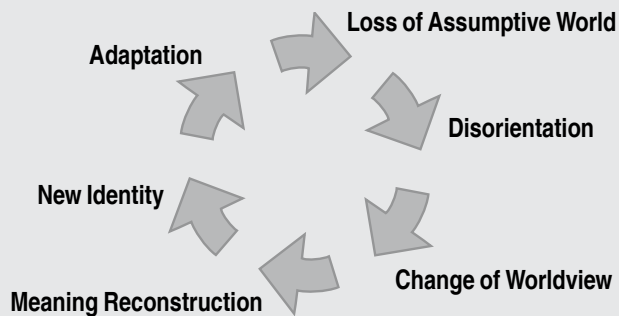
When we experience loss, our relationship to the world often changes. We may no longer feel safe or secure. We may feel “different,” and lose our sense of place. In the face of such profound insecurity, a common thread among those interviewed was a search for greater connection, meaning, and positive impact on other human beings. Regardless of their type of loss, those who told their stories wanted to feel more connected, whether it was within their families, their work, their community, or at a global level. Interestingly, the *direction of their energy* differed. Many of the respondents embraced a relationship to the world that focused ‘inward.’ Many others looked ‘outward.’

**Inward worldview:** The survivors with an inward worldview were *Memorialists* and *Normalizers*. They tended to focus on the self, the family, and the community in which they live. The priorities of greatest concern were the well being of those closest to them. Their interests and concerns were directed toward the immediate and close-at-hand issues and needs. They tended to view the world as a place that holds memories of sad times or experiences as well as potential disappointments. Their energy is directed toward counteracting the negative experiences of the past with positive ones in the present and future. They chose to shape their lives so they could feel they have some sense of control.

**Outward worldview:** In contrast, the other group of respondents, *Activists* and *Seekers*, seemed to be more focused on people, the world and life as related to the “family of man” and the Universe. Their primary focus tended toward exploring universal and far-reaching issues. As a result of their loss experience, they concluded that they had been placed on the earth for a specific purpose—to help others, to create, to make an impact on the quality of life, however that manifested. Their interests and priorities tended to the social and global needs of the world; thus they tended toward an outward worldview. Their perspective more often recognized the connectedness of all things, and saw the relationships between humans and other natural systems.

## The Cycle of the Grieving Process

### The Cycle of Loss & Grieving



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To summarize the ways people grieve discussed here, everyone who experiences a significant loss goes through a complex transformation. After a significant loss, survivors' assumptions about how they thought life would be may be shattered. After the initial shock, numbness and disbelief, most bereaved people will become confused and disoriented about how to live their life without their loved one. Just as their external world changes, so does their inner world. Their worldview is challenged, so they may start believing the world isn't such a safe and secure place after all. They may start thinking about their own mortality. They may feel very insecure and unsafe in the world. They are likely to ask "How could this happen?" "How am I supposed to live without my loved one?"

Gradually and over time, their identity is revised by a combination of shifts in how they see the world, how they see themselves, what they determine is important in life, and how they create meaning from their loss. The diagram on this page depicts this process.

## The Usefulness of the Five Identities Model

Social workers may benefit from the concepts introduced in this model in several ways: (1) understand the grieving process as lifelong and life-changing; (2) amplify their understanding of how *loss* influences survivors' worldview; (3) develop skills to explore with grieving clients the factors that define the Four Pillars of Identity; and (4) help survivors examine who they are, and who they might want to be. This author explains:

Since the impact of loss endures throughout our lifetime, it is possible that we can shift from one identity to another as we experience various events, memories and life passages. Sometimes we adapt consciously, but often we are unaware of the effects of our loss on our choices and actions. While unconscious beliefs may present interruptions to our sense of ourselves, the findings presented here imply that each of us adopts a dominant identity as a *Memorialist*, *Normalizer*, *Activist*, or *Seeker* that defines us throughout our lives.

People who have lost someone they love in childhood can adopt any of the five identities as adults. If triggers remind them of previous losses or unresolved issues, they may find themselves grieving again, as this author did, shifting from a restoration-oriented activist to a "loss-oriented" nomad. Transitional events such as marrying, having a baby or reaching the same age as the parent when they died, may trigger painful feelings that cause them to "re-grieve" their loss, or repeat an unfinished grieving process. Author William Styron, writing in *Darkness Visible, A Memoir of Madness*, (1990) claimed that problems that plagued him as an adult, including alcoholism and depression, were related to his mother's death when he was thirteen. "...some of my problems I think came from a continuing anguish over my mother's death..." (timesonline, 11/2/06). His intense bouts of depression as an adult reflected the unresolved grief he must have experienced as an adolescent whose sense of invincibility and dreams for the future were shattered.

## Additional Strategies for Bereavement Counseling

When bereaved clients request grief counseling, they are likely to be in some distress. This may be in an early period after a loss or years later, perhaps after experiencing multiple losses. At the initial assessment, and periodically through the therapeutic process, one of the most important tools is the Loss History. Using the Mediators of Mourning discussed above, the therapist gives this assignment to the client, asking him or her to return the following week with a list, a chart or some graphic representation of the chronology of their loss experiences. Loss is defined broadly so that the client understands that everything from a medical problem that required surgery when he/she was eight years old to the death of beloved pets is considered.

Engaging the client in telling her story is a highly effective approach. As her account unfolds, the therapist becomes a facilitator who joins with her on her journey of grief and mourning. Depending on the client's needs, this process may take up to a year. Typically, clients are not immediately ready to grieve—they are still in shock. Hospices that offer counseling for up to thirteen months after a person has died there, sometimes find few family members who are ready to take advantage of this service. Within six months of the death, however, the reality sets in and grievers more actively seek help. Additionally, survivors often appear in the second year when the challenges of "reorganization" and rebuilding become prominent concerns.

Regardless of the timeframe or number of sessions, counseling should focus on all aspects—emotional, physical, psychological, cognitive, social and spiritual—of this rebuilding. It is a daunting task at a time when grievors are depleted and need considerable empathy, support, and hope for their future. It is an honor for a therapist to accompany them on their journey. ❖

## RESOURCES

The following resources are intended for all survivors of loss. Some websites specifically address parents who have lost infants, children, and teens; others address children who have lost parents and siblings; widows and widowers, and victim of violence such as murder, combat, disasters; and survivors of suicide.

Growth House is a comprehensive resource offering a wide range of grief information, as well as end-of-life issues. [WWW.GROWTHHOUSE.ORG](http://WWW.GROWTHHOUSE.ORG)

GriefNet: [WWW.GRIEFNET.ORG](http://WWW.GRIEFNET.ORG)

National Center for Death Education (NCDE)  
[NCDE@MOUNTIDA.EDU](mailto:NCDE@MOUNTIDA.EDU)

[WWW.WIDOWSPHERE.BLOGSPOT.COM](http://WWW.WIDOWSPHERE.BLOGSPOT.COM)

AARP offers grief and loss programs, particularly for widowed persons.  
[WWW.AARP.ORG/LIFE/GRIEFANDLOSS](http://WWW.AARP.ORG/LIFE/GRIEFANDLOSS)

[WWW.OPENTOHOPE.COM](http://WWW.OPENTOHOPE.COM)

[WWW.GRIEFCASE.COM](http://WWW.GRIEFCASE.COM)

## National Organizations

Alzheimer's Association National Office  
[WWW.ALZ.ORG](http://WWW.ALZ.ORG)

American Association for Suicidology  
[WWW.SUICIDOLOGY.ORG](http://WWW.SUICIDOLOGY.ORG)

Association for Death Education and Counseling (ADEC) [WWW.ADEC.ORG](http://WWW.ADEC.ORG)

## REFERENCES and BIBLIOGRAPHY

Attig, Thomas, *How We Grieve: Relearning the World*, New York: Oxford University Press, 1996.

Black, Claudia, *Changing Course, Healing from Loss, Abandonment and Fear 2<sup>nd</sup> Ed.* Center City, MN: Hazelden, 1999.

Bowlby, John, *Attachment and Loss: Vol.3. Loss: Sadness and Depression.* New York: Basic Books, 1980.

Brener, Anne, *Mourning & Mitzvah, A Guided Journal for Walking the Mourner's Path through Grief to Healing*, Woodstock, VT: Jewish Lights Publishing, 1993.

Bridges, William, *Transitions, Making Sense of Life's Changes*, 2<sup>nd</sup> edition. New York: Da Capo Press, 2004.

Brooks, Jane, *Midlife Orphan*, New York, Berkley Books, 1999.

Chethik, Neil, *Father Loss, How Sons of All Ages Come to Terms with the Deaths of Their Dads*, New York: Hyperion, 2001.

Doka, Kenneth J., Editor, *Disenfranchised Grief, New Directions, Challenges, and Strategies for Practice*, Champaign: Research Press, 2002

Doka, Kenneth J., Editor. *Living with Grief after Sudden Loss*, Washington, DC: Hospice Foundation of America, 1996.

Edelman, Hope *Motherless Daughters*: Reading, MA: Addison-Wesley Publishing Company, 1994.

- Erikson, Erik, *Identity, Youth and Crisis*, New York: Norton, 1968.
- Estes, Clarissa Pinkola, *The Creative Fire, Myths & Stories from the Cycle of Creativity*.
- Frankl, Viktor E., *Man's Search for Meaning*, New York: Washington Square Press, 1959.
- Groopman, Jerome, *The Anatomy of Hope*, New York: Random House, 2004.
- Harris, Maxine, *The Loss That Is Forever: The Lifelong Impact of the Early Death of a Mother or Father*, New York: Penguin Books, 1996.
- Harvey, John H., Editor, *Perspectives on Loss: A Sourcebook*, Washington DC: Taylor & Francis, 1998.
- Humphrey, Geraldine M. and Zimpfer, David G., *Counseling for Grief and Bereavement*  
London: Sage Publications, 1996.
- Klass, Dennis, Phyllis R. Silverman & Steven L. Nickman, Editors, *Continuing Bonds: New Understandings of Grief*, Philadelphia: Taylor & Francis, 1996.
- Krauss, Pesach and Goldfischer, Morrie, *Why Me? Coping with Grief, Loss and Change*, New York: Bantam Books, 1988.
- Kubler-Ross, Elizabeth, *On Death and Dying*, New York: Simon & Schuster, 1969.
- Kubler-Ross, Elizabeth, and Kessler, David, *On Grief and Grieving*, New York: Scribner, 2005.
- Kushner, Harold S., *When Bad Things Happen To Good People*, New York: Avon Books, 1981.
- Janoff-Bulman, Ronnie, *Shattered Assumptions, Toward a New Psychology of Trauma*, New York: The Free Press, 1992.
- Levang, Elizabeth, *When Men Grieve: Why Men Grieve Differently & How You Can Help*, Minneapolis, MN: Fairview Press, 1998.
- Lama Sirya Das, *Awakening the Buddha Within: Tibetan Wisdom for the Western World*, New York: Broadway Books, 1997.
- Lama Sirya Das, *Awakening to the Sacred: Creating a Spiritual Life from Scratch*, New York: Broadway Books, 1999.
- Martin, Terry L. and Doka, Kenneth J., *Men Don't Cry... Women Do, Transcending Gender Stereotypes of Grief*, Philadelphia, PA: Taylor & Francis, 2000.
- Neimeyer, Robert A., Editor, *Meaning Reconstruction & the Experience of Loss*, Washington, DC: American Psychological Association, 2000
- Rando, Therese A., *How to Go on Living When Someone You Love Dies*, New York: Bantam Books, 1991.
- Rosof, Barbara D., *The Worst Loss: How Families Heal from the Death of a Child*, New York: Henry Holt and Company, 1994.
- Sanders, Catherine M., *Grief: The Mourning After*, New York: John Wiley & Sons, 1999.
- Secunda, Victoria, *Losing Your Parents, Finding Yourself, The Defining Turning Point of Adult Life*, New York: Hyperion, 2000.
- Silverman, Phyllis Rolfe, *Never Too Young To Know, Death in Children's Lives*, New York: Oxford University Press, 2000.
- Simon, Clea, *Fatherless Women*, New York: John Wiley & Sons, 2001.
- Styron, William, *Darkness Visible, A Memoir of Madness*, New York: Vintage Books, 1990.
- Margaret S. Stroebe, Wolfgang Stroebe, & Robert O. Hansson, Editors *Handbook on Bereavement: Theory, Research and Intervention*, Cambridge: Cambridge UP, 1991.
- Tatelbaum, Judy, *The Courage to Grieve*, New York: Harper & Row, 1980.
- Witrogen, Beth McLeod, *Caregiving, The Spiritual Journey of Love, Loss, and Renewal*, New York: John Wiley & Sons, Inc., 1999.
- Worden, William J., *Grief Counseling and Grief Therapy* 3<sup>rd</sup> edition, New York: Springer Publishing Company, 2002.

# The Lifelong Impact of Loss on Survivors: The Five Ways We Grieve

## POST TEST— 2 CEs

Please circle 1 correct answer per multiple-choice question.

1. American society is death denying because:
  - a. Its cultural beliefs tell us that we have the ability to overcome adversity
  - b. We don't value the old ways of more ancient cultures
  - c. We view grief as a short-term experience that people get over quickly
  - d. All of the above
2. Grief is a normal life experience that can be healed through emotional catharsis.  
True or False
3. Complicated grief differs from depression because:
  - a. Self-esteem is usually threatened
  - b. Unresolved issues with deceased produce intense emotions such as guilt and anger
  - c. Circumstances of the loss are sudden, traumatic, or not fully known
  - d. All of the above
4. Disenfranchised grief refers to clients mourning the loss of their right to vote.  
True or False
5. Worden identified seven factors that affect the survivor's reaction to loss. What factor is not specific to the death?
  - a. The mode of death
  - b. The relationship to the deceased
  - c. Social support networks
  - d. Previous losses that trigger painful memories
6. Anticipatory grief lessens the impact on survivors when their loved one dies.  
True or False
7. Traumatic loss requires special understanding about how to help victims:
  - a. rebuild their basic trust in others
  - b. let go of their shame and self-blame about what happened to them
  - c. stop keeping secrets that prevent them from releasing memories and pent-up feelings
  - d. all of the above
8. Existing grief theories are very useful for helping both griever and their helpers understand the grieving process, but they have not contributed much to understanding the lifelong impact of loss.  
True or False
9. Secondary morbidity refers to:
  - a. Medical problems associated with psychiatric disorders
  - b. Survivor stress related to caring for a dying loved one
  - c. Caregivers neglecting to take care of themselves
  - d. Another death occurs soon after the first one
  - e. Only b and c
10. Worldview changes after experiencing loss in the following ways:
  - a. Sense of safety and security is eroded
  - b. Survivors become more aware of their own mortality
  - c. Survivors can become confused about who they are and what their life is about
  - d. Beliefs in God remain strong
  - e. All but d
11. Meaning reconstruction is a cognitive process that involves:
  - a. Making sense of the loss
  - b. Reconstructing the narrative of one's life
  - c. Redefining one's identity psychologically and socially
  - d. Searching for meaning and new purpose in life
  - e. All of the above
12. Finding a new identity after a loss is important because:
  - a. The relationship with the deceased changes
  - b. Adapting to a changed environment is necessary to move on
  - c. Erikson considered death to be an identity crisis
  - d. We make choices, consciously and unconsciously, that reflect our loss experience
  - e. a, b, and d
13. The "Four Pillars of Identity" suggest that significant losses can influence how survivors view themselves and their life.  
True or False
14. Which one of the 'five ways' is likely to result in complicated grief?
  - a. Memorialists
  - b. Seekers
  - c. Nomads
  - d. Activists
  - e. Normalizers
15. Social workers can help survivors in the following ways:
  - a. Encourage clients to 'tell the story' of how their loved one died
  - b. Examine grief mainly from an emotional perspective
  - c. Provide information and community resources
  - d. Explore the survivors' feelings related to their sense of mortality, 'time,' and their relationship to the world
  - e. a, c, and d



# FOCUS CE Course Evaluation – September 2011

Circle the most appropriate number below to indicate the extent to which the course's learning objectives were achieved. (5 = *Achieved in full* / 1 = *Not Achieved*)

1. I've gained an overview of loss, grief and bereavement theory.  
(*Achieved in full*) **5**   **4**   **3**   **2**   **1** (*Not Achieved*)

2. I understand the grieving process as lifelong and life-changing.  
(*Achieved in full*) **5**   **4**   **3**   **2**   **1** (*Not Achieved*)

3. I appreciate the concept of "worldview"—and how loss influences it—including:  
• Changes in worldview (defined by author)  
• Search for meaning  
• Redefinition of identity  
(*Achieved in full*) **5**   **4**   **3**   **2**   **1** (*Not Achieved*)

4. I learned about the author's "Five Ways We Grieve".  
(*Achieved in full*) **5**   **4**   **3**   **2**   **1** (*Not Achieved*)

5. Please provide comments on current course and suggestions for future courses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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