## Contents

*List of Figures*  
*Preface*  
*Acknowledgements*  
*About the author*

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td><strong>Part I Making sense of grief</strong></td>
<td></td>
</tr>
<tr>
<td>1 Loss and grief</td>
<td>17</td>
</tr>
<tr>
<td>Introduction</td>
<td>17</td>
</tr>
<tr>
<td>Key terms</td>
<td>17</td>
</tr>
<tr>
<td>Traditional theories of grief</td>
<td>21</td>
</tr>
<tr>
<td>Contemporary theories of grief</td>
<td>29</td>
</tr>
<tr>
<td>Breadth and depth</td>
<td>33</td>
</tr>
<tr>
<td>Conclusion</td>
<td>36</td>
</tr>
<tr>
<td>2 Crisis and trauma</td>
<td>38</td>
</tr>
<tr>
<td>Introduction</td>
<td>38</td>
</tr>
<tr>
<td>Crisis</td>
<td>38</td>
</tr>
<tr>
<td>Trauma</td>
<td>45</td>
</tr>
<tr>
<td>Grief, crisis and trauma</td>
<td>48</td>
</tr>
<tr>
<td>Conclusion</td>
<td>52</td>
</tr>
<tr>
<td>3 The Social Context</td>
<td>55</td>
</tr>
<tr>
<td>Introduction</td>
<td>55</td>
</tr>
<tr>
<td>Beyond the psychological</td>
<td>55</td>
</tr>
<tr>
<td>The cultural context</td>
<td>60</td>
</tr>
<tr>
<td>The structural context</td>
<td>64</td>
</tr>
<tr>
<td>Grief in social context</td>
<td>68</td>
</tr>
<tr>
<td>Conclusion</td>
<td>70</td>
</tr>
</tbody>
</table>
## Contents

### Part II  Grief and healing

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>73</td>
</tr>
<tr>
<td>4 Experiencing grief</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>75</td>
</tr>
<tr>
<td>Cognitive reactions</td>
<td>76</td>
</tr>
<tr>
<td>Emotional reactions</td>
<td>79</td>
</tr>
<tr>
<td>Behavioural reactions</td>
<td>82</td>
</tr>
<tr>
<td>Physical reactions</td>
<td>85</td>
</tr>
<tr>
<td>Spiritual reactions</td>
<td>86</td>
</tr>
<tr>
<td>Conclusion</td>
<td>88</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Responding to Grief I: the personal response</td>
<td>91</td>
</tr>
<tr>
<td>Introduction</td>
<td>91</td>
</tr>
<tr>
<td>Universal grief</td>
<td>91</td>
</tr>
<tr>
<td>Emotional intelligence</td>
<td>96</td>
</tr>
<tr>
<td>Self-care</td>
<td>99</td>
</tr>
<tr>
<td>Conclusion</td>
<td>104</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Responding to Grief II: the professional response</td>
<td>106</td>
</tr>
<tr>
<td>Introduction</td>
<td>106</td>
</tr>
<tr>
<td>Being there</td>
<td>107</td>
</tr>
<tr>
<td>Assessing and managing risk</td>
<td>112</td>
</tr>
<tr>
<td>Practical help</td>
<td>115</td>
</tr>
<tr>
<td>Healing</td>
<td>117</td>
</tr>
<tr>
<td>Conclusion</td>
<td>119</td>
</tr>
</tbody>
</table>

### Part III  Grief without healing

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>123</td>
</tr>
<tr>
<td>7 Complications in grieving</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>125</td>
</tr>
<tr>
<td>Grief, pressure and stress</td>
<td>126</td>
</tr>
<tr>
<td>The nature of the loss experience</td>
<td>129</td>
</tr>
<tr>
<td>Vulnerability factors</td>
<td>134</td>
</tr>
<tr>
<td>Unhelpful reactions to the loss</td>
<td>137</td>
</tr>
</tbody>
</table>
Introduction
This chapter sets the scene for the book by providing a basic introduction to the key terms and concepts and a summary of the main theoretical understandings that can cast light on this very complex and very sensitive set of issues. It challenges dominant notions that people grieve in stages or that there is one single, relatively standardized grieving process. It presents grieving as a set of processes that vary from individual to individual, across social groups and cultures and according to gender (these reflect themes that will be explored in more detail in Chapter 3). This chapter is also based on the idea that grief can arise in relation to any major loss and not just in response to a bereavement. This is an important point, as it is something that is often missed in the wider literature relating to loss which tends to focus primarily, if not exclusively at times, on death-related losses. Finally, this chapter introduces the notion of ‘transformational’ grief – that is, the kind of grief experience which, although painful, exhausting, frightening and confusing, can nonetheless have positive outcomes in terms of the grieving person growing and developing as a result of their painful and difficult experiences.

Key terms
In order to lay a foundation for understanding grief and its challenges it is important that we are clear about the terms we are using and what we mean by them. We therefore begin by clarifying some of the central concepts we need to understand to be able to develop
a sound foundation on which to develop the knowledge base we need to do justice to the complexities involved.

In order to understand grief, we need to understand loss, and so ‘loss’ is the first key term that I shall be tackling. Of course, ‘loss’ is an everyday term that refers to having something and then no longer having it. But, when used more specifically in relation to grief, it refers to situations where we have something or someone who is important to us and then, for whatever reason, that person no longer features in our lives in the same way or that thing or entity that we value is now missing. So, loss is associated with a sense of emptiness. Where there was someone or something before, there is no longer, and this is one of the main reasons why such a strong sense of emptiness is so closely associated with loss and grief. Loss, then, is closely associated with another key term, namely ‘cathexis’. ‘Cathexis’ is a psychological term that refers to an emotional investment. Freud used this term in his writings to refer to situations in which we form an attachment to someone or something. Because we have this emotional investment, it means that when we experience a loss, we then have a painful reaction because we have lost, in effect, our emotional investment. So what a person or thing means to us will be very significant (I shall return to the central role of meaning below). Cathexis is a helpful concept. It gives us an idea of why we can feel so devastated by a loss. It is the emotional equivalent of the Wall Street crash. That is, we put so much of ourselves into, for example, a relationship with a person, and when that person is no longer directly part of our lives – if they die, for example – then the net result can be one of a great sense that we have lost something of major value in our lives. This can lead to a great sense of insecurity.

Grief is, of course, itself a key term to be explained. It is often referred to as our emotional response to a loss, but this does not really tell the whole story. I prefer to see it as a holistic response to a loss and, by holistic, I mean a biopsychosocial and spiritual response. This is a complex notion, so it is important to break it down into its component parts:
Biological. There will be biological responses to a significant loss in our lives – for example, in terms of appetite, feeling unwell and so on.

Psychological. There will also be significant reactions at a psychological level, but we have to note that psychological does not mean simply emotional. Grief also affects us at a cognitive level, thereby, for example, making it difficult for us to concentrate, to think clearly or to remember. But even this is not the whole psychological picture. As well as cognitive and emotional (or ‘affective’, to use the technical term) aspects, there is the behavioural dimension of human psychology, so how we act and react will also be significant in response to a loss. Grief, then, is not simply an emotional response, but more broadly a psychological reaction and that, in itself, is only one part of this more holistic picture.

Social. This will be an important consideration in Chapter 3, where we explore the significance of such factors as social structure, culture and related sociological issues. The social dimension is particularly important for (at least) two main reasons: (i) all the other aspects of grief take place within a social context and are therefore to a large extent shaped by the range of factors that make up that context; and (ii) much of the existing literature on loss and grief pays little or no attention to the wider social context.

Spiritual. Loss can also be seen to have an impact on us at a spiritual level, whether our spirituality is of a religious kind or not. Spirituality is about such important matters as our frameworks of meaning, our sense of who we are and how we fit into the wider world – and all of these can be unsettled by the significance of grief in our lives at any particular moment.

Another key term associated with grief is that of ‘bereavement’. Literally, to be bereaved means to be robbed, and that is a very significant term, as that is exactly how people tend to feel at the time of a major loss. In its literal sense, it does not necessarily mean a death-related loss, but it has come to refer to that in its everyday usage. So,
when we talk about a bereavement, we are generally talking about a loss associated with a significant death. However, as we shall see as this book progresses, bereavement is indeed a major factor in relation to loss, but it is certainly not the only one. If we fall into the trap of automatically connecting issues of loss and grief with bereavement, then it is likely that we will fail to see just how significant other losses are in people’s lives in general, and in the range of problems and issues addressed in the helping professions more specifically (Thompson, 2002). The following (not exhaustive) list of examples should help to highlight how pervasive loss experiences are:

- Accidents;
- Changing job;
- Divorce or relationship breakdown;
- Failure (an exam or job interview, for example);
- Loss of confidence;
- Loss of respect and credibility;
- Loss of self-respect (after an incident that causes shame);
- Miscarriage;
- Moving house;
- Natural disasters, like floods; and
- Still birth.
The final key term I want to explore is that of ‘mourning’. This refers to the way grief is experienced collectively rather than individually, so one way of looking at it is that an individual grieves while a community mourns. So, when we are looking at mourning, we tend to be concerned with such matters as rituals and other established patterns of groups of people, whether communities in the sense of a neighbourhood or the broader sense of a community of interest (for example, a set of colleagues in a workplace). What we are dealing with is the way a community collectively responds to an experience of loss and grief. This is important because it emphasizes the social dimensions of loss and grief that are so often neglected, with the tendency to focus primarily (or even at times exclusively) on psychological aspects.

Traditional theories of grief

Having explored some key terms that will help to provide some degree of understanding of grief, let us now move on to look at how...
some people have tried to explain grief in terms of a particular theoretical approach. Perhaps the best known and most well established of these is what has come to be known as the stages approach, which is associated with such writers as Elizabeth Kübler-Ross (1969). This theory has had a profound and far-reaching influence. In fact, it is quite significant to note just how influential it has been, considering how, in general, social science theories are, for the most part, not widely known in the minds of the general public.

It is therefore unfortunate that this theory has now largely been discredited as, despite this, it continues to be one that is widely used and widely talked about. The basic idea behind the theory is that, when we are grieving, we go through a set of stages; we follow a particular pattern. These stages are deemed to be:

- **Denial.** This refers to the sense of unreality that often arises when we come face to face with a major loss experience – the sense of 'No, it can't be. There must be a mistake.' It can take us quite a while to work through this sense of unreality. It is as if our head knows that we have experienced a major loss, but our heart takes a while to catch up, for the idea to 'sink in' at an emotional level.

- **Anger.** This relates to situations where the intense feelings generated by the loss are directed outwards towards other people as anger or resentment. As we shall see in Chapter 4, such feelings can also be directed inwards as a strong sense of irrational guilt.

- **Bargaining.** Faced with significant changes brought about by loss, we may begin to negotiate, to enter into a process of bargaining.

- **Depression.** A sense of hopelessness and helplessness can lead to a depressed frame of mind and mood, a psychological state characterized by lethargy, low motivation, pessimism and negativity.

- **Acceptance.** This refers to the presumed end point of grief, the stage where we have 'come to terms' with our loss.
Despite the influence of this approach, it has now been challenged from various quarters. The basic thrust of the counter-argument is that there is little or no research evidence (or for that matter clinical or practice evidence) to support the idea that people grieve in this linear stage by stage way (Neimeyer, 2001a). Attig (2011) also warns of the dangers of relying on a stages model of grief, as does Bonanno (2009), Harvey (2002) and Walter (1994). Neimeyer (2000) captures the point well when he argues that:

Much of what we know about the human response to loss derives from studies of adults who have lost a loved one through death. At least in the cases of profound and irretrievable loss, there appear to be certain common reactions, feelings and processes of healing for those who are bereaved, although there are also important variations among mourners as a result of who they are, how they typically cope with adversity, and the nature of their relationship to the deceased individual. For this reason, it is misleading to speak of ‘stages’ of grieving, as if all mourners follow the same path in their journey from painful separation to personal restoration. (p. 5)

**Voice of experience 1.1**

I was taught the stages approach at college, but in practice the people I was working with didn’t seem to fall into that pattern. For me it seemed too neat and tidy, while what I was constantly coming across in my practice was much messier, much more chaotic – and much more variable from person to person. The idea of stages just didn’t fit with the situations I was coming across.

*Lynn, a counsellor based at a GP surgery*

However, there is evidence to suggest that people try to grieve in stages, strongly suggesting that this model has become a prescriptive one, rather than a descriptive or explanatory one. For example, the work of Walter (1994) has indicated that the theory has become so well established, especially in the United States, that it is taken as read that this is how people will grieve. This is reflected in popular literature, TV drama and cinema where uncritical references to
grieving in stages are fairly commonplace. In addition, the philosopher, Žižek, has written a book about what he sees as the end of capitalism and has structured it around Kübler-Ross's five stages (Žižek, 2010).

Following the initial critique of the stages model, many people tried to salvage it by proposing that it should not be taken too literally that the stages occur in a set order. It was therefore suggested that these stages may be experienced in a different order and in different ways by different people. However, there are two problems with this approach. First of all, if the 'stages' do not occur in a set order, then of course they are not stages. It is nonsensical to refer to aspects of a situation that do not occur in a specific order as stages. Second, there is a great deal of evidence to show that, even if we disregard the idea of linearity to the stages, then it is still not correct to assume that everyone experiences these stages. For example, one of the stages is depression. The work of Schneider (2000) has argued strongly and convincingly that there is a great danger in mistaking grief for depression, and so what we will note is that very many people will grieve in ways that do not include depression (Schneider, 2006), but which superficially may appear like depression:

Grief is a normal, healthy, healing and ultimately transforming response to a significant loss that usually does not require professional help, although it does require finding ways to heal the broken strands of life and to affirm existing ones. … Depression, on the other hand, represents a state of disconnection that can be the result of a biological, psychological, spiritual, or even circumstantial imbalance that makes it impossible to function fully after a loss. You begin to just exist, and, in the extreme, only are alive until death itself provides the release. Depression is the inability to grieve, either temporarily or permanently. (p. 26)

I would also want to add to this the idea of bargaining. For example, in my own work over very many years, I have encountered many people who, in their grieving, do indeed undertake a certain amount of bargaining or negotiation. For example, they may express a
commitment to being a better person in the hope that this will some-
how reduce the pain they are experiencing. However, I have also
worked with a large number of people where this does not feature at
all in how they manage and experience their grieving. We therefore
have to recognize that the basic idea that people grieve in stages is
highly problematic as a theoretical basis for understanding – despite
the fact that it is such a widely held, and sometimes even cherished,
thoretical understanding of grief.

So, if grief is not simply a matter of people going through a set of
stages, how can we explain what happens in grief? There are various
ways of doing this. One of them is what has come to be known as
the ‘tasks approach’ to grieving. This is linked to the idea of develop-
mental psychology whereby, in growing and developing over time, we
face certain developmental tasks. For example, an adolescent faces
the developmental task of making the transition from childhood to
adulthood. So, it is in this sense that the term ‘tasks’ is being used.
The work of William Worden in this regard has been very helpful
and influential. It has established a better understanding of what
happens when someone is grieving than the simplistic reliance on
the stages model (Worden, 2009). Worden’s tasks can be described
as follows:

1. **Accepting the reality of the loss.** Getting used to the idea that
the person (or thing) is no longer physically with us.
2. **Working through the pain of grief.** Dealing, as far as possible,
with the pain involved in the loss.
3. **Adjusting to a changed environment, externally, internally and
spiritually.** Getting used to the wider changes brought about
by the loss.
4. **Emotionally relocating the deceased and moving on with life.**
This means continuing to have a meaningful, loving relation-
ship with the deceased, but in a new context.

This has proven to be a helpful model that has cast a lot of light
on the complexities of grieving. However, it can be argued that it is
not enough on its own, that it needs to be supplemented by other
forms of understanding. For example, while there is some support for the idea of developmental stages, this in itself does not explain the complexities of how different individuals grieve in different ways or, indeed, how the social context plays an important role.

As originally described by Worden (in the 1983 edition of his book), the fourth task was characterized as ‘withdrawing emotional energy from the deceased and reinvesting it in another relationship’. This idea of ‘letting go’ and moving on after grief has been challenged by the work of Klass, Silverman and Nickman (1996) in terms of what has come to be known as the ‘continuing bonds thesis’. Behind this idea is research which strongly suggests that people may benefit from continuing their relationship with the deceased person and, in effect, transforming that relationship, rather than relinquishing it. As Attig (2011) puts it:

We need not break our bonds with the deceased but instead redefine those bonds and their places in our lives. Rather than challenging us to separate from the dead, their deaths challenge us to maintain meaningful connection and to integrate redefined relationships in our necessarily new life patterns. (p. 174)

Worden’s later work has supported this idea, and so its reformulation in the 1991 edition was quite significant.

One further attempt to go beyond the stages model is that associated with Therese Rando who developed what is known as the ‘Six Rs’ approach (Rando, 1993). She writes about six tasks that need to be achieved when a person is grieving. DeSpelder and Strickland (2005) summarize the approach as follows:

1. Recognize the loss (acknowledge and understand the death).
2. React to the separation (experience the pain; feel, identify, accept, and express the reactions to the loss; and identify and mourn the secondary losses).
3. Recollect and re-experience the deceased and the relationship (review and remember realistically; revive and re-experience the feelings).
4. Relinquish the old attachments to the deceased and the old assumptive world.
5. Readjust to move adaptively into the new world without forgetting the old (develop a new relationship with the deceased, adopt new ways of being in the world, form a new identity).
6. Reinvest. (p. 284)

This is another theoretical approach that has taken forward our understanding in a number of ways but which also is not enough on its own. For example, it also has relatively little to say about the complexities of the social context in which grieving takes place. In addition, once again the notion of ‘relinquishing old attachments’ raises questions about whether this approach is sophisticated enough to take account of the significance of ‘continuing bonds’.

So, while it is an important contribution to our understanding, it still leaves much unexplained and therefore room for other theoretical perspectives to supplement and complement the insights provided by Rando’s work.

**PRACTICE FOCUS 1.2**

Kevin had applied to go on the training course on loss and grief a few months before the actual day of the event and, at the time, he had not thought that, on the day of the course, he would be wrestling with his own grief issues. Kevin’s brother died three weeks before the course, and so he was faced with a major decision: should he withdraw from the course because it would be too painful for him, too ‘close to home’, or should he see it through to see whether it would help him deal with his own issues. In the end, he decided to attend and, while it proved to be very difficult for him in some ways (and at times during the day, he was wishing he had not attended), one thing made it very worthwhile for him. He learned about the idea of ‘continuing bonds’ and this made him feel a lot more at ease about the loss of his brother. He realized that, while he would no longer have any physical contact with his brother, he would always be an important part of his life, always part of his sense of who he was. This notion of ‘continuing bonds’ was therefore one that Kevin took a lot of comfort from.
A further traditional perspective on loss is to be found in attachment theory. Associated originally with the work of Bowlby (1981), it has proven to be an influential approach in relation to child development theory and childcare practice. It is based on the idea that children develop an emotional attachment to a primary caregiver (the mother in the original formulation of the theory). Such attachments, it is argued, influence how we think about the world. Eliason, Lepore and Myer (2008) explain Bowlby’s approach in the following terms:

He uses the belief that the foundation of individuals’ relationships stems from the early attachment between individuals and their caregivers. By incorporating a unique cognitive component in his model, Bowlby suggests that cognitive biases influence personal perceptions and belief systems. The concept is based on individuals’ experience of attachment, and the later separation anxiety that children experience with maturity and the absence of their caregivers. Separation anxiety is a response to the threat of loss, and bereavement is a reaction to the loss. Subsequent losses and relationships are influenced and processed by cognitive biases formed early in life evoking similar emotions. (p. 420)

Attachment theory therefore helps us to understand that how we respond to losses in our adult life will depend on our early life experiences of attachment, separation and loss.

This is not a comprehensive overview of traditional theories of grief, but it should be sufficient to give a flavour of the types of ideas that have been used to try and make sense of grief and associated phenomena. Each of them has something to offer in terms of developing understanding. Even the highly criticized stages approach casts some light on what happens when people grieve. For example, if we think of the stages as aspects of grief, rather than steps in a process, and, if we move away from the idea that there is a standard or standardized approach to grieving, then there is some degree of understanding to be offered by this traditional perspective. So overall, what we have from the traditional theory base is a set of ideas
which make some degree of contribution to our understanding of
grief, but which still leave much more to be said. That, then, brings
us to contemporary theories of grief which have taken our under-
standing a great deal further but which, of course, still leave much
unexplained, as it would be idealistic to expect a theory (or even a
set of theories) to provide all the understanding that is needed.
Having reviewed some of the traditional approaches to making sense
of the complexities of loss, let us now move on to look at more recent
theories of grief.

**Contemporary theories of grief**

As with the traditional theories of loss, there are various theories
that come under this heading, and it would not be realistic for me to
attempt to provide an exhaustive account of these. I am therefore
going to focus on three theories in particular: dual process theory;
meaning reconstruction; and transformational grief.

A key development in our understanding of grief has been the
idea of the dual process model of grief. This derives from the work
of Stroebe and Schut, based in the Netherlands, who have provided
a very helpful and insightful model of grief that is based on two co-
existing processes (hence the term, *dual* process). Stroebe and
Schut (1999) write about a 'loss orientation' to grief and this process
refers to the way we look back on who or what we have lost and
reflect on the significance of that loss. It is therefore characterized
by sadness, anger and so on. But, there is also 'restoration orienta-
tion' to be considered. This refers to the process of looking forward,
of thinking about how life will be different now without the person
or thing that has been lost, looking towards developing in a sense a
new identity, a new approach to life based on the new transformed
circumstances.

What Stroebe and Schut put forward by way of a theoretical
construct is the notion that we 'oscillate' between these two orienta-
tions when we are grieving. That is, a grieving person may be in loss
orientation in the morning but, by the afternoon, may have moved to
restoration orientation and back to loss orientation in the evening.
The basic idea is that, over time, the grieving individual will spend less time in loss orientation and more time in restoration orientation but will, none the less, continue to oscillate between the two. For example, even years after a significant loss, when restoration orientation has been very strongly to the fore, if the person concerned is reminded of their loss, then for a few minutes, hours, days or even weeks, they may be back in loss orientation temporarily before they return to restoration orientation.

Voice of experience 1.2

“One of my clients summed it up perfectly. She said that, when she lost her husband, it was like a roller-coaster ride. She would start to go up, then plummet down again, and it went on like that for quite some time.”

Paul, a community psychiatric nurse

We can see that this theory offers a much more dynamic understanding of grief and reflects more fully the moving, changing nature of grief, as compared with the traditional models which do not capture that same sense of a dynamic, changing picture. Dual process theory is also helpful in establishing the idea that different people will grieve in different ways because, for example, each individual will oscillate at a different rate at different times. So, in many ways, this approach can be seen as a significant step forward in terms of developing our understanding.

However, this is not the only development in loss theory. Another very significant step forward has come from the work of Neimeyer and his colleagues in the United States who have developed what has come to be known as meaning reconstruction theory (Neimeyer, 2001a, b; Neimeyer and Anderson, 2002). What this refers to is the idea that, when we lose someone (or something) very close to us, then we lose not only that person (or thing), but also what they meant to us. We then face the difficult and painful process of constructing a new meaning without the person (or thing) we have lost.

A key concept within meaning reconstruction theory is narrative: the idea of a story that helps us to make sense of our lives. So, in
effect, what we are doing when we are grieving, according to this theory, is we are rewriting the story of our life. We are in a sense moving on to a new chapter in terms of what our life now means to us. In this way, what is happening is that we are developing new meanings that allow us to retain a relationship with the person (or thing) we have lost, but which recognizes that that relationship is a very different one as a result of the loss that has occurred – it has been transformed rather than destroyed. As Hedtke and Winslade (2004) put it: 'If we are shaped by stories as much as by realities, then it is also possible for us to shape our experience differently through telling the story differently' (p. 41).

This, too, has proven to be an influential theory and is now widely quoted in the academic literature and widely used in professional practice. It involves looking at grief from the point of view of the individual concerned in terms of what it means to them within their unique frame of reference, within their unique universe of meaning. It is therefore far removed from the idea of each person going through a set of fairly standardized stages. One of the main advantages of this theory is that it very clearly shows that different people grieve in different ways. It therefore moves completely away from the simplistic notion that grief is a standardized process that happens to everybody in more or less the same way.

One further key development in terms of our understanding of grief has come from work which is focused on the idea of transformational grief (Calhoun and Tedeschi, 2001; Schneider, 2006). This refers to the recognition that, while grief can be an extremely painful and difficult process, it is not necessarily entirely negative. Grief can lead to significant changes in a person’s life which turn out to be very positive. For example, someone who has experienced a major loss may, as a result of that loss, review their life and then engage with their various life challenges in a new and more effective way. For example, I have come across people who have acknowledged that, prior to a significant loss, they were not making anything of their life; they had friends and relatives they did not appreciate; they were allowing their life to be wasted in a sense, but, following a significant loss, they changed that approach: they now appreciate who and
what they have by way of an important life environment, and they are determined to make the most of the life they have. This is a classic example of transformational grief, the recognition that grief is not something that we should just help people to ‘get over’. It is something that can have a silver lining.

From a professional helper point of view, this is very significant, as it means that, without a knowledge of transformational grief, we may miss significant opportunities to help people grow and develop as a result of their significant loss. This is closely linked to the idea of crisis intervention and also to the notion of post-traumatic growth, important topics we will return to in Chapter 2.

**PRACTICE FOCUS 1.3**

Larry was a quiet, withdrawn and fairly unconfident individual with few friends and no real interests to speak of. He worked as a porter in a local hospital. He was reasonably happy with his lot for the most part, but was prone to depression from time to time. However, all this changed one day when, while Larry was working with two colleagues removing some boxes that had been dumped in the hospital parking lot, two youths in a stolen car raced through at high speed. Larry managed to jump out of the way but his two colleagues did not – they were killed instantly right in front of his eyes. He was quite shocked by this and found the intense feelings the incident generated extremely hard to deal with in the coming weeks and months. There were times when he wondered whether he might ‘crack up’ as he could not get the incident out of his mind.

Over time, though, he managed to recover from the trauma with the help of a social worker. He was able to start to get things into proportion. However, he was also able to go beyond this. Seeing two young men killed instantly had made him review his life and consider carefully what he wanted out of it and where he wanted it to take him. As a result of this he decided to attend night classes to gain the entry qualifications that would allow him to commence nurse training. After realizing how fragile life can be, he now had a clear sense of wanting to do something positive with his life rather than just let it drift past. The trauma had turned out to be a point of growth for him – an intensely painful experience, but one that ultimately brought important positive benefits.

(Thompson, 2009a)
These, then, are just some of the key developments in grief theory that have added an extra layer of understanding to that offered by the traditional long-standing theories. As I mentioned earlier, this does not mean that we have now arrived at a point where we have a more or less complete understanding of grief, but we have certainly moved forward in significant ways, and we now have better tools for addressing the complexities by recognizing more fully the dynamic nature of grief, the diversity associated with grief (that is, the recognition that different people grieve in different ways) and the complexities of grief.

Breadth and depth

One last aspect of understanding of grief that I wish to explore in this chapter is the question of breadth and depth. This is because I have concerns about how both these dimensions have a tendency to be neglected much of the time (albeit, thankfully, not all of the time – there are some notable exceptions) so, before leaving the subject, I want to take the opportunity to emphasize the importance of taking account of both the breadth and depth of grief.

Breadth

By 'breadth' of grief I mean two things:

1. As already noted, grief issues tend to be conceptualized predominantly in individualistic, psychological terms. Such a narrow focus then has the effect of neglecting wider social and spiritual concerns, thereby presenting a distorted picture of grief. Such a distortion is dangerous because it means that people who are grieving will not have the full picture relating to what they are going through and may therefore focus too narrowly on, say, emotional issues (Hockey, 1996), while paying little or no attention to the help, solace and nurturance that can be gained from connecting with the wider social picture and the spiritual realm. We shall return to these issues in later chapters.
2. As also already noted, grief tends to be mainly associated with death-related losses, with relatively little attention given to other forms of loss. In reality, loss (and therefore grief) is much more widespread than is generally realized. Figure 1.2 gives an overview of the wide range of losses that tend to feature in people’s lives, but even this is not exhaustive. It is therefore important that we get the balance right. On the one hand, we must not lose sight of how important bereavement is and how strong and devastating an effect it can have on individuals, families and whole communities, while also recognizing that death-related losses form only one part of a much broader

<table>
<thead>
<tr>
<th>What can be lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>A relationship (divorce or relationship breakdown)</td>
</tr>
<tr>
<td>One or more abilities (for example, through accident, illness or disability)</td>
</tr>
<tr>
<td>Faith (religious, political or whatever)</td>
</tr>
<tr>
<td>A sense of self-worth (through shame)</td>
</tr>
<tr>
<td>Confidence and self-esteem (as a result of being bullied, for example)</td>
</tr>
<tr>
<td>Status or authority (as a result of changes at work perhaps)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How loss can occur</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic losses</td>
</tr>
<tr>
<td>• Being a victim of crime</td>
</tr>
<tr>
<td>• Being a victim of violence</td>
</tr>
<tr>
<td>• Being abused</td>
</tr>
<tr>
<td>Developmental transitions</td>
</tr>
<tr>
<td>• Adolescence</td>
</tr>
<tr>
<td>• A child growing up and leaving home</td>
</tr>
<tr>
<td>• Retiring from work</td>
</tr>
<tr>
<td>Redundancy / layoff</td>
</tr>
<tr>
<td>Being discriminated against</td>
</tr>
<tr>
<td>A child being removed from their family for their own safety or welfare</td>
</tr>
<tr>
<td>An elderly person moving permanently into a residential home</td>
</tr>
<tr>
<td>Having to abandon a cherished plan, project or ambition</td>
</tr>
<tr>
<td>Being imprisoned</td>
</tr>
<tr>
<td>Being the parent, partner, child, close relative or friend of someone who is imprisoned</td>
</tr>
</tbody>
</table>

**Figure 1.2** The range of losses and loss experiences
picture of loss and grief in human life. Our perspective therefore needs to be broad enough to take account of both death-related losses and those losses that are not directly linked to bereavement.

**Depth**

As with the breadth of grief, in emphasizing the importance of depth in relation to grief, there are two aspects to focus on:

1. Depth can refer to the intensity associated with grief. I cannot overemphasize just how intense and painful the impact of grief can be (whether death related or not). Professional helpers need to be very careful not to lose sight of just how crushing the pressures of grief can be. Whenever we are working with people who are grieving, we therefore need to ensure that we keep a clear focus on how intense a landscape of suffering grief occupies.

2. We can also understand depth to mean complexity – that is, deep as opposed to superficial and thus oversimplified. Grief is complex because:

   (a) It has different dimensions (biological, psychological, social and spiritual);

   (b) Different people grieve in different ways (due to a combination of personal, situational and social factors);

   (c) How one person is grieving can affect how another person is grieving (and individuals and groups can influence each other);

   (d) Grief can become problematic (or ‘complicated’) in various ways – see Chapter 7 – and can also contribute to personal and social problems (see Chapters 8 and 9 respectively);

   (e) Common sense understandings of grief can be very misleading (for example, the idea that people grieve in stages or that grief is a form of illness or pathology);
As noted earlier, there is a wide range of situations that can produce a grief reaction, not just when a bereavement occurs.

**Voice of experience 1.3**

“Working on a geriatric ward has helped me realize just how much grief features in older people’s lives. I think I was naïve at first and hadn’t understood that losses could make such a difference to people’s lives.”

Debbie, a nurse in a general hospital

Clearly, then, grief is a phenomenon that needs to be understood in relation to both breadth and depth if we are to avoid oversimplifying it and presenting a distorted picture of what is involved. The chapters that follow should make a good contribution to appreciating both the breadth and the depth.

**Conclusion**

What this chapter has tried to show is that there are various ways of trying to understand loss and grief, various theoretical perspectives, none of which offers a definitive overview but which in combination provide the beginnings of an excellent platform for developing our knowledge further. This is based on the idea that, as mentioned in the Introduction, there is a need for a good understanding of loss and grief if we are to be well equipped to help people cope with the challenges involved.

It is to be hoped that what this chapter has also shown is that grief is broader than people generally think, that it is not simply something which applies when someone dies, as there are a whole range of losses in people’s lives that can have a significant impact on how they engage with other people and engage with their life challenges in general. We have also seen that grief is more complex than people generally think, that there is far more to it than the simplistic understandings that have come to be established over the decades.

In this way, the chapter has created a foundation from which we can build a fuller understanding. We will now take that understand-
ing a step further by looking at the significance of crisis and trauma as key factors linked to loss and grief. These will be the subject matter of Chapter 2.

**POINTS TO PONDER**

- Why do you think it is important to have a theoretical understanding of grief?
- How might the idea of ‘transformational grief’ be of use in practice?
- Why is it important to have a broad view of grief?

**Key texts**

Index

abuse 11, 12, 34, 50, 100, 108, 113, 114, 119, 131–4, 142, 148, 158, 163–7, 170–3
Amiel and Heath 173
Atkinson, J. 108
atomistic 69
attachment 18, 27, 28, 148
Attig, T. 23, 26, 75, 79, 99, 117, 149
Auger, J.A. 68
Back, L. 176
Back and Solomos 65
Barbalet, J. 82
Barrett, R.K. 65, 136
Baum, N. 169
Bauman, Z. 119, 176
Baumeister, R.F. 167, 175
Bevan, D. 65
bibliotherapy xii
Bocknek et al. 163
Bracher, M. 160, 161, 165
Bracken, P. 52, 145
Brandon, D. 45
Buber, M. 92
Callouw and Tedeschi 24, 31
Carabine J. 66
cathexis 18
Chan and Chow 181
Clarke, J. 160
compartmentalization 101
complicated grief 2, 12, 123, 125–9, 131, 136, 138–42, 151, 152, 153, 155
connectedness 3, 9, 51, 62, 89, 94, 111, 117
continuing bonds thesis 26
Corr, C. 59
Corr et al. 37, 99, 180
Craib, I. 56
Cranwell-Ward and Abbey 128
crime 11, 12, 34, 81, 124, 134, 158–60, 162, 163, 167, 170, 172, 174
crisis 11, 12, 15, 32, 37, 38–44, 46–52, 54, 62, 127, 128, 131, 141, 143–5, 155, 156
critically reflective practice 10, 179
culture 17, 19, 46, 60–4, 69, 165, 167
cumulative loss 58, 125, 129–32, 171
Dadirri 108, 109
Davidson and Doka 182
Denney, D. 112
depression 3, 22, 24, 32, 77, 80, 113, 127, 134, 143, 150, 151
Desai and Bevan 65
DeSpelder and Strickland 26, 37, 183
discrimination 55, 66, 67, 135, 137
disenfranchised grief 57–60, 66, 69, 125, 132, 137
Doka, K. 57, 59, 88
Doka and Jendreski 59
Doka and Martin 11, 65, 71, 184
dual process theory 29, 30, 80
emotional intelligence 4, 5, 12, 91, 96–9, 104, 105, 111
empowerment xii, 40, 45, 144
existential issues 1, 13, 15, 45, 80, 81, 117, 151
existential challenge 1
Figley, C.R. 100, 105

195
Index

Fineman, S.  96
Fischer, A.  62
Fleming and Belanger  133
Furedi, F.  2, 69, 120
Goleman, D.  96
Guirdham, M.  81
Hames and Pedreira  163
Harvey, J.H.  23, 45, 100, 133, 157
Heidke and Winslade  31
helplessness  5, 22, 134, 147
Hockey, J.  33
Holocaust. the  119
Holloway, R.  87, 88, 177
Holloway and Moss  119
homelessness  12, 124, 158, 160, 169–72
homeostasis  39, 40, 48, 49
hospice  xi, 21, 82, 83, 99, 101, 116, 135, 140
Howarth, G.  68, 171
Howarth and Jupp  184
Kellehear, A.  68, 69, 120
Klass et al.  26, 183
Kübler-Ross, E.  22, 24
Lawler, S.  56, 146, 157, 161
Leach et al.  162
learning disability  60
Lin, N.  103
Lister, R.  159, 172
Malik, K.  65
Marris, P.  55
Martin, J.  173,
Maslach, C.  100
meaning making  52, 82, 99, 117
meaning reconstruction  29, 30, 52,
55, 117
Miller, D.  134
Moss, B.  69, 88, 91, 99, 146, 166, 186
multiple loss  131, 132
narrative  30, 56, 117
Neimeyer, R.A.  23, 30, 55, 62, 99,
117, 125, 142, 181, 183
Nicholls, V.  82, 186
Nouwen, H.  92
Oliver, M.  66
Oliver and Sapey  66
ontological insecurity  80
Palmer, P.  9
Papadatou, D.  94
Parekh, B.  56, 146
Parkes, C.M.  166
PCS analysis  55
post-traumatic growth  32, 45, 49, 145
poverty  159, 160, 172
Pullen et al.  60
Rando, T.A.  26, 27, 133
realism  177
Renzenbrink, I.  99, 105, 184
Riches, G.  69
Riches and Dawson  168
risk  1, 3, 9, 12, 50, 85, 104, 107, 109,
112–15, 119, 121, 148, 153, 170,
171, 172, 178
ritual  21, 63, 64, 101
Rowling, L.  134, 168, 180
rumination  86
Rymaszewska and Philpot  50, 163
Sapey, B.  66
Sartorius, N.  135
Schneider, J.  24, 31, 73, 77, 151, 185
self-care  5, 12, 99–104, 178, 183
Siheon, R.  161
Smith and Smith  69, 156
social capital  103, 134, 135, 140
spiritual intelligence  99
stages approach/model  xi, 22–6, 28