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Loss in Translation: A Model for Therapeutic Engagement and Intervention With Grieving Clients

Shelley Cohen Konrad

ABSTRACT

Bearing witness to grief is about accepting and experiencing suffering as an unavoidable aspect of loss. It also entails listening to and responding with clients in a way that affirms that their experiences have been heard and understood. This article describes a model for therapeutic engagement and intervention with grieving clients. The model is informed by contemporary grief and practice theories characterized by such qualities as emotional presence, reciprocity, responsiveness, empathic expression, and meaning making. Case examples from the author's research and practice experience illustrate how these qualities contribute to what she describes as translational relationships that lead to transformations in clients' self-perceptions and assumptive worlds, and for some, to revived meaningfulness in a life changed by loss.

Listening to stories of death, grief, and loss is difficult even for social workers who are exposed to trauma and tragedy in their everyday practice. Bearing witness to grief is about accepting and experiencing suffering as an unavoidable aspect of loss. It also entails listening to and responding with clients in ways that affirm that their unique experiences have been heard, acknowledged, and understood. Willingness and a desire to truly know what a griever feels, to be emotionally present with those feelings no matter how painful, and to express empathy and concern regardless of how many times their stories need to be told, are essential components of effective grief work. The worker must also have the capacity to bear witness to suffering without being overwhelmed by it. Being with another's pain necessitates self-regulation in the presence of suffering that could be our own.

People grieve in different ways, and most do not seek out professional counsel (Jordan & Neimeyer, 2003; Lindstrom, 2002). However, griever who choose to engage in therapeutic relationships describe feeling misunderstood or silenced by listeners unable to tolerate the intensity or tenacity of their experiences of loss. Therefore, it is critical that social workers create an environment where "an understanding ear" (King, 1982), an open mind, and a willing relationship await the stories that grievers have to tell.

Translational relationships incorporate these essential attitudes and skills including willingness and desire to truly know another person, emotional presence, reciprocity, responsiveness, empathic expression, and meaning making. Translational relationships are interactive, not interpretive. They invite practitioners to learn what grief and loss mean to their clients. The foundation for a translational relationship relies on openness to seeing the world through another's eyes and requires workers to be aware of their affective and cultural baggage related to death, loss, and grief. Translational relationships thrive when the worker conveys authentic curiosity and prompts the elaboration of clients'

stories. Translational relationships transform clients' self-perceptions and assumptive worlds, and for some, revive meaningfulness in a life changed by loss.

This article describes a model for relational engagement and therapeutic intervention with grieving clients that is informed by contemporary grief and practice theories that prioritize the essential characteristics for translational relationships described in the previous paragraphs. Case examples from the author's research and practice experience illustrate the application of attitudes and skills intrinsic to translational relationships and how they contribute to transformations in the worlds of grievers.¹ Descriptions also include the effect that engaging in translational relationships has on the practitioner. Although a skillful balance of connection and self-regulation is essential to grief work, clients' stories of grief and loss inevitably have an impact on the stories' witness.

Grief Theory: Loss in Variation

People's reactions to loss are as different as fingerprints. (Maasdorp & Martin, 2000, p. 53)

Contemporary grief theory is influenced by a diversity of theoretical perspectives, including resiliency theory, social constructivism, existentialism, and narrative approaches. This integration is predicated on the belief that people derive their own sense of meaningfulness and purpose from circumstances and relationships in their lives (Neimeyer, 2001). For some individuals, reconfiguring life after the death of a loved one includes active and continuing attachments to the deceased through rituals of remembrance and reminders of the life that was lived. For others, acceptance of the loss requires letting go and anticipating

¹ Case examples are derived from the author's research and also represent composites of cases that have been de-identified.

reunion after death. And for certain individuals, the death of a loved one completes a chapter of their life and they move on.

Understanding, connection, and relationship are inextricably entwined and form the heart and soul of grief literacy. To become truly literate, one must become familiar with the culture of loss. Practitioners become bi-cultural in the sense that they move between their world and that of the griever (Browning, 2003). Cultural literacy requires curiosity and respect for the diverse ways in which clients honor, ritualize, and name their losses. Even within families, personal loss stories are considered unique to each family member (Gilbert, 2001). Grief incorporates previous experiences with loss and is influenced by religious, spiritual, and social customs that define whether suffering is named or silenced. There is no right or wrong way to grieve, and the meaning of loss shifts and changes throughout expected life cycle transitions.

Grievers and workers bring complementary expertise to relationships that lay the foundation for dialogues of care. Social workers cannot assume they understand a client's grief; however, they should not dismiss the importance of their theoretical knowledge or practice wisdom. Theory serves as a guidepost for understanding the common experiences of grief but it should not obfuscate the value of anecdotal knowledge or unique circumstance. For griever, "[g]rieving is about both suffering and resilience, experiencing devastation and hurt and reaching through them to affirm life" (Attig, 2004, p. 209).

Workers must also recognize and address their affective, cultural, and professional assumptions about death, grief, and loss. Without self-awareness, workers may unintentionally create barriers that inhibit clients' full expression of loss. When griever feel judged or silenced, the possibility for authentic relational connection is compromised. Borland (1991), a feminist ethnographer, cautions listeners to not assume "a likeness of mind" (p. 72) but rather to encourage a reflexive exchange of ideas "so that we do not simply gather data on others to fit into our own paradigms" (p. 73). Respect for the depth and breadth of individual experiences of grief implies that we recognize and remain humble about the limitations of our knowledge. There is a wide range and variation of stories of loss to be told, and acknowledging this fact reduces the likelihood that workers will pathologize accounts that are outside of the familiar, or perhaps too hard to bear. Although we can never truly know the lived experience of griever, willingness to listen and to learn from their stories in all their detailed and affective complexity increases the possibility that healing will occur.

Translational Relationships: Telling, Translation, and Transformation

When a secret stays locked within, it's not for want of a teller, but for want of an understanding ear. (King, 1982, p. 33)

Research offers mixed evidence as to whether grief therapy is efficacious or even advisable, especially for those who have just recently experienced a loss (Jordan & Neimeyer, 2003; Lindstrom, 2002; Shear, Frank, Houck & Reynolds, 2005; Stroebe & Schut, 2005). It is beyond the scope of this paper to evaluate the conflicting views presented by these research findings or to determine who, when, how, and whether to intervene with grieving individuals. However, there is consensus about the inherent value of facilitating a meaning-making process with clients in the aftermath of painful life events (Attig, 2004; Browning, 2003; Neimeyer, 2001; Worden, 2002).

People seek out helping professionals when grief has interfered with daily activities or when they've struggled to find ways to make

meaning of losses in a changed life. Griever enter therapeutic relationships hoping to regain emotional balance and restore their previous assumptions and values. It is understandable that griever are initially reluctant to tell their private stories to professionals. In many cases their grief narratives have been dismissed or minimized by the people closest to them, and also by those they have typically trusted. They enter into therapy fearful that they will be viewed as weak, deficient, or mentally unsound. They seek professional counsel hoping to hear that what they're experiencing is normal, and that they are neither crazy nor malingering.

The engagement process is critical to establishing a relational foundation for effective therapeutic intervention. Creating a safe and caring relational environment involves both attitude and skill. It calls upon the worker to suspend preconceived assumptions about what grief will look like and be fully emotionally present as the client's story unfolds. Translational relationships are constructed as the worker conveys willingness and expressed desire to listen and respond to the teller. Prepared for and responsive to a range of affective expression, the worker engages with the griever in a reciprocal telling and retelling process. Authentic and mutual exchange develops as the client recognizes and feels the worker's willingness to see the world through their eyes, without judgment or blame. Theoretical and therapeutic knowledge simultaneously guide the worker's intervention but do not override or trump the griever's lived wisdom. When successful, translational relationships result in the creation of meaningful narratives that help clients assimilate their loss experience into a revised and hopeful life. The following sections utilize case stories from the author's research and practice experience to highlight aspects of the engagement and interventive process used in practice with people who have experienced loss and bereavement.

Willingness and Desire to Truly Know

Expecting the worst, you look, you look, and instead, here's the joyful face you've been wanting to see. (Barks, 1995, p. 174)

Carl Rogers (1980) referred to becoming "at home" in the feelings of others, which described being present and having comfort with perspectives and feelings not your own. Willingness and desire to learn from the client's subjective experience of suffering requires workers to suspend disbelief, listen reflexively, and be open to unfamiliar territories where people make meaning and assimilate their grief.

Mary's Story

When I first met Mary, her forthright and blunt words challenged my ability to hear the anguish in her story of Lily's death. As I came to know her better, her tough exterior softened and her deep intelligence and spirituality emerged as incredible strengths in managing the loss of her young daughter. In Mary's case, I learned how continuing bonds of love and connection can enhance rather than impede the making of a relearned life. From a theoretical standpoint there is ongoing controversy about the adaptivity of continuing bonds after the death of a loved one (Neimeyer, Baldwin, & Gillies, 2006; Shear, Frank, Houck, & Reynolds, 2005; Stroebe & Schut, 2005). According to researchers there is no general reconciliation of the controversy; however, individual differences and cultural contexts appear to influence whether or not continuing ties have an adaptive effect in the griever's life. Mary's story illustrated how her ongoing relationship with Lily helped her work through rather than forestall grief:

I'll be really honest with you because you need to know. After Lily died I wanted to kill myself. I was very depressed. It was hard for me to get up in the morning or take care of my other daughter. I cried all the time; I thought I would never stop. I saw a psychiatrist and he really wanted to help, but he really didn't understand. But I want you to understand how hard it was and how much missing her nearly killed me. And I also want you to know that I knew I would be fine and that it made me stronger—more assertive as a person...Now I love talking about Lily. When I talk about her it brings her back to life. I know this sounds crazy, and maybe it is, but I talk to Lily all the time, almost every day. I ask her advice. I seek her counsel and comfort. I know some people think I'm insane, but I don't care. Lily is still my daughter whether or not she is alive to others; she is alive to me as her mother.

Telling stories of loss, especially those that defy convention, takes courage. Mary was consistently reminded that most people, including professional caregivers, are ill-equipped to receive stories of grief outside their comfort zones. However, she was firm in her conviction that as a bereaved person, she benefited from “retaining rather than relinquishing her ties” (Stroebe & Schut, 2005). In Stroebe and Schut's terms, Mary had relocated and transformed the nature of her relationship with Lily from a pragmatic to symbolic attachment. Being aware of the range and variation of continuing bonds while being open to Mary's lived experience allowed me to hear and respond to her story in a way that was relationally beneficial.

Telling stories of loss also requires voice. Carol Picard (1991) defined voice as the ability “to ‘bear witness’ to your story as you tell it to another” (p. 91). Grievors quickly become cognizant of barriers that obstruct or prevent their voices from being heard. Mary's comments about the psychiatrist reveal that she knew he could not bear witness to her truth: “he really wanted to help, but he really didn't understand.”

Voice is further inhibited by arbitrarily determined grieving timelines and by the short attention span people have for suffering. Cognizant of the burden that suffering imposes on others, voice becomes muted by fear of causing distress to family members, friends, and caregivers. The impulse to protect others results in grievors experiencing unnecessary suffering as a consequence of bearing their burden alone. Even if workers could take away the pain of loss, doing so would not be helpful. Clients feel their experience is minimized by those who try to lessen or lighten their emotional load by assuring them that pain is normal or will pass. Promising the end of suffering may reassure the worker that the pain will end but it creates disconnection and distance from what the griever feels.

Weingarten (2000) notes that the quality of bearing witness contributes to whether or not the storyteller feels safe enough to voice and name her truth. Bearing witness to suffering and staying emotionally present, though necessary, is difficult and no one is neutral in the face of suffering. Psychoanalytic intersubjectivity explains that workers bring both theoretical knowledge and feelings into the therapeutic encounter (Dean, 2001). As we listen to clients we instinctively reflect upon and react to what is happening within us. Reflexivity is an essential skill for building translational relationships. Reflexive practice requires the social worker to be aware of and receptive to the client's words while simultaneously being in touch with her own reactions and resulting responses (D'Cruz, Gillingham, & Melendez, 2007; Sheppard, 1998). Reflexivity acknowledges the humanness of both client and worker when actively engaged with stories of loss. Within a relational

context, a client's feelings and the worker's responses to those feelings contribute to a dialectic of meaning making.

Out From Silence: Emotional Presence, Responsivity, and Empathy

...give name to the nameless so it can be thought. (Audre Lorde, cited in Weingarten, 2000, p. 394)

Translational relationships create opportunities for clients and workers to deconstruct, reconstruct, and refine stories of loss that help the unbearable become bearable. The concept of translational relationship is informed and reinforced by relational-cultural theory (Miller & Stiver, 1997). The most basic tenet of relational-cultural theory is that people heal in growth-fostering relationships. Empathic connection is central to the healing process, whereas disconnection is believed to underpin individual distress and disenfranchisement (Freedberg, 2007; Miller & Stiver, 1997; Walker, 2004). Translational relationships offer grievors relational connections that are tolerant of a range of difficult emotions and characterized by emotional presence, affective attunement, reciprocity, and responsivity. Workers value authentic communication and honest exchange that allows for respectful questioning and discovery.

Neimeyer (2001) compares stories of loss and grief with the content of a novel. “Like a novel that loses a central character in the middle chapters, the life story disrupted by loss must be reorganized, rewritten, to find a new strand of continuity that bridges the past with the future in an intelligible fashion” (p. 263). Social workers gently guide clients to elaborate on stories of loss by exhibiting keen interest and desire to go beyond public accounts of their experience. Willingness to hear the details, being responsive to emotional and descriptive content without being overwhelmed, and maintaining empathic expression exemplify qualities of bearing witness alluded to earlier by Weingarten (2000).

Mike's Story

Curious, gentle, and respectful explorations within the context of translational relationships help clients reveal disenfranchised and heretofore unacknowledged experiences of loss that have created barriers to healing and well being. Disenfranchisement occurs when the individual's legitimate claim to grief is neither recognized nor socially sanctioned (Doka, 2002). Mike's story is an example of how layers of unrecognized and disenfranchised grief compounded an experience of non-death loss in the here and now.

Mike, age 46, had been in the construction business all his life until a workplace accident causing a serious neck injury forced him into early retirement. Mike's primary care physician referred him for counseling after medication and time had not relieved his depression and chronic pain. She indicated frustration at his lack of physical progress, inferring that perhaps he was malingering to avoid going back to work. A psychiatric assessment diagnosed Mike as clinically depressed, resistant to counseling and noncompliant with psychopharmacological interventions.

Mike made it clear from the start that he only made this appointment to please his primary care doctor. He was unaccustomed to talking about his feelings and believed that counseling was for people who were weak. I noticed however that Mike's guard dissolved when telling stories about his large, extended Italian-American family. One story that immediately caught my attention had to do with the accidental death of his 10-year-old sister, Maria. She was crushed by a farm tractor that was left running unattended in the family's barn. I felt genuine interest in this story and encouraged Mike to elaborate on what appeared to be an

important experience of loss in his early life. Mike and his siblings were told “what was done is done” and were prohibited from speaking of their sister’s death. I told Mike that he could talk as much as he liked about Maria with me, that her story was welcome in my office.

Mike decided to make another appointment and we met weekly over a year’s time. The story of Maria became a cornerstone for other stories of loss to emerge. Mike talked about the loss of his work life, his role as a physically-active father to his two young boys, and his status in the eyes of his father. Mike’s stories and my attentiveness to them allowed him to name both his sadness and the accompanying guilt he felt in not being able to change his circumstances. Mike made the connection between the depths of his presenting situation and his previous losses. Although Mike found he could not name these losses with his extended family, he was eventually able to discuss them with his wife who proved to be a valuable support. Mike and I ended our work together and he went on to work with alternative physical therapies. Although his chronic pain was not completely ameliorated Mike was able to emerge from his debilitating situation to discover new interests and opportunities that helped him put meaning back into his life.

Mike believed he was not entitled to grieve for his sister and he could not openly feel sorrow for the ambiguous losses that accompanied his permanent physical disability. When individuals believe they are not entitled to grieve they become emotionally blocked, burdened by feelings with no expressive outlet. In the narrative described earlier, Mike was able to bear witness to his story and find his voice. His story was concurrently honored with authentic positive regard by the worker. Furthermore, Mike was able to express emotions connected with the telling that were validated. Helping him translate his multiple losses into a coherent story allowed Mike to reorganize and transform his life in ways that he had previously imagined were not possible.

Lorraine’s Story

When griever tell their story in the presence of an attentive and self-aware listener, unexpected translational and transformational opportunities are created. Such opportunities do not always take place in defined therapeutic space, but are therapeutic nonetheless. My encounter with Lorraine was one such unexpected occasion; for her, it was an opportunity to speak about her daughter in the presence of someone who truly wanted to listen. For me, it was being present to an unexpected healing moment.

I met Lorraine to interview her for a study about the experience of losing a child. At the beginning of our conversation she indicated her pleasure that someone was willing to talk about Tessa as most of her family and friends seemed to avoid even mentioning her name. She said the silence was worse than the pain of remembering her infant daughter. As Lorraine became more comfortable, she asked if I would like to see the box of Tessa’s things that she had saved. The box was intricately decorated, the central feature being a photo of the two-week-old attached to feeding tubes, dressed in pink, flanked and supported by her two brothers. Lorraine slowly showed me every item in the box: a rattle, Tessa’s baby footprints on a card, and her hospital bracelet, each lovingly held and cherished.

As Lorraine showed me the precious mementos, she recounted a story of how she had desperately wanted to take Tessa outside so she could experience the fresh air on her skin before she died. She was not allowed to do so until the last day of Tessa’s life when Lorraine, closely scrutinized by the staff, walked down the hospital corridor holding her dying baby in her arms to the awaiting sunshine. She didn’t care what anyone thought. She wanted her daughter to feel the sun on her face. Tessa died

later that day. At the end of our interview Lorraine thanked me for listening and noted how important it was for her to have people who could hear and understand her story. She said, “I just needed someone who could relate to what I was going through.” Lorraine’s story exemplified the power of bringing the unnamed out from silence to a moment of validation and relationship.

Client and Worker Transformation

There’s no way around grief and loss: you can dodge all you want, but sooner or later you just have to go into it, through it, and, hopefully come out the other side. The world you find there will never be the same as the world you left. (Cash, 1997)

Clients’ stories illustrate the duality of burden and growth, suffering and strength, and despair that gives way to possibility and hope. The search for meaningfulness is essential to successful adaptation. Meaningful transformation is influenced by whether and how individuals can view their situations as simultaneously tragic and manageable (Adams, 1996; Burack-Weiss, 1995; Tunali & Power, 2002). It is also affected by how practitioners listen and respond to meaning as it is made.

Helen’s Story

Helen would be the first to admit that before her son Drew’s cancer diagnosis she was too busy for friendships. Her work life didn’t leave room for socializing; her business schedule left her partner and her child fending for themselves most weekday evenings. If you asked her co-workers how she managed, they would say that she coped with amazing competency and grace. If you asked her partner he would say Drew’s illness changed Helen in unexpected and contradictory ways. She was stronger yet fragile, more open to the experiences of others, yet less sure of her own capacities to make a difference.

Helen’s private story revealed a life shattered by tragedy and resurrected by newfound compassion and appreciation for the kindness of unexpected friends:

I saw humanity. I saw something that I never would’ve seen before. There’s something very wonderful—life’s beauty even in a very traumatic experience. It was moving. It still is moving—there’s so much goodness, because you hear so much about the bad pretty much every day.

Describing her personal transformation, Helen commented that Drew’s illness was incredibly painful but that it broadened her world view in ways that she called “a blessing.” Helen did not consider herself a religious woman, but she acknowledged that there was something sacred in what she had learned. Along with finding beauty in others, she also discovered inner vitality and strength. Asked how Drew’s illness transformed her Helen replied, “I feel that I was strengthened from it...even though it’s really, really painful.” This feeling of having been blessed or having gained something remarkable from adversity co-existed with deep feelings of grief, loss, and recurring anxiety associated with her son’s fragile health and prognostic uncertainties. And although this sense of having benefited from the kindness of others helped Helen adapt to her son’s illness, she continued to experience deep distress because of the unfairness of it all.

Emergent Transformations

Translational relationships recognize and accept the co-existence of competing and often conflicting emotions in grief experiences (Adams, 1996; Attig, 2004; Konrad, 2005). Despite adversity, griever know they can and will endure. At the same time, they want workers to understand that enduring doesn't deny suffering and that finding meaning doesn't imply that tragedy in any way makes sense. In this case, being "at home" in the feelings of others requires professional attitudes that embrace comfort with emotional complexity and uncertainty, and with the knowledge that that solace may be more important than problem-solving for transformation to take place.

Transformational experience cannot be forced, nor should it be prematurely anticipated, prescribed, or predicted by workers. Clients set their own pace for discovering what, when, if, and how transformation may occur. Social workers are effective agents of change when they focus less on what changes need to be made and concentrate more on noticing emergent transformations or incremental differences that are taking place. This focus requires maintaining a personal practice philosophy that appreciates the little things in life, values moments that contribute to comfort, and accepts clients' definitions of hope.

How people assimilate grief in life after loss is highly individualized, influenced by temperament, culture, spiritual beliefs, and cognitive appraisal. In the cases discussed previously, Mary's pleasure in talking about Lily and Lorraine's mementos of Tessa are reminders that legacy takes many forms toward healing. Neimeyer and colleagues (2006) suggest that stories and behaviors that promote meaning making over time mitigate complications associated with bereavement. Relational and contextual factors rather than specific techniques for intervention seem to be the "active ingredient" for meaningful and effective therapeutic outcomes (Jordan & Neimeyer 2003). Telling and retelling stories of loss for the purpose of revising and transforming life's goals appear to have benefit for even high-risk mourners.

Social workers also experience personal and professional transformation as a consequence of encounters with clients' losses (Calhoun & Tedeschi, 2001). The transformational journey is not an easy one. Researchers find that painful stories evoke distress in both the storyteller and the listener (Weingarten, 2000). Within the therapeutic relationship the emotional playing field is leveled when clients' circumstances touch us and in response, we experience the uncertainties and fragility of life. We meet grievers during times of their heightened vulnerability and we greet them from a place within ourselves that is perhaps equally vulnerable (Browning, 2002). Practitioners frequently find ways to deflect and protect themselves from hard stories in the workplace (Konrad, 2007). Maintaining an emotionally safe distance from painful narratives is understandable. The costs of listening to suffering are both substantive and cumulative. Listening to hard stories inevitably evokes our own distress and forces us to wrestle with our own frailties, fears, and anxieties. However, when we expect to be moved, we are less likely to be emotionally derailed by the content of clients' stories.

Although witnessing the suffering of others evokes difficult thoughts and emotions, positive personal transformation can and does take place through listening to the pain of others (Browning, 2004; Greenspan, 2003; Hernandez, Gangsei, & Engstrom, 2007; Picard, 2002; Weingarten, 2000). Witnessing growth and transformation after loss reminds us that hope dwells in unexpected places. Social workers can find reassurance in reflecting upon the human capacity to heal even when faced with extraordinarily painful situations. This was true in the case of Lorraine described earlier. By hearing the story of Tessa, viewing mementos representative of her all too brief life, and experiencing the

sadness of her death, I felt connected to Lorraine's reminiscence and to Tessa's presence in the here and now. As mentioned earlier, Lorraine's telling was not offered in the context of a therapeutic relationship but it represented a healing moment for us both.

As a final note, care must be taken not to interpret transformation as a finite resolution or cure. Grief resurfaces during expected life cycle transitions, such as anniversaries, or development junctures such as graduations, weddings, and births. Grief also returns at unexpected moments, triggered by events, sensory experiences, or memories that conjure feelings for the lost person. Finding meaningfulness does not imply finding closure nor does it suggest that grievers accept that there is a fair explanation for the losses or tragedies they have endured. However, making meaning of those experiences does seem to help bereaved persons better integrate and positively adapt to their losses (Neimeyer, Baldwin, & Gillies, 2006).

Summary

Martin Buber (1957) described empathy as the capacity to experience another's state of being in conversation. Translational relationships prioritize willingness and desire to truly know and be emotionally present to another's grief and suffering. When met with validation, responsiveness, reciprocity, and empathy, grieving clients develop relational trust that makes it safe enough for private stories to be told. Workers should receive stories with acceptance, positive regard, and with authentic engagement that prompts inquiry and curiosity to know more. To do this, workers must practice reflexively—aware of obstacles imposed by unexamined personal and professional assumptions related to death, grief, and loss. They must practice openly, and willingly travel into the unfamiliar territory of clients' grief stories. And they must practice mindfully, cognizant of the support necessary to bear witness to suffering without being overwhelmed by it.

Social workers who express genuine interest invite grievers to tell their private stories without apology. They allow mourners to remember and voice contradictory aspects of their experiences without fear of judgment or diagnostic reprisal. Although grief researchers are undecided about what constitutes the best way to grieve, they concede that grief is felt uniquely. Translational relationships pave the way for people to find individualized and personal meaningfulness in situations that may be senseless, unfair, or simply very sad. There is no "one size fits all" approach to grief, nor is there a "better" way to mourn; grief experiences are unique to each individual (Jordan & Neimeyer, 2003). However, social workers can be bolstered by the knowledge that although human beings inevitably suffer, they do not have to suffer alone. Just being present may not offer a cure but it is powerful medicine. Bearing witness to the grief of those who have experienced recognized or unrecognized losses is worthy strategy. Even when little can be done to change circumstances that have already occurred, much can be done to comfort and reaffirm the humanity of the sufferer.

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