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Non-death Loss: Grieving for the Loss of Familiar Place and for Precious Time and Associated Opportunities

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Abstract
Grieving for the non-death losses of one's place and all that is familiar and the loss of precious time and the associated opportunities go largely unnoticed in society as well as in the profession's literature and practice. Too often, people are left on their own to grieve and suffer from these types of non-death losses. In this article, the authors attempt to broaden the conception of grief by discussing and illustrating two types of more ambiguous non-death losses (Boss, J Fam Theory Rev, 8:269–286, 2016). Each of these types of non-death losses is examined from a theoretical, empirical and clinical perspective.

Keywords Non-death loss · Place · Time · Grief · Disenfranchisement · Social acknowledgment

Grief, the emotional distress that follows loss, (Howarth 2011) is most often associated with the death of a loved one. We despair not only over the death itself, but also the loss of all the associated statuses and roles. A spouse or life partner mourns for the deceased and their history together and may struggle with the associated life changes this transition entails. Death of a loved one often brings with it grief over the loss of opportunities and experiences never realized. Parents not only mourn the loss of their child, but also graduations and weddings they will never experience and grandchildren they will never have.

The social work profession has developed a rich conceptual, empirical, and clinical literature about how to help people grieve a death and to cope with the associated life transitions. This literature has largely focused on grief in response to the death of a loved one. Other deaths, which may have significant meaning for individuals, have been written about with less frequency and scope. For example, assessing and helping clients grieve the loss of a pet has received significantly less attention, even though pets are significant sources of comfort, support, and intimacy for many (Sato 2011). As we do with humans, we develop close bonds with our pets, and experience profound grief over their loss.

Individuals also experience grief in response to losses that are not due to death. Non-death losses trigger intense emotional, physical, and psychological reactions and are important areas for clinical, conceptual, and empirical attention. While these reactions have been recognized in the social work literature, they rarely have been framed as grief.

Contemporary conceptualizations of grief emphasize its social construction; grief in response to some losses is validated and supported, while grief in response to others is minimized, ignored, or devalued. The grieving process requires the bereaved to make meaning of their loss (Neimeyer et al. 2014). "Grievers create and tell stories that make sense of the loss in their lives by fitting their losses into their life stories" (Saito 2014, p. 39). Grief reactions are exacerbated when the loss is not socially recognized or supported, and the bereaved are denied the opportunity to work through their grief.

This *disenfranchisement* of grief has largely been understood and discussed in the context of death losses that in some way are stigmatized, like a drug overdose, suicide, or gang-related murder (Attig 2004; Doka 2002). This conceptualization also has much relevance for grief that results from non-death loss. The needs of individuals facing non-death losses have not been overlooked as much as they have been misunderstood and misinterpreted by social workers. When faced with non-death loss, clients' reactions typically

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are viewed as indicators of stress or depression rather than as manifestations of grief. This leads to the disenfranchisement of clients' grief by not acknowledging and inviting discussion of it.

In this article, the authors focus on two types of non-death loss that social workers are likely to encounter among their clients: *the loss of place and its* accompanying associations and *the loss of time and its associated opportunities*. The purposes of this paper are: to broaden the conception of grief to include non-death losses, specifically loss of place and time; to examine relevant research findings; and to discuss and illustrate practice implications.[1] We believe that as the profession comes to recognize the nature and manifestations of non-death loss, this reduces its disenfranchisement and promotes bereaved clients' healing.

Grieving for the Loss of Place, and Its Accompanying Associations

Akin to developing emotional bonds with people, we develop attachments towards places that are significant to us. We interact with places; we develop identification with places; we often describe ourselves as "belonging" to these places (Stedman 2002). An attachment to a meaningful place "is a universal affective tie that fulfills fundamental human needs" (Scannell and Gifford 2010, p. 1). The attachment to a place helps us develop and maintain our self-identity and sense of well-being. Children's developmental task of learning to trust, for example, is based on the security of stable physical arrangements, as well as on secure relationships. Children refer to *my toys, my clothes, my room, my house, my playground, and my neighborhood* and view these as extensions of themselves (Nicotera 2005).

We develop and become embedded in the physical as well as social connections that accrue from living in the same place over time. Therefore, the absence of familiar and cherished places and structures that comforted us and has been part of our individual and group identities leaves us with feelings of grief associated with being uprooted and adrift. Research and clinical attention has focused on at least five different contexts in which loss in response to dislocation is likely to occur- though typically has not been recognized—and is suggestive of the needs of clients experiencing other types of displacement.

Out-of-Home Placement

Researchers and clinicians alike have recognized the traumatic impact that removal from family has on a child. But a commonly overlooked aspect of this trauma is the grief that results from being uprooted from all that is familiar including home, school, friends and family, and community (Mitchell 2017). In her study of adolescents aging out of foster care, Mitchell found that all participants experienced reactions that were best viewed—but not labeled by professionals—as grief (2017). Her research also revealed that the adolescents were rarely provided opportunities to grieve. The consequences of ignoring the grief associated with out-of-home placement is reflected in additional research that demonstrates that the more placements children experience, the more pronounced and intense their reactions. Further, their reactions, which are best framed as grief, are likely to trigger the need for re-placement (Unrau et al. 2008). Thus, it appears that children in out of home placements are doubly traumatized: first they are removed from all that is familiar and second their grief in response to this profound loss is ignored.

Case Illustration

This practice vignette illustrates the subtle manner in which grief for loss of place is typically manifested. Timmy, 9 years old, was placed in a foster home. He was removed from his biological parents after the father was found to have abused him, and his mother, suffering from a substance use disorder, did not protect him. Timmy has been in the new home for several days. He frequently cried and tended to isolate from others. The worker had been called, because the previous evening he threatened to run away, when his blanket (which he brought with him to the foster home) was missing, and he refused to use another blanket. The worker recognized the difficulties and feelings Tim was experiencing in adapting to a new home and school and his foster family and framed his reaction as anxiety. This may, in fact, be the case, but at least as significant was the possibility that Timmy's behavior reflected unacknowledged grief associated with the move and the resulting loss of a familiar source of comfort and meaning. His blanket (which never was found) represented his connection to his biological family and home. From this perspective, the loss of the blanket represented much more than the loss of a "thing;" it reflected the loss of place.

Transition from Home to Care Facilities for the Aged

A parallel body of research has examined the transition of older people from their homes to care facilities. Clinicians and researchers alike have noted the difficulties associated with this significant life transition, but have not appreciated the extent to which these challenges reflect grieving over lost home. The literature available on grief among and grief work with the elderly focuses almost exclusively on death-related losses and anticipated losses. However, the transition to a

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[1] The practice illustrations are based on composites of several clients.

new living arrangement brings with it the loss of all that is familiar and therefore reassuring. "The home and surrounding neighborhood may represent a lifetime of continuity for older adults" (Walter and McCoyd 2009). Older adults have difficulty leaving their homes "because the home represents the narrative story of the older adult's life" (Sokolee 2016, p. 164). Research suggests, for example, that regardless of how comfortable the person's new surroundings, their very newness create distress and an impaired ability to adapt (Ayalon and Green 2012). Consistent with research findings from child welfare, while elderly residents of care facilities experience intense feelings of grief associated with loss of home and the familiar, these reactions rarely are acknowledged or addressed by staff, including social workers. Staff seems to recognize the need for intervention to address residents' reactions but report being unprepared to do so (Bradley 2013; Choi et al. 2009; Van Humbeeck et al. 2016).

Immigrants and Refugees

Grief associated with loss of place also is evident among child and adult refugees and immigrants, though, once again, these reactions typically have not been framed this way. The traumatic impact that war and gang and drug violence has on refugees and immigrants has long been recognized and documented, but more recent research suggests that these reactions might have as much, or even more, to do with loss than with trauma (Betancourt et al. 2012; Kaslow 2014; Solheim et al. 2016).

The grief associated with loss of place likely varies depending upon the specific context and circumstances. However, findings suggest that even among adults who have been in their new country for many years, grief over the loss of native home and the familiar remains (Gilbert 2008; Saito 2014). For example, Cuban immigrants have been found to experience chronic grief over the lost homeland, a loss that defies closure (Perez 2016). Possibly, that loss of cultural traditions including food and customs, as well as familiar geography and physical environment may intensify the trauma associated with refugee and immigrant dislocation and compromise individuals' ability to assimilate and transition into their new home (Casado et al. 2010).

Homelessness

Loss of place and the familiar also has been observed among individuals who have lost their homes as well as parents and children who experience frequent moves due to financial instability (Burns et al. 2018; Durban 2017). The stress associated with financial problems and homelessness has been well documented, as has the existence of depression. Less clear is the extent to which these reactions might reflect unacknowledged grief. Grief reactions among this population may be intensified by the stigma associated with their status (Burns et al. 2018; Durban 2017).

Case Illustration

The following exchange occurred in a group at a shelter for families experiencing homelessness and poignantly illustrates individual and collective grieving for loss of place. The group, which met once a week, provided members with the opportunity to support and encourage one another, as well as share suggestions and ideas about resources that could assist them in finding employment and affordable daycare and housing.

Monique:	I am so tired of being tired. Everyday, I worry. About my kids, about my health, about whether we're going to be back out on the street.
Keisha:	(Starts to cry). I hear you. It's like I am always carrying this big weight around my neck. I'm always crying about something. Everything.
Sherelle:	(Starts to cry). I don't know what it's like not be waiting to be evicted, not be worrying about where we're going to sleep when we get run out.
Sherelle:	It just hurts so much. It feels like it did when my mama died. Like I lost someone or something. It not the same, I know. But it feels like I am lost, my kids and me. This sadness, it never goes away.
Patrice:	Yeah, it's like we are lost, we be in a big ocean with no way to save ourselves. No one to help; no life jacket, no nothing. We're slowly dying, our children and us. …

As this discussion progressed, members' losses became more apparent and included loss of place, stability, and hope. Of note is that members did not frame their reactions as grief. Sherelle's comments reflect this lack of appreciation for the losses she endured. A particularly damaging aspect of non-death loss that is unacknowledged is the extent to which grieving individuals minimize and/or question feelings related to their loss. Their lack of acknowledgement is reflected in and in many ways created by the wider social environment. In the present case, shelter staff saw their role solely in terms of helping residents find places to live. Except for the group, members had no opportunity to voice—much less cope with—their grief. This, coupled with the unresponsive, fragmented and, at times, abusive social service systems members had to deal with undermined their ability and motivation to seek resources to improve their situation. Rather than recognize and validate residents' grief, staff focused on what they should do rather than first acknowledging what they had lost.

Human-Made and Natural Disasters

Loss associated with forced displacement following human-made and natural disasters and sociopolitical and economic factors has been observed. In an early study of urban renewal in Boston's West Side, (Fried 2000) found clear and consistent evidence "of powerful and quite widespread grief and mourning among the displaced residents of the West End" (p. 196). Fried discovered that the "concepts of grief and mourning extended beyond the death of an individual to the tragic loss of a community or even of a building that symbolized the community" (p. 196).

In a more recent study of economic displacement resulting from a plant closure, the researchers found that grief was a common response among the newly unemployed workers, their families, and the community in which they lived, worked, and shopped (Verity and Jolley 2008). In addition to job loss, other sources of grief reflected the loss of: routines and social relationships that employment provided; sense of stability and community because workers and their families could no longer support local businesses; and optimism about the future. In a study of survivors of an earthquake in Taiwan, mental health providers identified and responded to signs of PTSD in individual survivors but failed to recognize indicators of loss and grief among the community-as-a-whole (Yaw-Sheng 2009). This undermined individual and community resilience and cohesion.

Similar findings were observed in a study of evacuees following Hurricane Katrina (Malone et al. 2011). The researchers found that service providers focused on evacuees' stress reactions and PTSD symptoms; grief associated with loss of place, community, and familiarity, which were widespread, were overlooked. The sense of unreality and disbelief that accompanied evacuees' reactions to a completely altered and devastated landscape led the researchers to describe the grief as "disoriented". "Disoriented grief is characterized by paralyzing affect, a pervasive feeling of uncertainty and fear, a perceived lack of motivation, and an enduring sense of living in survival mode" (Malone et al. 2011, p. 255).

Grieving the Loss of Time and Associated Opportunities

A second type of non-death loss that often is overlooked or misunderstood is associated with individuals' recognition they have missed opportunities and experiences and have lost precious time. Germain (1976) wrote, "In the history of social work, very few theorists have given heed to the matter of time; this fact is curious because time plays so poignant a role in the human condition" (p. 419). More than 40 years later, Germain's insightful observation still holds

true. All of us can reflect on a time when we wished we had behaved differently or made different choices. Some experience disappointment about the years they spent in an unfulfilling job or a failing relationship. Still others grieve for the years lost in abusing substances and the damages caused to themselves and others. Military personnel may grieve the time lost from their families, delayed educational pursuits, and careers. Incarcerated prisoners may grieve their forced separation and time and opportunities lost. People who are gay or lesbian may grieve the length of time it took for them to "come out." Cancer patients may be upset about the length of time they delayed seeking medical attention.

Case Illustration

The following illustration describes the struggles of a formerly incarcerated client and the social work intern's effort to help her with her grief over lost time and opportunities. Her grief emerged from a series of poor choices and became disabling.

Megan, age 30, lives with her 52-year-old mother and 20-year-old brother in a lower income family household. While in college, Megan suffered a sports injury and was prescribed opiates. She became addicted and engaged in criminal activity to support her addiction. This led to her being incarcerated for 18 months. Upon her release, Megan was employed in a small financial institution. She described feeling depressed and overwhelmed with anxiety about adjusting to life outside of prison as a person recovering from a substance use disorder and a person convicted of a felony. She was having difficulty meeting new people and maintaining relationships, and despite her efforts to move forward, she felt trapped by her past.

In their first session, the social work intern and Megan agreed to focus on her life transition of reentry into society, living with the stigma of a criminal conviction and being a person who is recovering from substance use disorder. They also agreed to work on the traumas evoked by life in prison while helping her to adapt to her new environment, new life style, and to forge new relationships. After a class presentation and discussion, the intern realized that Megan also was grieving. Hence, their mutual focus also included grieving for the time she lost in active addiction, in criminal activity, and in prison, as well as for opportunities she missed in starting a family, growing a business, and in attaining a sense of self-worth.

About 6 weeks into their work together, the following exchange took place:

Megan: I messed it all up!
Intern: What do you mean?
Megan: After I got injured in college ball, I started taking pills. I cut everybody out of my life who

supported me. No one could get through to me. My addiction took over; I spoiled everything; I got kicked out of college; started selling and then I went to prison.

Intern: You feel that you let yourself and others down?

Megan: (Megan begins to cry). I did… I let everyone down. I wasn't myself when my addiction took over. I lost so much time and I will never get it back.

Intern: I feel badly that you hurt so much over this period in your life.

Megan: I have been working so hard to stay sober, help other people in AA, and to work on rebuilding my relationships.

Intern: I hope you give yourself credit for everything you have accomplished and the strength it took for you to survive in prison, and for the fact that you're sitting here today.

Megan: Yes, I have worked hard. I need to prove to myself and to everyone else that I am different than my addiction. I just pushed myself through my horrible experiences in prison. I shut myself down. Last week was the first time I cried in years. When I think about who I was when I was using it scares me because I didn't care about anyone but myself. And when I went to prison I was the same way. It's almost like I didn't wake up until I found out that I could get out of prison early. I never expected it.

Intern: What was it like for you to "wake up?"

Megan: I have not been able to accept where I am in my life. I wish I could go back to that moment in college when I started using painkillers… But I can't and I feel like I am missing a chunk of my life.

Intern: How so?

Megan: I could have just stopped playing soccer and finished college, obtained a decent job and started my life, but I threw it all away. No one wants to hire a felon and on top of that I'm a recovering drug addict.

Intern: You are feeling stuck right now?

Megan: I keep trying but I lost so much time I don't think I could ever make up for it.

Intern: Maybe it's not a question of making up for the time you lost as much as it is giving yourself permission to grieve for that loss and, at the same time, to learn to forgive yourself for the mistakes you made. …

This example is typical of many settings in which social workers will encounter clients experiencing non-death loss associated with time and lost opportunities. The intern's initial assumption is that she will be working with Megan on transitioning into life after incarceration and the challenges she is facing during this period. The intern discovers, however, that Megan is faced with more than just what lies ahead. She also must mourn opportunities and time lost. Of significance is the fact that Megan, herself, did not identify what she was experiencing as loss and grief. When the intern framed the client's feelings in this way, she was validating Megan's sense of loss and therefore providing her with an opportunity to grieve. Only when Megan comes to terms with what she lost- and construct meaning out of her experience—can she begin to move forward with her life. The process of mourning provides the client the possibility and opportunity "for redoing a regrettable experience."

The loss of time and opportunity are particularly relevant, but often overlooked, for survivors of childhood trauma. As survivors age, these losses are compounded as they look back with regret on a life full of missteps and missed opportunities (Lien et al. 2016). Theorists and researchers have begun to recognize that the loss experienced by survivors of childhood trauma is multi-dimensional and reflects time lost due to associated problems like addiction, abusive interpersonal relationships, depression, and anxiety (Bordere 2017; Lien et al. 2016).

Case Illustration

The excerpt that follows is from a support group for adult survivors of sexual abuse. Initially, members had difficulty recognizing and naming their grief. With the worker's help, they begin to realize what they have lost and how they can, as one member states, "pick up the pieces" and move forward.

Karen (age 21): I feel like I have been sleepwalking for most of my life. Once my brother started to molest me, I just shut down and went through the motions of day-to day-life. Middle school, high school, proms, football games, friends, and boyfriends are still a blur. So here I am, 21, my senior year of college, and no clue who I am, what I want, where I am going.

Deidre: (age 35). When I watch television, I just stare at the television. I realize I don't make decisions about what to watch. I *can't* make decisions because I don't even know what I like!

Judy (age 52): You all are lucky. I know it hurts, but you are younger than me. You have made fewer mistakes. You have so much time ahead of you. I don't. I am more than halfway through my life and I have nothing to show for it: Three husbands, four children, two of whom are addicts and won't talk to me. When I was in elementary school I was a good student! I loved school; I was a teacher's pet. And then, HE found me and started in on me. For 34 years, I've just existed

and floated. I made one mistake after another; mistake upon mistake, over and over. I haven't really lived at all.

Betty (45): (Crying) Yes, that's it. We've just been drifting through life. Never feeling anything, never experiencing anything.

Worker: It seems like what you are realizing is how much time you have lost. And it seems like some of you worry that it is too late. That too much time has passed. And maybe worry that you don't really know how to start living.

Karen: I want to have a normal life. I want a boyfriend, I want a career, I want to laugh and really mean it. How do I do that?

Betty: Yes, how do I just pick up the pieces and move on? I'm like a house with no foundation.

Worker: I guess the place to start is to mourn what you've lost. It's like losing a loved one. You can't move forward with life until you grieve what you have lost.

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As this example illustrates, providing an opportunity for clients to grieve their losses will help them to better address whatever difficulties precipitated their seeking or being offered or mandated help in the first place.
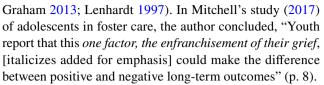
Practice Implications

The lack of social acknowledgement of grief in response to non-death loss has meant that insufficient theoretical, empirical, and clinical attention has been devoted to articulating the ways in which it is similar to, and different from, grief in response to a death loss (Mitchell 2017). There appear to be parallels in these two grief responses, which can begin to suggest intervention strategies (Cooley et al. 2010). However, there also are clear differences.

The Importance of Validation

Evidence suggests that coping with and working through grief in response to a non-death loss is compromised by the lack of understanding by mental health professionals including social workers (Attig 2004; Robson and Walter 2012). Therefore, social workers must learn to distinguish manifestations of grief and loss from affective reactions associated with current and past problems in living. When we help clients to address life stressors, we must consider that their present-day challenges reflect grief about current and/or past non-death losses.

In marked contrast to traditional grief work, central to helping clients with non-death loss is validating its existence (Attig 2004; Ayalon and Green 2012; Backhouse and

Graham 2013; Lenhardt 1997). In Mitchell's study (2017) of adolescents in foster care, the author concluded, "Youth report that this *one factor, the enfranchisement of their grief*, [italicizes added for emphasis] could make the difference between positive and negative long-term outcomes" (p. 8).

We must be proactive in pursuing with clients past and present experiences that may have resulted in non-death grief, since clients, themselves, are unlikely to frame their experiences and reactions this way. As previous examples illustrate, we may "stumble upon" non-death loss in our work with clients. Therefore, we must learn to be more intentional in helping clients identify, manage, and work through non-death loss, that is, help them construct their grief and make meaning of it.

This suggestion is consistent with the available research that indicates that when social service programs and clinicians do offer bereavement services for non-death loss, clients avail themselves of these services and are better able to move through the phases of grief (Ayalon and Green 2012; Backhouse and Graham 2013; Kalich and Brabant 2006; Mitchell 2017). These same findings also reveal that such services—when they are even offered—tend to be confined to settings in which non-death loss is most likely to occur like child welfare and care facilities for the elderly. As professionals devoted to social justice, we must advocate that all agencies consider the possibility that clients' affective reactions may reflect non-death loss. Equally important, we must advocate that our work and that of our agencies do not perpetuate non-death loss and its disenfranchisement.

The Grieving Process and Non-death Loss

In addition to validating non-death loss and reframing clients' reactions as grief, social workers must provide intervention tailored to the unique aspects of non-death grieving. Building upon the work of Clark (2001), grief work with non-death loss begins with *uncovering feelings* associated with the loss. Since these feelings may have gone unrecognized, workers' use of empathy and reframing skills will be critical. While limited, evidence suggests that assisting clients with mourning their non-death loss—once those feelings have been identified—parallels skills used in grief work in response to death (Howarth 2011; Mitchell 2016, 2017).

A critical aspect of grief work is helping clients make meaning of their loss (Holland and Neimeyer 2010). In response to loss, meaning reconstruction is the pivotal process in grieving Neimeyer (2001). This includes assisting the bereaved in understanding, managing, and making meaning of their affective reactions. Feelings typically associated with death grief like *anger, sadness, self-blame, and guilt*, will be present in non-death loss. However, these feelings and reactions may take on a different connotation. For example, clients with a history

of a substance use disorder, like Megan, are likely to have chronic and deeply held feelings of guilt about their addiction and its consequences. The anger that survivors of sexual abuse experience is likely to go beyond and be more multi-dimensional than anger experienced by those grieving a death loss and include anger at self for not stopping the abuse, anger at others who did nothing to protect, anger at one's body for its "betrayal" (in those cases where the victim had a sexual response to sexual abuse), and anger at the steps taken to simply survive.

Managing and making meaning of this anger may require the worker to help clients forgive themselves for actions they may taken that led to or resulted from their loss. The concept of *self-forgiveness* is a relatively new one and therefore has received insufficient attention in the practice and empirical literature (Vitz and Meade 2011). While the definition is still evolving Webb et al. (2017) assert that, "Self-forgiveness… includes acceptance of responsibility and accountability, reconciliation with and acceptance of self, recognition of the human condition, and commitment to change" (p. 221).

When this conceptual framework is applied to non-death grief work, self-forgiveness requires that clients acknowledge "self-instigated wrongdoing" (Webb et al. 2017, p. 222) and take personal responsibility for actions that resulted in or accompanied their loss. Authors point out that self-forgiveness does not mean self-pity or self-indulgence. Rather, it requires that individuals accept their imperfections and mistakes and move forward with a renewed sense of purpose and self-acceptance (Cornish and Wade 2015). This is consistent with the need for bereaved individuals to construct meaning out of their loss including those that result from non-death losses, particularly those associated with loss of time and opportunity. In a previous example, Amanda was able to reframe Megan's reactions as grief for opportunities and time lost and suggests that her client will have to "forgive" herself for actions she took while active in her addiction.

An additional aspect of grief work with non-death loss is helping clients connect their feelings of loss and how they managed them with current problems in living. This includes assisting clients in ascribing new meaning to the past as a way of moving forward in the present and the future. In the example from the shelter for people without places to live, members' comments suggested their emotional reactions included grief over the loss of place, security, and stability. By pointing this out to members, the worker validates their grieving and provides an outlet for its expression. Providing members with the opportunity to grieve is empowering, minimizing the likelihood that their grief will undermine their efforts to find housing and secure employment.

Developing Social Support and Promoting Resilience

Consistent with grief work in response to death loss, clients grieving a non-death loss require social support. This goes beyond the support offered by the worker and the acknowledgement that the presence of social work services provides. Social support has been found to be a critical factor in helping bereaved individuals move through their grief and promoting resilience (Benkel et al. 2009; Bottomley et al. 2017; Wong 2007). Assisting clients in locating support in their social networks will take on added importance in non-death loss due the lack of social acknowledgement. Individuals in the social network may themselves need assistance in understanding and supporting the client's grief, suggesting the need for both outreach and intervention with these significant others.

Another source of support that may be particularly beneficial in non-death loss is group work. The benefits of group participation for bereaved individuals have been validated (Knight & Gitterman 2014; Linde et al. 2017; Rice 2015). Though preliminary, there is some evidence that participation in a group is a helpful intervention for individuals grieving non-death loss (Clark 2001; Joy 2013; Mitchell 2017).

Future Directions

Since non-death loss is only beginning to be understood, much more attention must be directed at understanding it and how it is manifested. In this article, the authors have suggested the ways in which non-death grief work may parallel death grief work. However, significant differences exist, as we note. Therefore, a deeper understanding of non-death loss must lead to evidence-informed interventions, analogous to the literature that is readily available to guide grief work in cases of death loss. Consistent with the profession's commitment to social justice much more attention must be devoted to advocating for the social recognition of non-death loss, and this includes ensuring that social welfare agencies offer services to clients grieving a non-death loss and minimize its existence in the first place.

Concluding Thoughts

The impetus for this article was our own recent discovery of this expanded conceptualization of loss and grief and its import for the helping process. Recently, a graduate student was telling her classmates that she felt stuck in her work with a client, a woman in her late 20s, who had been released from prison. She was trying to help her reintegrate into society, but the client seemed unable to take the next steps. She kept focusing on what the past years in which she was

incarcerated could have been and her many missed opportunities for completing her education, sustaining friendships, finding a mate, and starting a career. We presented this case in this article.

A light bulb went on for the student and for us. The client was grieving for her lost years. While we had thought about loss and grief related to non-death issues, we had not paid sufficient attention to loss of time and place. We began to reflect on the meaning in one's life of lost time, of lost opportunities, and the loss of what is comfortable and familiar in one's physical and social environments. Individuals mourn the loss of place, yearning for the familiar, and for the loss of opportunities and precious time and what could have been. As is the case with death loss, the bereaved must be afforded the opportunity to grieve their losses, acknowledge and express their emotional turmoil, and address the reorganization of their lives. Unfortunately, the types of non-death losses we have described in this article are rarely socially acknowledged. Therefore, those who grieve a non-death loss often must do so alone, and—as previous examples illustrate—struggle with emotions for which they have no clear name or frame of reference.

We believe that traditional forms of grief counseling will need to be adapted to accommodate the uniqueness of non-death loss. We also believe that social workers already possess the skills to help clients with non-death loss. What is needed, however, is research and theory to guide social workers in offering intervention strategies that reflect and honor the grief clients experience when their loss is significant but not in response to death.

Compliance with Ethical Standards

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