

**Taos Institute – Tilburg University Ph.D. Program**  
**Dissertation Proposal**  
**By Lorraine Hedtke**

**Proposed Title of Project:**

Exploration of group experiences and personal narratives, aimed at developing remembering conversations after the death of a loved one.

**I. Research Domain:**

The overarching aim of this study will be to investigate how death and grief are constructed in relationship and how these constructions are affected by participation in remembering conversations that occur in a time-limited support group setting. Particular attention will be paid to noticing what differences are made in the grief experiences after a person has attended a six-week support group.

**Research questions**

Specific research questions that will guide the study are:

1. How can remembering conversations be used in a group setting for persons who are living with grief?
2. Do people experience remembering conversations as helpful in negotiating the challenges grief brings? If so, how?
3. What kinds of experience of grief do the questions asked in remembering conversations produce for people who are living with grief? Are these questions helpful, sustaining, comforting, and inspiring or not? If so, how?
4. What is the effect of exploring these conversations in a group setting? How does introducing their deceased loved one to other group members impact upon their lived experiences?
5. What are the identity effects for the surviving loved ones of participating in remembering conversations?

6. Do remembering conversations in a group setting lead to identity conclusions for participants that continue to include the deceased person in a relationship, or do group participants construct their identities more as withdrawing energy from relationship with the dead person?

### **Focal theory: The grief literature**

For a study such as this many theoretical and practical literatures are relevant, the most notable being the literature about death and grief. Most obviously, concepts will be drawn from the fields of thanatology and bereavement. The study will also draw from both the theoretical building blocks of these domains as well as from practical clinical applications. It will also outline some current problems in this literature. As much of this literature has been filtered from various professional bodies to general lay knowledges, it is important to examine the assumptions, agenda and discursive influences upon grief. Discussion of such literature, and of the problems within it, will provide the ground out of which the focal theory of the study will emerge.

Much of the current professional and lay psychological thinking about grief began with Freud's (1917/1957) comments on mourning. Grief, in Freud's texts, is constructed as a temporary abnormality, like an illness. Its energy is dissipated through the process of decathexis, that is, through emotional release. The pathway out of the 'illness' of grief is based upon detachment from the 'lost object'. According to Freud, successful grief is measured by the responses and coping ability of persons and by how well they readjust to life after a death. By contrast, the process of remembering is considered as pathologized, like a 'fixation', not unlike a neurosis.

Many other psychological theorists have either taken up Freud's work in their description of grief, or had their theories folded with his into a discursive mix. John Bowlby's (1969/1980) developmental theory of attachment is one such theory that also lent weight to the ideal of detachment in the wake of death. The therapeutic goal of helping people achieve an optimum degree of detachment (perhaps described as autonomy or self-responsibility) has been a prescribed

therapy task; that is, to assist people to form appropriate bonds and to effectively manage the loss of those bonds when the time comes. Grief therapy, therefore, has been constructed to assist the bereaved to heal through accepting the loss and restoring the autonomous self. Within this frame of thinking, the valued goal of detached individual status is not assisted by processes of remembering that emphasizes how we continue to be entwined with the dead in an ongoing way.

Within the literature on grief many have written what might be considered practical clinical approaches that are based in the theories of Freud and Bowlby. One of the more popular texts has been William Worden's book "Grief Counseling and Therapy." The two editions of his book on grief therapy (1982/1991) provide a roadmap for counselors who help people negotiate the experience of grief. Such roadmaps serve, not only as objective descriptions of the topography of grief, but also as cultural products that give form and shape to the experience of grief itself. To some degree, all descriptions do more than describe. They become pieces of knowledge that impact on the discourse that they describe (Foucault, 1969). Since Worden's work has been influential for therapists we need to ask questions about what kind of personhood, what kinds of relationships and what kinds of community it envisions. We might also ask what traces of modernist assumptions can be found at work in the construction of his thinking.

Worden specifies four main tasks of mourning that the bereaved should work through (Worden, 1991). These four tasks deserve mention in order to notice, for example, how the experience of grief has been storied in modern psychologies.

*Task 1: To accept the reality of the loss (p. 10-11)*

*Task II: To work through to the pain of grief (p. 13)*

*Task III: To adjust to an environment in which the deceased is missing... (p.14)*

*Task IV: To emotionally relocate the deceased and move on with life... (p.16.)*

As with many other forms of thought in the bereavement field, Worden has not supported the practice of remembering or continued connection with the deceased loved one. He states: "The overall goal of grief counseling is to help

the survivor complete any unfinished business with the deceased and to be able to say a final goodbye.” (p. 38)

A review of the grief literature must give reference to the work of Elizabeth Kübler-Ross (1969). Since the 1970's, her work has loomed large in the field of death and bereavement. Even though Kübler-Ross's efforts were directed at humanizing the more impersonal aspects of death under the medical regime, the psychology she draws from is still largely psychodynamic. It constructs the self primarily in terms of essential feelings that need to be 'worked through' by sharing them with others. Grief is thought of in terms of a natural progression through stages (shock, denial, anger, bargaining, and acceptance). These stages (and their elaborations by subsequent authors who built on her work) have enjoyed so much popular circulation that many lay people incorporate them in their assessments of their own and their family members' grieving.

Others have taken up similar positions to Worden and Kübler-Ross in their description of dying and grieving (Byock, 1997; Nuland, 1995). These various texts seem to hold in common a discourse on death that was born in modern medical and psychological paradigms. Each offer various paths, steps, tasks, issues or helpful interventions aimed at restoration of an individual status that will be once again be reinstated as whole (in contrast with, say, being one-half of a couple) after a person has died.

### **Background theory**

The study will be located within a larger general theoretical context of postmodern and social constructionist thought (Burr, 1995; Foucault, 1972; 1989; Gergen, 1999). In line with a postmodern perspective, the study will begin with the assumption that language constructs our meanings, identities and relationships (Bruner, 1986; 1990; 1994; Gergen, 1994; McNamee & Gergen, 1999). Simply put, what we say and how we talk matters. The constructionist perspective suggests that our words and our talk are not neutral. Rather, they are implicated in our construction of the world. They do more than represent reality; they actually shape it and constitute it and create identity positions from which

people act and form meaning (Davies & Harré, 1999; Derrida, 1972; 1992; Drewery, 2002; Harré & van Langenhøve, 1999; Shotter & Gergen, 1989). This perspective will provide the background for the construction of the remembering conversations that will be studied for their effects on people before they die and after a loved one has died.

Postmodern thinking departs epistemologically from positivist, or modernist study. Where once quantifiable data that can be reduced to single causal common denominator was valued in modernism, postmodern thought has an expanded preference for polysemic perspectives. The value of problem identification and systematic intervention in the modern world becomes a limiting force that is culturally and gender insensitive in postmodern construction. In the evolution from modernism to postmodernism, the once reified “individual self” has fallen away as the cornerstone of meaning and memory. The notion of relational identity construction, discursive influence, and multiple stories has given birth to understanding meaning and experience through a kaleidoscopic lens. This study will explore the writings of Derrida, Bakhtin, Turner, Bruner, Foucault, Gergen, and Ricoeur as postmodern theorists who have contributed to the rethinking of how we know what we know. Bakhtin’s (198; 1986) concept of dialogical thinking, in which ideas grow best in the fertile soil of conversational exchange will be relevant to the study of conversation that this project envisages. The term ‘dialogical’ here refers to the ongoing energy generated from people’s utterances to each other in an endless stream that is never finalized (Bakhtin, 1981; 1986).

### ***The literature on remembering conversations***

The postmodern perspective allows us to take advantage in some fresh ways of the new perspectives in thinking about death. The concept of remembering conversations serves this purpose. Remembering conversations are deliberate acts of identity construction that draw upon the postmodern theoretical position (Hedtke, 2000; Hedtke & Winslade, 2004; Madigan, 1997; Russell & Carey, 2002). The concept of ‘remembering’ is drawn originally from the work of the anthropologist, Barbara Myerhoff (1978; 1982; 1986). Myerhoff

wrote about the response of a community of elders in Venice Beach, California, to the death of one of their members. She argued that a community could negotiate such a death through the creation of 'definitional ceremonies' that served the dual purpose of honoring the dead person as a member of their community and strengthening the survivors' sense of belonging to that community. Such remembering is much more than mere reminiscing or recalling the past. It involves the reincorporation of the membership of the dead person in the ongoing community of the living. Her stress is on remembering as an active process of calling forth membership in a restorative way. It is a creative process that develops the life narrative of the living through a process of interaction with the dead. It does not take the time of death as a moment of finalization of the relational possibilities.

Remembering conversations suggest a metaphor of membership, and thus this metaphor gives way to the creation, and the use, of remembering practices. Michael White (1997) used this metaphor to refer to the club of significant others in a person's life. We are all born into such a club and along the way we add to, and sometimes subtract from, the membership list of this club. Immediate family members usually have a place of significance in this membership club, and we then add friends, colleagues, partners and children. This study will assume that each person who has died holds a special membered status with those who continue to live on.

A person's membership club serves as a major reference point for the construction of identity. In the relationships between a person and the other members of the club of his or her life, identity positions are offered and taken up and identifications are authenticated. From this perspective, identity is a by-product of multitudes of dialogues with others around us who validate us to be who we are (McNamee & Gergen, 1999; Shotter & Gergen, 1989). A membership club is constituted by the aggregation of reciprocal exchanges of such processes of authentication. This club forms a significant discursive community from which we draw to make sense of the events of life. Meanings

are exchanged within this club. Hence, the claim can be made that the meaning, stories, per formative acts of a person's life exist substantially within this club.

The phrase, remembering conversations, is new to the field of thanatology. It is a concept that will be a pivotal aspect of this proposed study. Myerhoff's work has been borrowed from and shaped in therapeutic conversations to form new and exciting possibility for change. Michael White has taken up remembering as an informative lens (White, 1997) and applied this notion to bereavement practices as well as other contexts of therapeutic conversation. Remembering conversations as they are applied to death and grief are in their infancy. One purpose of this study will be to explore the implications of this way of thinking for people after a death has occurred. Studies that have included remembering practices have so far been largely based on anecdotal data (Hedtke, 2000; 2001; 2002a; 2002b; 2003; Hedtke & Winslade, 2004; White, 1997). This research project will seek to give additional direction to the practical applicability of the remembering concept and add depth to the practice of remembering conversations through substantiating further the value of such conversations.

To this end, many texts previously written by the researcher will be included to address the new ideas found there. As a dissertation is often developed to discover, highlight and develop original work, the ideas of remembering and membership must take their place within this project. These ideas are a distinct difference in conversations for bereavement and cut a new path for the future of conversations to be constructed with those who are grieving. As such, they represent and constitute originality that is meritorious of work found in dissertations. While this author has been an important contributor to the original highlighting of these new directions, the research still warrants additional development and exploration. This project will subject these ideas further to academic rigor to locate historically relevant theories that support and develop the practical applications of this thinking. One aim of this project is to further unearth the implications and practical applications of remembering theory in practice.

### **Domain of death and grief:**

How might this proposed study differ from the dominant discourse of death and grief? Attention is needed in defining remembering and understanding it further, that we must also examine what remembering is not. Deconstructive inquiry invites us to know a concept through understanding what it negates, or through distinguishing its polar opposite. The knowledge of “remembering” – both as a theory, and as a practice - is strengthened when we understand what it is not; if remembering is an active and constructed process than how can exploring and giving text to its binary opposite offer the reader a clearer picture? To move towards clear definitions and distinctions, this study will give notice to what remembering is not. This step is intended to assist and affirm the importance of the practical applications of remembering, rather than rubbish the ideas uncovered in its linguistic opposites. The aim will be to develop what Derrida refers to as a surplus of meaning.

As mentioned previously, it is often assumed within the modernist discourse, that death itself cancels membership. When people are expected to accept the finality and reality of death, conversations that are meant to be helpful often are constructed with deleterious effect. People, both prior to death and after a loved one dies, are asked to withdraw their investment in relationship with the deceased and to reinvest in other relationships (Worden, 1991) The ergonomic trajectory is stated as encouraging ‘acceptance’ of the reality in socially sanctioned ways.

However, in recent times, the dominance of these ideas has come into question. Here are some examples of the basic assumptions that have been questioned:

- The goal of detachment or disengagement from the dead as the endpoint of grieving (Attig, 2000; Klass, 2001; Neimeyer, 2001; Silverman & Klass, 1996; Stroebe, Gergen, Gergen & Stroebe, 1996)

- The idea that grief can be definitively resolved or that closure is a desired goal (Rosenblatt, 1996; Silverman & Nickman, 1996; Stroebe, Gergen et al., 1996)
- The individualistic emphasis on striving for independence in grief resolution rather than for relationship (Hagman, 2001; Neimeyer, 2001; Silverman & Klass, 1996; Stroebe, Gergen et al., 1996)
- The conception of grief as like an illness that moves from equilibrium to disequilibrium and back to equilibrium again (Neimeyer, 2001; Silverman & Klass, 1996)
- The over-emphasis on grief as a passive emotional experience to the exclusion of cognitive and behavioral dimensions (Neimeyer, 2001; Silverman & Klass, 1996; Worden 1991)
- The uniform or universal applications of grief theory without regard for cultural context (Klass, 1996; Neimeyer, 2001; Rosenblatt, 1996; Stroebe, Gergen et al., 1996).

It seems that we are currently in a time of development of new ideas in this field. Recent literature has encouraged a new emphasis on 'continuing bonds' (Klass, Silverman & Nickman, 1996), an enlarged role for memories of the deceased (Attig, 2000; 2001), and an interest in a more active process of meaning reconstruction (Neimeyer, 1998; 2001; 2002). However, none of these ideas has been developed as far as they could be into guidance for practitioners. My own work in recent years, has concentrated on making contribution in this particular domain. It has picked up on the idea of 'remembering conversations' and developed their use in the hospice context.

### **Other relevant literature**

There are additional areas of literature that may also apply more tangentially to this study. At the very least, the practices being researched will need to be located in relation to such literatures. Family therapy and group dynamics are such areas. Specific references may also need to be made to the

domain of individual or couples counseling and relational change. However, the field of therapy & change practices and family therapy encompasses a breadth of thought and practice that is too large to incorporate every nuance into this study. All therapeutic thought is not interested in relational aspects of identity, for example, much less in the experience of grief. Family therapy literature influenced by psychodynamic ideas might be less interested in speaking about the particular constructions of story that are shaped between people and more interested in notions of fundamental individual needs and desires. Many ideas about the practical application of group facilitation, both to address issues of grief as well as general therapy group, has sprung from these presuppositions. As this study is not aimed at understanding human development from a model that is individual in nature, a relational model of therapeutic change and conversation may have more application for this study.

For these reasons, narrative therapy (Drewery, & Winslade, 1997; Drewery, Winslade, & Monk, 2000; Freedman & Combs, 1996; Monk, Winslade, Crocket, & Epston, 1997; Morgan, 2000; White, 1995; Wingard & Lester, 2001; Zimmerman & Dickerson, 1996) will be one model that will inform the types of questions asked and the meanings that are constructed. Narrative therapy is germane to this study as it too is informed by social constructionism and is interested in how the story is told and how identities are produced as a result of that telling. It is also within the narrative therapy literature that the concept of remembering conversations has been nurtured furthest.

The study will also draw from the theory and application of Appreciative Inquiry (Hammond, 1996) in the formation of the questions used in remembering conversations and also in the research questions. Appreciative Inquiry stands apart from other modalities of change as it seeks out and brings forth stories that are beneficial and affirming of relationship. This emphasis contrasts with common psychoanalytic or psychodynamic practices that seek to uncover broken aspects of a relationship and offer prescriptive fixes. This proposed study will utilize inquiries that are appreciative in nature to magnify what might be comforting in the face of death.

## **II. Research Design:**

Literature in the field of remembering practices to date has been largely anecdotal and interested in story and case history. What is called for is a study that substantiates further whether this approach is in fact helpful. I intend to examine the ways in which conversations are constructed, and how meanings in relationship are made, in the hope that information will emerge that adds depth to previous literature. This might inform new ways of thinking and create practical applications for bereavement practices.

Unlike a quantitative study, where a large sample is used so that information can be extrapolated and generalized, a study such as this will benefit from a qualitative approach. The project will be interested in examining the details of conversation to ascertain what is helpful in promoting remembering conversations. The study design will be small scale in that only a few people will be interviewed about their group experiences and the way in which they have continued to developed with their loved one subsequently. There will be close scrutiny of substantial amounts of detail from each interview and keeping the sample small will take advantage of the richness of the text available. This emphasis on close detail rather than breadth of sample is necessary in terms of the current development of the idea of remembering conversations. These are still relatively new ideas that are not widely enough known to be able to be studied across a broad spectrum of therapeutic practice.

My hope is also to inform the process of clinical practice, not just to evaluate the outcomes of particular types of conversations in ways that would not shed a lot of light on how the outcomes were produced. Therefore, I believe a study such as this lends itself to a qualitative approach that is sensitive to the nuances of conversation. The patterns of speech, meanings and remembering are qualities that are flexible and fluid in the process of relational connections. As such, a large body of participants would not assist the kind of detailed understanding that I am seeking.

The study will be quasi-experimental in nature. By that I mean that there will be an application of an “intervention”, remembering conversation, into the lives of group members. But I am not proposing use of a traditional type of control group for comparison purposes. The study will employ elements of ethnographic inquiry (Patton, 1990) in order to understand how stories can create meanings that are sustaining in the face of death and grief.

The experimental component in the study will mean, however, that shifts in meaning through time will be a focus of inquiry. The study will explore the development of meanings, values, and relationship dimensions before and after death. This will enable a study of how remembering conversations have an impact over time and how meanings change shape along the way. My intention is to contact people who have participated in a remembering support group following the death of their loved one. I will do this by sending out letters of invitation to approximately 50 people who taken a 6 week group in the past 18 months. I will request permission to interview them, in video or VCS tape about their experiences in the group and since they have “graduated” from the group. The letters will be sent to any person who has attended a group in the previous 18 months. Once a small sample of people have responded and are willing to participate in a one time interview, I will proceed with informed consent forms and request that they sign stating that they understand the purpose of the study and any practical implications of being interviewed. I will proceed to the interview after these matters are attended to and any questions have been answered. The one time interview will be aimed at understanding what aspects, if any, of the remembering support group were helpful and what has happened since they left the group. Questions will inquire about the changes in their lives since the group as a result of their group attendance. An attached sample list of questions can be found in the appendix A of this proposal.

### **III. Research method:**

The exact methodology for the study has yet to be finalized but this is how I am envisaging it at the moment. It will be tailored to the project with the advice of the faculty.

#### **Who will be the participants in the study?**

I shall aim to recruit between 3 and 10 people to participate in the study. This may be slightly more than I shall need, but this allows for some possible dropouts, given the sensitive nature of the domain of study and given some of the practical difficulties that cannot always be predicted. In order to qualify, participants will have participated in a support group that is offered through the hospice following the death of a loved one. All groups are facilitated using a narrative format to support remembering practices (see appendix B). Groups are facilitated by the researcher and/or by Masters and Doctorate family therapy graduate students who have been specifically trained in the facilitation of remembering support groups. All their training has been conducted by the researcher.

People who have attended support groups in the previous two years have come following the death of their loved one, but that person may or may not have been receiving hospice services at the time of their loved one's demise. There are some people who attend the groups after hearing about the opportunity from the community following the sudden death of a loved one. There has been no unifying method or cause of death, nor has there been a common age or relationship with those who have died. There have been equally diverse participants who have attended the six-week groups. All groups are free of charge as they are offered under the auspices of the hospice.

#### **How will participants be recruited?**

I am confident that my experience of working in hospitals and hospices since 1985 positions me in a unique way to achieve this recruitment of

participants. In my work with hospice as a family therapist and social worker, I oversee the bereavement programs for people after a death has occurred. I have developed group templates that allow for narrative conversations with the group members about the person who has died. The groups are divided into a six-week program to specifically build upon the newness of the connections that are forming between the living persons and the deceased persons. Groups have almost a sequential flavor in that each subsequent week is set out to build slightly upon the successes of the previous week. Appendix B delineates further the way in which the groups are facilitated.

Typically, the facilitators of the six week groups come from various graduate programs, but predominantly they have been involved in either a masters or doctorate program in marriage and family therapy. There have been a few others facilitators, including one student concentrating in gerontology, but they all are attending the same university. As group facilitators, they have been screened prior to being allowed to intern for this program. After screening, they participate in approximately 30 hours of training before they can facilitate a group. During this time, they are involved in on-going group meetings with the researcher and are also reading about the field of narrative therapy as it pertains to bereavement. All student facilitators are volunteers of the hospice, and as such, receive no money for the group facilitation. Nor do they receive school credit for their work. They are simply participating in the project out of a desire to learn about bereavement and therapeutic conversations with this population. Each six-week group series has two co-facilitators and they meet with the researcher during the course of the groups for supervision.

As I designed the structure and exercises of the groups, I feel confident in speaking to “graduates” of the groups. I have periodically co-facilitated groups as well during the previous 2 years and have stayed current on the strengths and shortcomings of the exercises. Being a clinical social worker as well as a teacher, I have worked for many years with clients who are living with grief. I would feel confident that I can conduct the video taped interviews with the former group members in such a way that would be helpful for them as well. The letters that

are sent out requesting participation will allow those people to self-select if they feel the interviewing will be of assistance to them. Those who might feel uneasy about an interview, or find it too traumatic, will most likely decline the interview process. I will however, offer additional screening as a part of the informed consent process with participants to ensure that people are not harmed during the interview process. Conversations that might foster emotional difficulties will be avoided.

When I was working as a field social worker for hospice, I regularly interviewed and video taped people prior to their death. I have participated in the viewing of the tapes and reflecting upon their meaning after a person has died. In a few instances, we have video recorded these conversations for further reflection and opportunities for remembering conversations. The people concerned were enthusiastic to participate in this exercise and found it stimulating and helpful. Therefore, I believe it to be quite feasible to collect the data needed for this study and feel confident that I can successfully complete these interviews.

As part of the recruitment process, I shall need to develop a screening protocol that addresses the appropriate qualifications of each person. As mentioned, the person interviewed will have had to complete a six-week support group with one of the specially trained graduate students. Additionally, individuals interviewed will need to be free from processes that impact on mental functioning, such as Alzheimer's disease, severe problems with emotions or intellectual function. Introductory information and forms about the study will be provided to the individuals participating in the study. After reviewing the introductory forms, a person will be given the option not to participate in the interviews. If they continue on and agree to be interviewed, an informed consent form will be completed. This form is yet to be developed but will comply with ethics committees' requirements at the University and in the health sector that I shall be accessing. It will also meet 2003 Federal HPPA standards for safeguarding patient and family confidentiality.

After the study has been approved by the Taos faculty and the Tilburg program, I shall also need to secure the support of the hospice to allow this study to take place with their patients and their spouses. I will provide the hospice with all the necessary forms and information to support referrals for the study as well as comply with hospital ethics committee standards and protocols.

After an individual begins the interview process and has signed the consent forms, they will be given ample opportunity to opt out of the study up to 2 months following the interview or the data analysis, whichever comes first. This timeline will be provided in writing to the participants with clear instructions about how to opt out of the study should they choose. Should they, for whatever reason opt not to continue in the study, within the allowed time frame, their original video tape will be returned to them and the material that was obtained from their specific interview(s) will not be further used for any purpose. All conversations will be filmed on videotape or audio recorded so that they can be transcribed either in their entirety or as partial excerpts.

#### **How will data be collected?**

I am proposing to complete interviews with people who have been involved in a support group. Each person will be contacted via a letter requesting their voluntary participation. If they agree, they will be interviewed and asked to respond to various questions about the impact of the group in their lives at the time they attended the group and subsequent to their graduation from the support group. All conversations will be recorded with videotape or audio recorded and transcribed. The interview and video recording will be conducted by the researcher.

#### **The research interview**

Although this reflection can be used therapeutically, in this instance conversations will be geared towards the collection of data to guide the research in understanding what is, or is not, helpful in death and bereavement. The nature of this conversation will be reflexive in that it will hopefully be an opportunity for

the person to reflect about their group experience. Addressing points of connection and reflection upon shifts in meaning potentially can produce a more richly described narrative for participants in the study. Inadvertent affects could assist the participants in navigating their experiences with grief. That is, however, not the primary intention of the research interview. Instead the questions asked will pose opportunity to speak to the various exercises, practices and conversations that took place during the course of the support group. Particular attention will be given to inquire about the ways in which the living persons' relationship with the dead has changed. As with any conversation, therapeutic or otherwise, it is impossible to predetermine the drift of meanings that may occur during the conversation. For this reason, the conversations will be open and only semi-structured, but there is similar thinking that informs each of the interviews. Similar questions may be asked of each participant, but the exact order, and varying follow up questions, will change depending on the ebb and flow of each conversation. Sample questions that might be found in a remembering conversation can be found in appendix A. The questions aimed at understanding the person's meanings and their reflections about the constructions and meanings made, will be asked of each participant. Questions such as these reflect the thinking that informs this type of remembering conversations that might occur with the persons who is living with grief. I will provide the taping equipment and the video or audio tapes.

As these questions, as well as the participant's responses, will be at the crux of the analysis, great care will be taken in their development. The implications and wording of the questions will be thought out prior to the interviews, with the assistance of the advisor and faculty to avoid ambiguities that might negatively impact upon the research. It may also be necessary to conduct mock interviews as a way of testing out any potential problems with the questions prior to the interviews being completed. Due to the sensitivity required of these questions, sample questions are not provided with the proposal. Suffice it to say, that all questions will be pre-approved by the researcher and the faculty advising this project prior to the start of research interviews.

#### **IV. Data Analysis:**

The data used for the study will be a transcription of the recorded interviews with the participants. Analysis will focus on the connections and developments between the living and the deceased, looking especially for any shifts in meaning that might take place. Hypothetical assumptions that might be tested against the data might include:

- That the participants of the groups found the remembering conversations helpful in negotiating the transition of death.
- That the living person has/had an ongoing sense of relationship with the dead person.
- That the dead person's voice was still influential after death.
- That the remembering conversations played a part in producing the experience of death and grief for the surviving person.
- That remembering conversations that employ an appreciative stance, strengthen connections for the participants during the course of the support group.
- That remembering conversations that employ an appreciative stance, strengthen available loving stories for a bereaved person.
- Telling stories about the deceased is comforting during times of grief.
- Hearing stories about other people who are also deceased is helpful to strengthen the connections between the deceased and the living in support groups.

These assumptions will be tested by seeking out confirming and disconfirming information in the research interview. Reflexivity will need to be a feature of the analysis of data. The research process will make my own work as a professional accountable to research scrutiny, particularly in relation to the final research interview.

The specific methods of data analysis are yet to be determined. I am committed though to the idea that the kind of content analysis that involves the

coding of responses or assigning numerical value to phrases does not fit with my intent. Data analysis may have elements of Discourse analysis (Billig & Schegloff, 1999; Burman & Parker, 1993; Gee, 1999; Parker, 1992; Phillips & Hardy, 2002) ethnographic research (Fetterman, 1989; Patton 1990) and other qualitative methodologies (Patton 1990). The exact methods will be shaped throughout the data collection with the assistance of the advisor.

## **V. Rationale For Doing This Proposed Research:**

### **Why is this study worth doing?**

The time is ripe for new ideas in this field. There are many indications that there is growing dissatisfaction with the conventional discourse about death and grief. Practitioners who work with people who are dying and or living with grief are in need of alternative models, besides what has been offered (see above) to more effectively assist the people with whom they are speaking. Although the recent literature has been opening up new options and critiquing established notions in this domain, there is, to date, very little offered in the way of practice models. A study such as this could have potential value to shape the future of clinical practice in the field for thanatology.

Currently, there are few places to look to gain information and guidance when working with people who are dying and/or living with grief. The metaphors that have been previously used in these arenas are outdated and hackneyed and often cause further drama and injury to people. The time to offer new theories and models for practitioners is upon us as we are in need of additional information to address these problems in the fields of death and grief.

Since the early 1970's, more than thirty years ago, Kübler-Ross' modernist model has been applied to death and grief in all settings. As was noted previously, this model is now under critique for its universal applicability and limited application. A study such as this proposed research would have the potential to expand choices and directions to construct helpful conversations with

couples as one of them approaches death and after the death has occurred to navigate new terrain in the prospect of maintaining connection and membership.

Another persuasive reason for undertaking this study is demographic. The number of people worldwide entering old age is increasing and advancing medical procedures are ensuring that many of them will be living longer and dying in different ways than in the past. In many cases, such deaths have become more drawn out and give more opportunities for conversation about the meaning of death. The sheer demand on professional practitioners to offer something to their clients in this area is growing as a result of these demographic trends.

Death has also become more regulated in recent times. The proliferation of health maintenance organizations and insurance companies' quality reviews shapes the way in which we die now more than ever. Forms of treatment, duration of interventions and options provided to patients are all regulated by outside funding bodies. As a result death appears to be taken out of our control and further into medical and political arenas. There is a need for research about professional practice that takes more account of these current developments in the social and institutional context.

In response to the increasing regulation and medicalization of death, people have sought to recapture control over their own dying processes. Many have become increasingly fascinated with death. An indication of this trend is the general growth in the hospice movement. Hospice services seek to improve the quality of death available for dying patients and for their loved ones by offering effective pain management and psychosocial support for terminal individuals and their families. According to the National Hospice Organization, there are presently over 3,100 hospices throughout the United States. These hospices served 540,000 people in 1998 and of these approximately 77% died in their own home. These numbers have more than doubled since 1992 and almost quadrupled since 1985 (Lattanzi-Licht & Connor, 1995; National Hospice Organization website, 1999). This trend is bound to continue due to changes in demography and Medicare and insurance regulations. There are a raft of

professionals who work with people in these contexts and who are concerned about how best to talk about death and about grief. These people deserve to be informed by research that addresses the needs for innovation in how we might talk with people about death and grief.

## **VI. Personal:**

I believe that I am well placed to carry out this study. I am an experienced practitioner and have been actively involved in developing the ideas that I am proposing to research for a number of years. My experience in hospice care will give me the credibility to engage with a suitable hospice in order to recruit participants.

I have also been active in writing and teaching about the concept of remembering conversation to the extent that I can claim to be leader in the development of these ideas. My vita (attached) will illustrate this point. Therefore, I am confident that I can represent the practices to be researched as well as anyone. This research and teaching experience gives me strong basis for recognizing and understanding the aspects of this work that require further development and research support. I believe that this study will add to existing knowledge in this domain and will be original in scope.

My familiarity with social constructionist concepts and ideas support my candidacy for this research. I have studied these ideas for many years, both independently and through the Institute for Creative Change in Phoenix. In addition, I have developed considerable experience in teaching using this perspective as well as writing about social constructionist ideas. Again this is substantiated in my attached vita. I believe the culmination of these factors places me in a favorable position to explore the application of social constructionist ideas to the domain of death and grief. At the same time, I am interested through this project in applying myself to a systematic process of study that will enhance my existing knowledge in order to apply it better in the field of death and grief. Having completed a Master's degree that included a graduate

thesis, many professional articles and a trade book in the field, I am confident that I have the motivation and ability to complete a dissertation and a research PhD with The Taos Institute and Tilburg University. It is my hope that the review committee will concur with my assessment and grant me acceptance to this program.

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## Appendix A

### Possible Questions for Research Interview

#### Demographic information:

1. When did your loved one die?
2. Who were they to you (spouse, parent, etc)?
3. How long after that did you attend the support group?
4. Who facilitated your group?
5. Did you attend all six sessions?
6. Approximately, how long has it been since you attended the support groups?
7. Have you stayed in contact with any of the group members since the end of your support group?

#### Narrative details:

1. What was it like for you to go through the support groups
2. What aspects of it were helpful at the time?
3. What aspects have been helpful since the time of the group?
4. Where there aspects of the group at the time, or since its completion, that were not helpful to you?
5. Did you think differently about your loved one during the course of the group?

6. Have you come to think differently about your loved one since the completion of the group?
7. What difference did it make to have others hear stories about your loved one?
8. What difference did it make to hear stories about other people and their loved ones?
9. What has stayed with you since the completion of the group as helpful?
10. Has there been things since the group's completion that remained that was not helpful?
11. Were the ideas in the group different in how you thought about grief or death?
12. If so, in what ways?
13. How do you notice your loved one in your life now? Is that different from how you noticed them before attending the group?
14. Are there things you do that help to reinforce these connections with your loved one?
15. What difference does this make in your daily life?
16. Do you talk with your dead loved one? Has this changed as a result of the group experience?
17. What difference does this make in your life?
18. Have you told anyone about your experiences in the group?
19. If so, what have you told them?

20. If you were to state the most important aspect that you took away from your group experience, what would that be?

## APPENDIX B

### Re-membering Our loved Ones:

#### A Six Week Support Group

Remembering our Loved Ones  
A six week support group  
Offered at Vitas Innovative Hospice Care

### **Week One**

#### **First meeting.**

Fill out contact information  
Review covenant of group  
Review appendices & journals

Please introduce us to your loved one.

Who were they?

What things did they enjoy in life?

What was their profession, hobbies and interests? What kind of things did you enjoy about them?

What did it mean to have them as a part of your life?

#### **Journaling Exercise - Week One:**

1. Please write about what it means to you to introduce your loved one to others in the group.
2. What do you enjoy about honoring the connection between you and them?
3. Besides in the group this week, when are there times that you notice a connection with your loved one who has died?
  - a. Are there some times more than others that you notice this connection?
  - b. Do you notice this connection more when you are alone or when you are with other people?
  - c. Where do you find/seek out/construct/create reminders of this connection?
  - d. Are there stories, songs, rituals or saying in particular that remind you of this person and your connection with them?

### **Week two group exercise:**

Please pair off and talk about the following:

What kinds of things did people say to you when your loved one was ill about how you, and they, were supposed to feel, think, and act?

What kinds of things did people say to you when your loved one died about how you were supposed to think, feel and act?

Since their death, what kinds of things have people said to you about how you are supposed to think, feel and act?

What were some of the messages that you were given on sympathy cards about how you should be feeling?

What were some of the messages and advice you were given by friends, family, television, and books about how you should be thinking, feeling and acting?

Of these messages, what has been helpful?  
Of these messages, what has not been helpful?

### **Week two – journaling exercise:**

1. Please continue with the conversations that were started in group. What does it mean to you to think about these messages now? What difference does it make in your life?
2. If you were to give advice to a person in similar experience, knowing what you know now about what is helpful and what is not, what might you tell them?

**\*IMPORTANT\***

**Please bring an item and a picture that reminds you of your loved one to the next group**

### **Week three group exercise**

Please share with the group about your item and the photo that you brought.

What do you admire about how they faced challenges in life?  
What were their best moments?  
How did they live up to adversities?

Was there a unique way in which they coped with the challenges in their life?  
What qualities did they foster in themselves that you admired?

### **Week Three, journaling exercise:**

Please reflect on the conversation in the group and write about what it means to you.

What strengths did your loved one have that you would like to keep close to you?

What was your loved one's moments of greatness in life?

What would they say are your moments of greatness in life?

What difference would you like to make in your life to remember this?

### **Week four, group exercise**

Please share about your journaling exercise. Specifically talk about the question, "what would they say are your moments of greatness in life?"

As a group let's talk about:

If your loved one were here, what would they say that they value about you?

What would they say they appreciate about how you were during their illness?

What would they say they appreciate about how you have been since they died?

### **Week four, journaling exercise:**

Please write a letter from your loved one to you. In it, please talk about the things you mentioned in the group.

What does your loved one value and appreciate about you?

What difference does this mean for your life now to think, talk and write about this?

### **Week Five, group exercise**

Please share your reflections about your journaling.  
What difference does this mean for your life now to think, talk and write about this?

### **Group discussion:**

Please share about something you have found difficult since your loved one has died.

If your loved one were here, what advise would they give you about how to handle this?

What did your loved one see in you, and believe about you, that would let them know you could handle this situation?

### **Week Five, journaling exercise:**

Please write about what are your loved one's hopes for you now and in the future?

If they wanted you to feel closer to them, how might they tell you to do this?

Who else shares your stories, love and memories of your loved one?

What difference would this make in your life now to do this?

### **\*IMPORTANT\***

Please bring an item and/or photo to the next group of someone who helps you keep your loved one's stories and memories alive.

### **Week Six, Group Exercise**

Please introduce the group to your other loved one who helps keep alive the memories, stories and love.

What would your living loved one say that they value about what you have done in the past six weeks in these groups?

### **Group Reflections**

If there were one thing your loved one would want others to know about what it means to them that you have shared their stories here, what would they say?

What would they say they have liked about you telling their stories?

What would they say appreciate about your being the carrier of their stories?

What other stories of strength and love have you heard about in the past six weeks that have made a difference in your life?

### **Journaling and reflections, week six and on-going**

What difference will it make to your living loved one to continue sharing the stories of love and the memories?

How will knowing these stories shared during the group, of others and of your own loved ones, make a difference in your life in the future?