# FOLDING MEMORIES IN CONVERSATION:

# REMEMBERING PRACTICES IN BEREAVEMENT GROUPS

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Abstract

The aim of this qualitative study was to investigate how death and grief are constructed in relationship and how the experience of grief is affected by participation in remembering conversations that occur in a time-limited support group setting. It also outlines the assumptions behind remembering conversations and details the kinds of questioning on which they are built. Remembering conversations seek to keep those who have died alive in the stories that continue to be told of them long after they have died. They build on the metaphor of a membership club, to which the dead need to be reincorporated. Particular attention was paid to noticing differences in grief experiences after a person had attended a six-week support group that was facilitated using narratively shaped exercises and conversations. The author designed the support group series and facilitated many of the groups that took place between January 2006 and June 2007. Six women participated in extensive interviews between December 2007 and February 2008 and four of their interviews are presented and analyzed in-depth in this research. Each story represents difference in the caliber of relationship with the person who had died. The causes of death for the deceased loved ones were also markedly different. These differences provided opportunity to explore the robustness of remembering conversations with a range of grief experiences.

In order to establish the context for remembering conversations as a departure from conventional modernist grief psychology this study traces some of the history of the ways in which death and grief have been constructed by modern influences. In particular the lack of focus on the relationship between the bereaved and their dead loved ones is identified as a repeated tendency in grief psychology from Freud to the present day. This historical account next contextualizes remembering conversations as founded on social constructionist and postmodern principles. Understanding the theories and practices that have been employed by bereavement counseling alerts readers to the gross and subtle differences in how grief is thought of.

The data is analyzed using a hybrid methodology that incorporates some elements of grounded theory alongside elements of ethnographic research and narrative inquiry to explore new ideas about practice. Ultimately the most useful methodology has been the application of narrative inquiry to create structure for retrospective meaning-making. The aim was to understand in detail how remembering conversations could actively engage the bereaved in the

development of a storied connection with the deceased and identify some of the benefits from doing so. In the analysis of the data these benefits are organized into three tiers. First, the effects of the group upon participants are detailed. I show how their description of their experience of grief changed after attending the narrative bereavement groups. Participants enjoyed remembering and experienced shifts in their thinking. Their lives, and consequently their grief, were made easier as a result of remembering conversations. Secondly, the study explains how the changes were of therapeutic benefit. Focusing on what remains, rather than only what is lost when a person dies, has a therapeutic effect because it re-establishes a storied connection to those who have passed. This impact shifts the emphasis in standard bereavement counseling on separating from the lost relationship upside down and brings a fresh perspective to the thanatology field by emphasizing the construction of life-affirming relational stories.

In the third tier of analysis, the data is connected to the theoretical assumptions of remembering practices. This final tier further contrasts the dominant conventional approach with that of a social constructionist approach to grief. It asserts a relational rather than an individualistic approach to grief counseling and avoids a backward-looking focus on the past in favor of the reinvigoration of the present and the future. Rather than requiring the bereaved to say goodbye to deceased loved ones, this approach encourages the bereaved to stay connected to the deceased through stories and to actively remember them. Stories are selected by the bereaved to draw on the most helpful aspects of relationship.

The data will show how this approach encourages the bereaved to find a place for the ongoing introduction and incorporation of the dead into new relationships rather than consigning them to silence in the past. This practice gives the voice of the dead a chance to continue to reverberate in the stories that are told about them. Finally, it ensures that the story of grief does not remain in the singular story of loss but is opened up to a rich world of multiple stories.

**CONTENTS**

**Title Page** **1**

**Abstract** **2**

**Contents** **7**

**Preface** **12**

**Chapter One: Introduction** **15**

My Professional Interest in this Study 17
What is the Problem? 18
What is Different about Remembering Conversations? 20
What Questions Need Answering? 22
How I investigated These Questions 23
Overview of Each Chapter 24
Arguments to be Explored in the Discussion of the Data 25
Experiences Resulting from Participation in Remembering Conversations 25
The Therapeutic Value of Participation 26
Distinctions Between the Conventional and a Narrative/ Constructionist Orientation to Grief Counseling 26
The Emphasis on a Relational Versus an Individual Orientation to Grief 27
The Focus on the Present and the Future of the Relationship Between the Bereaved and the Deceased, Rather than Just on the Past 27
Maintaining Connection with the Deceased Rather than Letting Go of Relationship 27
The Ongoing Introduction of the Deceased to Others 27
The Giving of "Voice" to the Deceased Rather than Effectively Rendering Them Silent 28
The Emphasis on Multiplicity and Possibility Rather than on Singularity of Story 28

**Chapter Two: Defining Grief in the Modern Context** **30**

On Defining Grief 30
Mourning 30
Bereavement 32
Grief 33
My Orientation to Bereavement and Grief 35
Historical and Cultural Context of Death and Grief 36
Current Hospice Development 44

**Chapter Three: Grief becomes a Privatized Illness** **46**

Sigmund Freud and the Pathologizing of Grief 48
Melanie Klein and Object Relations Theory 54
John Bowlby Mourning and Attachment 58
Erich Lindemann and The Trauma of Grief 64
Colin Murray Parkes and the Pathology of the Normal 70
Elisabeth Kübler-Ross and the Five Stages 76
Kübler-Ross and Bereavement 82
From Early Theory to Present Practice 83
William Worden and the Tasks of Grieving 84
Therese Rando and the Work of Grief 90
Ira Byock and "The Four Things" 94
Alan Wolfelt and the Touchstones of Loss 97
Grief Brochures, Pamphlets, and the Production of Experience 102
Commentary 106

**Chapter Four: Postmodern Theory and Grief Psychology** **109**

Modernism 109
Postmodernism 110
Social Constructionism 112
Linear Progress 114
Memory 117
Power 121
The Self, Identity, and Membership 123
The Construction of Meaning 128
Language 130
Narrative 134
Narrative Therapy & Grief 136
Storytelling and Definitional Ceremony 141
Remembering Conversations 145

**Chapter Five: Remembering Our Loved Ones: An Overview** **151**

Local History 153
Initial Development 155
Group Format 155
Introducing Others to the Deceased Person 160
Understanding the Impact of Discourse on Personal Experiences of Grief 161
Developing the Subjunctive Voice of the Deceased as a Resource for the Living 161
Constructing Pathways Towards Relationship 162
Continuing the Life of the Deceased 162
Group Logistics 163

Recruitment of Participants 164
Screening and Selecting Members 165
Open Verses Closed Groups 166
Voluntary Verses Involuntary Membership 167
Homogeneous verses Heterogeneous Groups 168
Meeting Place 170
Short-term verses Long-term Groups 171
Frequency and Length of Meetings 172
Group Facilitation 173
Weekly Structure of Remembering our Loved Ones 174
Week One: Introducing the Deceased Person 176
Week Two: The Effects of Conventional Discourse on Grief 178
Week Three: Developing the Voice of the Deceased 181
Week Four: Utilizing the Subjunctive Voice to Reclaim the Stories of the Deceased 183
Subjunctive Questioning 184
Week Five: Confronting Challenges 187
Week Six: Who Shares Your Stories 190

**Chapter Six: Research Design and Method 193**

Research Design 194
Theories Informing the Design 195
Why Narrative Research 196
Research Methods 198
Bereavement Support Groups 198
Participants 199
Exclusions 199
Recruitment 200
Informed Consent 201
Description of Participants 201
Data Collection Methods 203
The Interview and Questions 203
Potential Pitfalls 206
Ethical Considerations 207
Data Analysis Procedures 209

**Chapter Seven: When the Story of Death has a Limited Life 214**

Introducing the Deceased 215
Understanding the Impact of Discourse on Personal Experiences of Grief 217
Bringing the Deceased person's Voice to the Group 219
How the Deceased Live On 223
Concluding Reflections 225
Further Reflections 227

**Chapter Eight: Remembering is Salvific** **230**

Introducing the Deceased 231
Understanding the Impact of Discourse on Personal Experiences of Grief 232
Impact of Meeting Ernie 234
The Voice of the Deceased as a Resource for the Living 238
How the Deceased Lives On 241
Concluding Reflections 244
Donna's Responses 245

**Chapter Nine: Connection that Lives Beyond Unexpected Death** **248**

Different ways to Introduce the Deceased 249
Understanding the Impact of Discourse on Personal Experiences of Grief 254
Utilizing the Voice of the Deceased to Help with Missing 258
Establishing Longer Connections to the Deceased 260
Political Implications 261
Concluding Reflections 262
Deborah's Reflections 264

**Chapter Ten: A Troubled Relationship Remembered** **266**

The Research Interview 268
Introducing the Deceased 269
Working with Troubled Relationships 271
Tailoring the Group Plans 272
Understanding the Impact of Discourse on Personal Experiences of Grief 273
Locating Stories of Survival 275
Downgrading the Abuser 277
Building a New Membership Community 278
Concluding Remarks 280
Grace's Reflections 282

**Chapter Eleven: Making Meaning Of The Data** **284**

Experiences Resulting from Participation in Remembering Conversations 284
The Therapeutic Value of Participation 290
Distinctions Between Conventional and Narrative/Constructionist Orientation to Grief Counseling 304
The Emphasis on a Relational Versus an Individual Orientation to Grief 304
The Focus on the Present and the Future of the Relationship Between the Bereaved and the Deceased, Rather than Just on the Past 306
Maintaining Connection with the Deceased Rather than Letting Go of Relationship 309
The Ongoing Introduction of the Deceased to Others 312
The Giving of "Voice" to the Deceased Rather than Effectively

Rendering Them Silent 313
The Emphasis on Multiplicity and Possibility Rather than on Singularity of Story 315
Limitations of the Research 317
The Researcher's Reflections 319

**References** **320**

**Appendices** **331**

Appendix A 332
Appendix B 333
Appendix C 334
Appendix D 335
Appendix E 336
Appendix F 337
Appendix G 338
Appendix H 339
Appendix I 342
Appendix J 343
Appendix K 344

## PREFACE

Death has been a traveler alongside my life. It has never been far from my thoughts, it seems, or from my experiences in life. When I was young it had both a fascinating and a terrifying presence. As I encountered the physicality of death more and more, sometimes through the death of a pet, a friend or a relative, the formidable unknown qualities lessened. Death was there -- not to threaten me –but to enhance and point to the sweet vitality in life. My mother died unexpectedly when I was twenty and death was closer than I would have wanted and I did not feel it to be my friend. I found myself lost in the dark circling swirls that can entangle one in grief. Finding a way to befriend life, and death, again after her death was almost unbearable. It was however, her death that taught me more about life than any other event to date. I was called to make sense of her life, her death, and our relationship in a profoundly pivotal way. It turned me towards my professional interest. My mother's feistiness in life imbued me with the desire to help others, and her death and my subsequent grief called me to serve those who were dying and bereaved.

On more than one occasion I have embarked upon a doctorate degree. It can be a daunting task and, twice before, an elusive one. With the demands of life -- parenting, full time work, consulting and periodic teaching in professional seminars and university courses – tended to relegate study and research to a low priority. However, something kept drawing me back to study, something that felt important to write. It was an obligation of sorts to tend the stories of those who have gone before us. It was their voices, those of the dead, that called me back to undertake this research project.

I had seen myself as a practitioner and story-teller rather than academic. This dissertation required me to expand my identity and challenged my skills of conceptualizing and writing. I cannot say that this expansive project has always been a labor of love; the attention to endless details, reading book after book and countless articles, writing and rewriting, and searching for the perfect quotes has been at times, exasperating. What I can definitively say, though, is that when my love for this project wore thin, there were many who offered a thickening agent to keep

me steadfast. It is those who voices deserve acknowledgement and important placement as shapers of this finished work.

My advisor at The Taos Institute, Kenneth Gergen, has been a constant support. He has offered gentle words of encouragement in our conversations over the years and has believed in my ability to complete this work. From places all over the world while he traveled, his correspondence and tutelage has provided ballast for my occasional lofty plans. I am profoundly thankful for his exceptionally keen editorial skills and the suggestions that have made this project far more readable.

By my side from inception, has been my husband, John Winslade. He has been my sounding board, has encouraged me when I lost my motivation, has helped to clean up my sloppy writing, and has never waivered in his support or his vision. In the acknowledgment of his own dissertation he wrote, "A project of this size inevitably becomes part of the furniture in a relationship." It is safe to say that our relationship is overflowing with furniture and many have become permanent fixtures. He has gracefully accommodated the furnishings I have added to our shared life. John has gone out of his way to provide kindness in support of my projects, often finding ways to offer personal and professional support when he too was in midst of his own looming book deadlines.

My father, Dr. Charles Hedtke, has offered me the most precious of gifts for this project. Himself a brilliant academic, he believed in my ability to complete this work. His belief transformed the personal stories of academic failure I had hidden and his pride in me has inspired me to do the best possible. Additionally, he has offered superb editing feedback-- undoubtedly successful remnants from being a son of an English teacher-- that has not only improved this writing but has enhanced my knowledge.

My lovely daughter, Addison Eliana, has been completing her high school diploma at the same time I have completed my Ph.D. dissertation. This has required her patient tolerance while she wanted to tell me about her most recent academic success or her amazing musical achievements, although my ears were preoccupied. I am indebted to her for her maturity and her sweet ironical enjoyable humor reflected in numerous text messages along the way announcing she was "not dead yet" as a way of insisting I pay attention.

This research project would not be alive without the women who graciously allowed me to interview them. Their willingness to speak with candor and share intimate, and at times

painful, stories deserve my heartfelt appreciation. I was moved to bear witness to their stories, each so dramatically different, and came to relish their words as I listened to them over and over again during the transcription. They have offered an honest look into their lives so that others may learn from their experiences. I am grateful to their willingness to be public with their vulnerability.

Lastly, I want to mention the people whose stories I hold dear. Throughout my professional life, I have been blessed to meet many remarkable people, often meeting them for the first time after their death, through the words and stories shared by the people who knew them. As I have listened to the importance of their lives through the people who loved them, I have felt a kinship with them. I imagined needing to care for them in death as well as they had been cared for in life. It was this desire ultimately that spurred me forward to research and write about remembering conversations. I want their lives to stand for something important, to not to go by unnoticed simply because they could no longer speak. They have enthused me to tell about their lives, and even more importantly, tell about a vital way to rethink death and grief. It is for them, and all of the future dead people whose stories will grace my life, that I am eternally grateful.

# CHAPTER ONE
# INTRODUCTION

For the past several hundred years the concepts of death and grief have been dominated by modernist terminology, largely influenced by medical perspectives. The stories of how people prepare for death and live with grief have been shaped by the force of Western scientific knowledge. The psychological meaning of death has been tied to the corporeal experience of dying, which suggests that the mature process of grieving means facing "reality" and letting go of relationship with the deceased. Complex prescriptions for properly completing this leave-taking have been described by many experts. Deviations from these practices have been viewed with suspicion, often suggesting that it is pathological to participate in customary practices. The assumption that physical death ends all aspects of a relationship has dictated practices infusing professional and lay psychology alike. Religious language that supports various forms of a hereafter notwithstanding, death has been viewed as "the end". This finality has not only left those facing death with few choices about how they are supposed to accept their inevitable demise; grieving loved ones are also left with few choices for moving forward and these preclude continuing a sense of connection to those departed.

By and large, this idea of continuing aspects of a relationship after death has been both closeted and dismissed as unrealistic. There have been exceptions in unusual situations, such as when a young child's parents die unexpectedly. On these occasions we might tolerate a sensed connection of a kind, but even then as a temporary state of "adjustment" or sloughed off as "sentimental". Actively conjuring forth the deceased in stories and embracing relationships with the dead in the form of emotional legacy and meaningful connection have been frowned upon. A vocabulary to accommodate such forms of relationship with a deceased person has not been developed in the lexicon of professional grief counseling. The therapeutic need for a new approach is suggested, as in this study, by the support groups in hospices when people routinely speak about feeling better when they thought of their loved ones. Group participants come to life when telling stories of experiences shared with a dead person. They enjoy hearing of others' loved ones who are no longer alive. The group members, that is, do not want to "accept" a loss,

if it means forgetting a loved one, or thinking less often about a person who has died. To do so makes matters worse for them.

This work will present the case for a different approach to death and grief counseling based on the assumption that important aspects of relationship do not need to end at biological death. I shall argue for a therapeutic practice of deliberately building remembering conversations, an approach derived from the narrative and social constructionist way of thinking rather than the conventional modernist assumptions. I shall investigate the usefulness of this approach as it was applied in a group counseling setting in a hospice context. The effectiveness of groups based on the principles of remembering will be elaborated through interview responses by a select number of group participants. The qualitative data produced from their stories and comments will be reported and analyzed to generate an account of the impact of remembering conversations on people's lives.

I intend to show that groups based in a narrative counseling perspective are helpful for people who are living with grief. But beyond just a study of the application of ideas to a new setting, I suggest the ideas on which the narrative group model was founded constitute a new path forward for grief psychology. I shall contend that the conventional focus of the death and grief phenomenon is out of balance: it has been skewed by the modernist agenda placing the individual at the center of the grieving universe. In order to make this case, I shall trace the evolution of grief psychology. To provide a contrasting model to the practice highlighted in the study and will establish the ground from which distinctions in theory and practice can be drawn. I shall show how the history of grief psychology, focused on the individual, has often directed conversation to an inner landscape of emotions and thoughts. This thrust has been maintained at the expense of a focus on relationship. I shall trace the historical and cultural meanings and influences that have tipped the conversation to favor individual emotion over relational connection: these assumptions have been made manifest in the work of the major theoreticians and leading practitioners in grief psychology.

The discussion, however, is not just theoretical. In order to understand ultimately what is helpful in the practice of grief counseling and what is not, it is only logical to inquire of those who have been impacted by it – bereaved people. This study will also include an empirical investigation of the effects of these ideas for those who participated in narratively oriented bereavement support groups, some of whose members I interviewed in-depth and asked to

explain the benefits, advantages, and possible disadvantages that accrued from their group participation. But first, an orienting brief account of how I came to be engaged in this study.

## My Professional Interest in this Study

My work in hospitals, hospices and with the dying and bereaved has spanned the bulk of my professional career. I originally trained as a social worker in graduate school and had the good fortune to pursue post-graduate studies in family therapy. My two-year training course with the Post Graduate Institute for Family Therapy in Phoenix, Arizona, introduced me to social constructionism. Under the tutelage of Robert and Sharon Cottor, I studied the importance of stories in therapeutic contexts. We were taught the art of asking questions that supported the construction of stories that would create generative possibilities in our clients' lives. The intersection of these arenas - social work in hospitals, crossed with the social construction of stories - birthed my interest in the social construction related to death.

The backdrop for this interest was my work in modern medical systems, where illness, death and grief were all seen as maladies to get over. I was consistently moved by the strength and courage of the patients I visited and simultaneously frustrated and angered by the professional conversations judging or undermining them. It did not strike me as helpful to speak about a dying person's spouse as "in denial" when she was sitting beside her loved one, weeping. I witnessed countless pejorative conversations between professionals that did not recognize or invite forward agentic action by family members and patients. Instead, these conversations allowed for the professionals to view them as inferior or worse, for not performing death rituals in a proper fashion. Fervor for the dominant models of grief led therapists and social workers to turn their listening more to what the models predicted than to what people were saying to them. With some exceptions, the professionals appeared blind to the gifts before them. Ironically, miracles of relationship were happening everywhere in the hospital, largely unnoticed because of the pull of the pathologizing discourse.

My colleagues were not "bad" people, nor were they "poor" practitioners. They were, however, bound to a conceptual system that limited their ability to develop a different thread of conversation. The dominant medical model acted like a shield that prevented them from appreciating other ways of thinking and speaking. Dying people were routinely encouraged to

say good-bye to their loved ones and were often left to die alone in their hospital rooms. Those who lived with grief struggled as they were directed towards acceptance, letting go, and moving on as the proper path. I felt there must be a better way.

## What is the Problem?

As we will see in upcoming chapters, modern systems (educational, medical, religious) have looked at grief as if it were a disease. As will be explained in detail, the way in which death and grief have been storied has dramatically impacted upon people's lives. At times it may have even intensified people's suffering. The suffering of the bereaved was to be done quietly, often alone, and within a pre-determined time frame[1]. Longer or shorter displays of emotion would be unseemly, if not deviant. Universal models of grief process have decontextualized death and the experience of grief from the particular circumstances of the death and have squeezed the bereaved into a one-size-fits-all recipe for healing. Whether a loved one died after a debilitating illness or from a brutal murder is treated as inconsequential in the dominant model's interventions for the bereaved -- both deaths require the bereaved to aim at the same goal of letting the relationship go.

As will be examined, grief psychology has evolved alongside a psychological meta-theory that privileges individual experience over relational connections. While a focus on the individual experience is not irrelevant, death and grief are always about at least two people. The standard assumption has been that letting go of the attachment to the deceased person is a healthy response that is realistic and restorative of positive mental health. This practice ensures that a bereaved person will be psychically free from scars that come from holding on to a relationship with a phantom. The physical death is thus constituted as bringing finality to a relationship and, as a result, the bereaved will in time be restored to homeostatic emotional health. Having reached this state of restored health the bereaved are expected, within the dominant models of grief, to move on with their lives unencumbered by the erstwhile relationship with the deceased.

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[1] The American Psychiatric Association's Diagnostic and Statistical Manual (fourth edition) specifies that "Bereavement" (V62.82) can be seen as outside of the normal adjustment period if the symptoms of grief are still present after two months.

In order to move on from this relationship, however, modern grief psychology has suggested that prior to death, the dying and the future bereaved should optimally perform certain rituals. These rituals are often acts of completion: saying good-bye and completing unfinished business before a person dies. These steps often are orchestrated hastily in hospital rooms and hospice settings, with the sounds of monitors and overhead paging systems in the background. The problem is that the practices built on these assumptions are not always experienced by people as helpful. Insistence on the rituals of saying goodbye can actually produce unnecessary pressure to do it correctly. It has become common for people to measure their performances of death and bereavement against the norms established by the dominant models. Often people come up short. Many also feel cheated if the circumstances of death do not provide opportunity to perform the prescribed rituals. Requiring people to let go of a sense of relationship also frequently encounters resistance. Instead of understanding this resistance as an indication of a problem with the model, bereaved persons are themselves frequently pathologized or blamed.

The assumption that one must separate emotionally from one's relationships in order to grieve successfully overlooks an important resource - the relationship. The focus has been so heavily weighted on the individual (both the one dying and the one bereaved) that the relational strengths, memories, connections, love and characteristics are removed from view.

What we have, therefore, is a theoretical problem in the literature on death and grief that is played out in problematic ways in the personal lives of people. In my view a whole new approach is needed. Fortunately there have been emerging over the last two decades some ideas that incorporate a more explicit relational dimension in grief counseling. These developments have opened up a greater interest in "continuing bonds" (Klass, Silverman & Nickman, 1996), in "remembering" the dead in new ways (Hedtke & Winslade, 2004) and in grief counseling that focuses more on relationship and community than on individual suffering. According to Stroebe, Gergen, Gergen and Stroebe (1996) cultural influences about how grief is storied change over time and geographically, and thus insisting on one version as more valid than another mutes choices for how a person might grieve. A postmodern emphasis on the relationship between ideas and the contexts in which they emerge invites questioning decontextualized, universal models of grieving. But the practices that flow from these emerging trends have yet to be articulated fully. It is one aim of this study to make these practices more explicit. In particular, the practices that are referred to as "remembering conversations" will be explained in relation to

a group counseling context. At the same time, there has been little examination of the effects of such practices. We do not yet understand enough about how people experience them and what difference they make, if any, for grieving persons; this is a second task that this dissertation will address.

## What is Different about Remembering Conversations?

This research exercise is founded on narrative practices of inquiry. A narrative perspective is interested in both the production and analysis of stories. What is meant by this, however, needs careful explanation. A "story" is a representation of events in a particular temporal arrangement. Rather than being fixed and static, a story can fluidly move and take various shapes in changing contexts. It is also an aesthetic form that can give meaning to our lives. It is shaped by complex genealogies, language systems and power relations. Out of stories we construct our identities and form relationships. Gergen (1994, 1999) states that everything is situated in social interchange.

Rather than seeing a life through a singular story, a narrative perspective emphasizes that we are beings who harbor multiple stories. The world of stories is alive with possibility, flexibility and multiplicity. Stories not only have meanings that are constructed by individuals. They also contain echoes from communal and cultural histories. And they are maps that lay out future trajectories in life. Stories place people in positions that call forth response, almost as if they had a life of their own. Stories are weighted with certain knowledges authorized by institutions of power. For example, a story about a person's health is granted more legitimacy when told by a physician than when told by an advertising campaign. Medical knowledge imbues a story with authority that strengthens its chances of being considered truthful and worthy of attention.

The construction of story matters greatly for this research. If the story of grief is developed within a modernist framework, then movement down a certain path is invited, one that defines the pain of the "ailment" -- that being, grief. The direction of the path is defined in terms of an endpoint that removes the bereaved from emotional attachment with the deceased. If we employ a narrative perspective, however, it is possible to choose between various narrative trajectories. A narrative perspective can open up unlimited ways in which a story is told. Starting

from the assumption that a story is a product of interaction and that no story is owned by a single person leads us to the conclusion that the story does not need to die with the death of those who have participated in its production. People can uphold a story, or sustain a relational interaction, long after a person has died. In this sense we can speak about how stories can transcend physical death. They can have a longevity that lasts for many years. This focus allows us to speak about what remains (rather than just about what is lost) after a person has died. The life of the deceased can continue in a storied form. There is a sense, for example, in which the life of Beethoven continues in his music or Shakespeare in the performance of his plays. The same can be true for many people who live more modest lives. There are many possibilities for relationship to be continued through the remembering and retelling of the stories in which a person's life has been lived.

This study will seek to show that a practice that embraces these assumptions can actually produce conversations that are helpful to those who are living with grief. Such conversations do more than encourage the release of the emotions associated with loss. They can strengthen a sense of connection with what is not lost, with what gives comfort through being remembered. They affirm the life of the deceased rather than his or her absence. These kinds of conversations have been referred to as remembering conversations (Hedtke & Winslade, 2004). While it is possible to conduct remembering conversations with individuals, couples and families, the structure of the research in this study is specific to a group setting. The hope is that aspects of the group setting can foreshadow beneficial conversations in non-group settings as well. Additionally, we might discover aspects of the group setting that suggest limits to a narrative perspective for grief groups.

Actively remembering a person who has died for therapeutic purpose has been little studied in the field of death, dying and grief. Literature in this field has treated remembering practices largely as anecdotal anomalies. What is called for is a study that explores further whether maintaining a storied connection with the deceased is in fact helpful. I intend to examine the ways in which people experienced remembering conversations in the groups and what ongoing meanings they created from the group experience. My hope is that information will emerge that adds depth to these conversations and encourages further development of forms of practice based on these assumptions. In this way this study might generate practical applications in the field of grief counseling.

## What Questions Need Answering?

As there is no literature on remembering conversations in a group setting, I am interested in initiating a broad project to demonstrate the potentials of such a practice and exploring its efficacy. An important focus for this study is to explain a practice based on the assumption that remembering conversations make grief more bearable. At the most rudimentary level I also asked the research question: are remembering conversations helpful or not? If so, how exactly do remembering conversations palliate the pain of grief? While an open-ended research model has been used, the ultimate goal is to determine whether remembering conversations are experienced as useful for people living with grief. If they were useful, then it would also be useful to know how they make a difference?

It was also important to explore how the group setting supported the development of a remembering conversation. How do remembering conversations in a group setting function effectively? Does the group context make it easier or harder to remember? How does introducing one's deceased loved one to other group members affect one's lived experience? How does hearing about others' stories affect group members?

These questions formed the background from which I established the possible structure for the research interview. Included in these background questions were a desire to understand the connection between remembering, context and place. In conventional grief counseling, the significance of differences of relationship or the context of death is often downplayed, since the post-death path is conceptualized as uniformly similar. A narrative perspective, by contrast, explores the specific and personal meaning connected to the death and connected to the grief. Might remembering conversations be equally useful for people whose loved ones had died in quite different circumstances? Perhaps there are some times and places where remembering is more helpful than others. If so, what might these times, places or peculiarities of relationships be? By inquiring about the differences between experiences, I might discover nuanced meanings which change depending on context. For example, post-death stories might be different for a person whose elderly loved one had died after a long and debilitating illness, compared to a person whose teenage child died unexpectedly in an accident.

I also wanted to explore the generative effects of remembering conversations upon people's stories of their own identity. If remembering conversations support the formation of storied connections between bereaved persons and their deceased loved ones, then this should have implications for the ongoing identity development of the living. It would be helpful to discover in what fashion remembering conversations benefit, or disadvantage, such identity development for surviving loved ones. Does the incorporation of a deceased person's stories into one's life change the bereaved person's sense of themselves? For example, might a child whose parent dies find strength for upcoming challenges when they recall their deceased parent's voice in their lives?

## How I Investigated These Questions

My work at a large hospice in Southern California afforded me the opportunity to carry out this research. American hospices are mandated by the government to provide bereavement support groups. My work overseeing the bereavement department meant that I was responsible for developing a program of group counseling that would positively benefit those who came for support. The groups that we offered were based on a format I developed as a pilot program to offer something innovative for the community. The six-week group series were free and open to anyone whose loved one had died, regardless of the kind of death. The groups were facilitated both by myself and by graduate students whom I had trained. Participants came from the hospice roll as well as from the community at large.

I was granted permission by the hospice to conduct the research and interview people who had graduated from the series. I devised a simple interview schedule to act as a starting point in the interviews and developed more specific questions while I was conducting the research interviews. There is a more detailed outline of these procedures in the research methods chapter.

## Overview of Each Chapter

Before discussing the findings of the interviews much theoretical groundwork needs to be addressed. In the initial chapters, I will consider various theoretical and practical literatures which serve as the background context from which this work grew. They include modern medical and psychological knowledge, group theory, bereavement counseling models, social constructionist theory, narrative counseling practice, and anthropology. Chapter Two examines grief definitions and describes how modernism has affected the development of professional and lay practices and rituals for grieving. I also include an important overview of the hospice movement in America. Chapter Three delves into modern medical and psychological theories that have shaped conversations, attitudes and practices about death and grief. Chapters Two and Three together establish the foundation for the dominant ideas of grief psychology for the last hundred years. These chapters will highlight not only the assumptions behind the practices but will begin to deconstruct the implications of the practices that have sprung from these theories.

Chapter Four introduces the postmodern paradigm and explores the way in which postmodern ideas have shaped the constructions of memory, identity, language and the self differently. An understanding of a postmodern framework is critical for distinguishing remembering conversations from modernist grief counseling. The scaffolding of the theoretical orientation that informs this research begins here. Chapter Five maps out the actual structure of the bereavement group counseling sessions. This chapter feeds the research and its design the subject of chapter six.

Chapter Seven begins presenting of the actual data. I shall bring to the fore the people who were interviewed for this study and their lives and the meaning of the bereavement support groups for them. In Chapters Seven through Ten, the reader will be introduced to four different women whose loved ones have died. Each attended the support group series and each had a dramatically impactful story. The four interviews are selected for inclusion as each provides a unique context for examining the effects of remembering conversations.

## Arguments to be Explored in the Discussion of the Data

The research project ends in Chapter Eleven with a discussion of the findings we can draw from the data. In the investigation of the questions noted previously, I will set forth both general and specific conversations that are useful to the thanatology field. The discussions for this study will be organized under three overarching headings that I will introduce here. They are as follows:

A. Experiences resulting from participation in remembering conversations.
B. The therapeutic value of participation.
C. Distinctions between the conventional and a narrative/constructionist orientation to grief counseling.

Together, these points of focus will show how remembering conversations have something to offer that has not previously been provided in bereavement counseling. They will clearly mark where the data demonstrates what is distinctive in this approach to bereavement and grief. Each of these three topics will be broken down in a series of subheadings.

### A. Experiences Resulting from Participation in Remembering Conversations

In the discussion of the interview data, I shall point to the following effects of remembering conversations. First, it will be clear that people enjoy talking about their dead loved ones and appreciate the opportunity to do so. Secondly, they find this kind of talk more comforting than talking about the emotions of loss and about separation from the deceased. Remembering appears to mitigate the pain of loss. Thirdly, examples will be given of how remembering conversations can enable people to make shifts in their relationships with their loved ones, even after the other person is no longer alive. Fourthly, I shall show how it is not unusual for people to discover unexpected resources for living as they are invited to actively incorporate the voices of the dead in their lives.

## B. The Therapeutic Value of Participation

If these are the effects reported by interviewees of their participation in remembering conversations, there remains a question about the therapeutic value of these effects. I shall demonstrate, through examining the interview data, that these shifts were experienced as making a positive difference. It will become clear that the shifts produced by remembering conversations can produce an enhanced sense of agency in people's relationships with their deceased loved ones and sometimes with others in their lives. Often relationships continue to be reconfigured after a death. For the bereaved person there is also a frequently reported sense of identity development also takes place.

Therapeutic value can be organized under certain thematic subheadings that will be addressed. These are: revitalization of the relationship with the deceased; reconfiguration of relationship with the deceased and with others who are living; the salvific function of remembering: finding places for the deceased; discernment about the discourse of grief; and, the importance of audience. I shall argue that such developments could not have happened through conventional grief counseling and result directly from the different emphasis that remembering conversations entail.

## C. Distinctions Between the Conventional and a Narrative/Constructionist Orientation to Grief Counseling

Finally I shall draw back from the immediacy of the comments made by the interview participants to outline the distinctive principles of remembering conversations as they have been supported by the interview data. These will be presented as a series of contrasts with conventional grief counseling. Because these distinctions are central to the case that remembering conversations are more than simple reminiscing, I shall spell them out here now as a series of six. The significance of each of these distinctions will become clearer through the review of the literature on grief counseling and through the presentation of the data that I collected.

1. The Emphasis on a Relational Versus an Individual Orientation to Grief

The study will show how the interview data supports an approach to grief that is founded more on a relational than on an individual approach to the psychology of grieving. It will show how people who are grieving draw personal resources from their relationship with loved ones, despite one member's death. It will de-emphasize the value of separation from relationship and a re-establishment of self-sufficient individuality as a pre-requisite for working through the pain of grief.

2. The Focus on the Present and the Future of the Relationship Between the Bereaved and the Deceased, Rather than Just on the Past

A distinction between remembering conversations and conventional grief counseling lies in the temporal shift in what is spoken about. In traditional bereavement conversations the focus is on the past; the relationship is treated as if it previously happened but is now over. Past tense verbs are commonly employed in speaking of the dead (for example, "he *was* my husband"). Remembering conversations will be shown to change this focus to make relationships accessible in the present and even in the construction of a future.

3. Maintaining Connection with the Deceased Rather than Letting Go of Relationship

I will show how remembering conversations support an ongoing relationship with a person who has died, in contrast with an injunction to let the relationship go and accept that it is over. I am not suggesting a macabre connection or an interest in the occult but the maintenance of a sense of relationship built on stories, psychological legacies, and memories.

4. The Ongoing Introduction of the Deceased to Others

Traditional bereavement conversations assume the bereaved should return to an individual identity following the death of a loved one. This act of removing oneself from

relationship can have isolating effects. For example persons who are married for thirty-five years come to establish a relational rhythm, even in challenging relationships, that shapes who each of them is. When one spouse dies, the day-to-day timing is interrupted. Encouraging bereaved spouses to let the relationship lapse constructs a kind of isolation -- both from their immediate social networks and from the cadences of life with their spouse.

The interview data will show how remembering conversations affect a bereaved person's sense of isolation. In particular, I shall show how the act of making ongoing introductions to others in a group of the deceased person's life and stories makes a difference for the bereaved.

5. The Giving of "Voice" to the Deceased Rather than Effectively Rendering Them Silent

Conventional grief counseling conversations often focus predominantly on the voice and preferences of the bereaved person. The deceased becomes a silent partner who is no longer allowed to have a say in the conversation. While deceased persons cannot actually speak, their opinions on any given matter can be allowed to continue to reverberate in the memories of those who knew them. Their voice can continue to be accessible through the thoughts and voice of the living. The living may ventriloquize the voice of the deceased and continue to represent their preferences and to include them in conversation. The data will show how people make use of this possibility.

6. The Emphasis on Multiplicity and Possibility Rather than on Singularity of Story

In distinction from conventional bereavement conversations, the data will show that remembering conversations create multiple story lines. No single story need be preferenced as the true or correct version of a late person's life. Neither do the bereaved need to hold to only one story in the midst of their grief. For example, they do not need to be experiencing only one feeling (usually the sadness of loss) when their loved one passes. Rather, a bereaved person might be free to construct stories and meanings that are connected to their personal contexts, meanings and emotions. Relief, joy and sadness might be intermingled alongside stories of a person being both lovable and challenging in various contexts. The data will show how people

find in narrative a multiplicity of opportunity to make sense of relational complexities that help them out of places of confusion.

I will complete this final section with a conversation about limits of this research that might suggest further areas for investigation and my own personal reflections about the project. Ultimately, it is my hope that the discussion of the data will support the beneficial qualities of remembering practices for practitioners to utilize and shape their therapeutic conversations for those who are living with grief.

However before we can bring to fruition the data and the relevant discussion, it is important to understand the context and historical traces that have influenced the present day conversations, and ultimately, the desire to complete this research project.

# CHAPTER TWO
# DEFINING GRIEF IN THE MODERN CONTEXT

## On Defining Grief

Philosophers, theologians, poets and psychologists have all created definitions of grief and written about the experience following the death or loss of someone. The acknowledgement of such change -- whether its content involves the emotional, social, physical, or spiritual – transcends disciplinary and cultural influences. Each discipline may punctuate the nuances of the story differently, but each version recounts the aftermath of death and loss. As my research is focused in psychological and therapeutic domains, the definitions emphasized and explored will be mainly consistent with these traditions.

The terms associated with the experience following a death have not been static. They have been used to convey different meanings and have each been shaped by a varied history. Words like grief, melancholy, mourning and bereavement have been markedly different at various times in history and at times have been interchangeable. Let me describe each in a loosely established chronology.

## Mourning

The term "mourning" was the term used by Freud in his (1917/1959) paper, "Mourning and Melancholy". His association of the terms would have been common enough in the cultural discourse of nineteenth century Europe and Freud's usage is not remarkable in that sense. The influence of Freud's work will be addressed in more detail shortly, but suffice it to say his influence on subsequent terminology cannot be overestimated. Here Freud defines what he means by "mourning":

> Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as fatherland, liberty, an ideal, and so on. (Freud 1917/1959, p. 153.)

In this same paper, Freud distinguishes differences between mourning and melancholy as he sees them, and addresses their manifestation and symptomatology. Freud spoke of melancholia as similar to grief in how it manifests, with one exception:

> The distinguishing mental features of melancholia are a profoundly painful dejection, abrogation of interest in the outside world, loss of the capacity to love, inhibition of all activity…when we consider that, with one exception, the same traits are met with in grief, the fall in self-esteem is absent in grief; but otherwise the features are the same. (Ibid. p.153.)

Mourning here becomes not just a passing psychological reaction, but also a time-delimited ontological state that influences behavior and mood. Drawing upon Freud's usage, Worden (1991) uses "mourning" as well, but the meaning is refined under the influences of late twentieth century psychological technologies. For Worden, the ontological state is transformed into "four tasks of mourning" which serve as a template for an action plan for a bereaved person. He describes grief in behavioral terms as what a bereaved person must accomplish following the death of a loved one. Mourning becomes "the adaptation to loss" (p.10). It is something that we do.

> It is essential that the grieving person accomplish these tasks before mourning can be completed. (Ibid, p. 10.)

Sociologist Tony Walter (1999), also voices the modern definition of mourning as based in action.

> Mourning is the behaviour that social groups expect following bereavement. (P. xv.)

The various terms can be used in ambiguous ways. Sometimes the terms grief and bereavement have been used to mean the same thing. But in the proceeding material though, mourning designates a period of time that follows the singular moment of bereavement. If "mourning" is

what follows bereavement, then bereavement as an overarching state of responding to loss is curtailed, however; as we will see, there are some who declare the term bereavement to mean just this.

## Bereavement

Many consider "Bereavement", to be the overarching term assigned to the making of meaning associated with a loss. Walter states (1999), "bereavement is the objective state of having lost someone or something" (p. xv). From the outside, mourning or grief may be inferred to be the subjective experience, but according to Walter, we can say with objective authority that a person is bereaved. In this usage, bereavement defines a wide catchment of both an ontological state of being which may potentially become manifest as a physical state and as a set of emotional and existential responses. Bereavement is variously defined as a time period, as a process and as specific acts associated with the loss(es). Says philosopher, Tom Attig (2001):

> When those we love die, we embark on a difficult journey of the heart. We begin by suffering bereavement. We 'suffer' in the sense that we have been deprived of someone we love. (Pp. 35 – 36.)

Similar to Walter, Therese Rando (1988) suggests that bereavement is "the state of having suffered a loss" (p. 12.) Much has been made of this distinction of being bereaved. Drawing on the work of Rando, for example, the Vitas training manual entitled "The Dynamics of Loss, Grief and Bereavement", (2004), delineates terms for the health care worker to understand the difference between morning, bereavement and the bereaved. "bereavement" is defined:

> …as an objective situation or event in which a person has suffered the loss of something significant. (P. 7.)

This contrasts with the definition of "mourning" as:

> …the outward expression of one's grief. (Ibid.)

The distinctions in meanings have been debated and dissected. We can use the noun, "bereavement", to speak about a time, or the verb "to be bereaved" to refer to an action or process. Then the adjective "bereaved" can be turned into a noun that refers to a category of persons experiencing the change when we speak of "the bereaved". Similar grammatical transformations allow us to take the verb mourning and turn it into a noun referring to a person, "the mourner" or the name of a process, "mourning". The noun "grief" becomes the verb "to grieve" and the person who experiences it is "the griever". All these terms have commonalities in various contexts and linguistic backgrounds. Interestingly, the term "bereavement" seems to be more commonly found in recent texts to describe a post-death state, although a distinction between the use of each term continues to be dissected and debated.

In the training course for healthcare professionals written by Vitas Hospice Education & Training (a corporate branch of Vitas Innovative Hospice Care, my former place of employment), we see this scientific linguistic vivisection. In the prepared literature, along with the above examples, definitions are pored over in a fashion to establish creditability through citing numerous modern psychology sources. The one-hour course defines loss, grief, unresolved grief, and chronic grief. Each definition is accompanied by a host of symptoms and interventions that reflect the definitions of Freud and other early theorists.

## Grief

The term "grief" has a malleable history. We see the term dotted throughout the major psychological literature, including Freud's, but not with the same emphasis as the concept of mourning. Colin Murray Parkes later (1972) used the term "grief" with consistency.

> When a love tie is severed, a reaction, emotional and behavioural, is set in train, which we call grief. (P. xi.)

He set out to study grief and to make it more palatable, reasoning that:

> A book that helps people to think about grief may make both experience and the witnessing of grief less unpleasant". (P. xi.)

John Bowlby spoke of the pain of separation in his work with children who experienced separation problems from their "mother-figure", (Bowlby, 1963, p. 185). He wrote about how children form bonds, become attached and navigate or tolerate separation. This theory was expanded as an explanation for "normal and "pathological" (ibid) mourning both for children and adults (when extrapolated) as he saw little difference between them, "Bowlby further develops his argument that adults and children have similar patterns of mourning", (Frankiel, 1994, p. 184).

Tony Walter states, "Grief refers to the emotions that accompany bereavement" (1999, p. xv). It is the emotions and the tears following the death of person that are often emphasized in the use of the term "grief". In addition, medical discourse is often introduced in relation to the concept of grief when physical symptoms are referenced. Rando's definition of "mourning" focuses on the bereaved person's actions, behaviors and symptoms. There are numerous self-help books that list symptoms that a grieving person might experience and focus primarily on the symptomology. For example, according to a flier for United Behavioral Health (2002), the signs of grief include, "numbness, shock and disbelief; sleep disturbances, fatigue, sadness, tearfulness; headaches, change in eating habits…"

Rando (1988) makes distinction between "mourning" and "grief". Where others have used the term bereavement and mourning, Rando prefers "grief."

> The term *grief* refers to the process of experiencing the psychological, social, and physical reactions to your perceptions of loss. (P. 11.)

In her 1988 text grief was all encompassing. Later she changed her position to refer to grief as part of a larger process.

> Grief is a necessary but not sufficient condition to come to successful accommodation of a loss. It is only the beginning of the process.
> (1995, p. 218.)

Rando distinguishes mourning from grief in her earlier work.

> The term [mourning] refers to the conscious and unconscious processes that (1) gradually undoes the psychological ties that had bound you to your loved one, (2) help you to adapt to his loss, and (3) help you to learn how to live healthily in the new world without him." (1988, p. 12.)

This definition connects her to a psychoanalytical tradition. She continues to note that the two terms, mourning and grief, are clinically distinct, but concedes that they are indistinguishable in social lexicon (1988, p. 12).

While each perspective and definition of mourning, bereavement and grief has its own etymology, and occasionally the various terms intermingle and cross over each other, we can see that there have been various efforts to distinguish between them in order to establish an agreeable order. Each term has been informed in part by the professional disciplines of the authors, and in response to the culturally influenced discourses to which they have been exposed. What is evident perhaps, has been a reductionistic habit to categorize experiences by naming and defining, and make this experience of loss following death scientifically or practically manageable.

## My Orientation to Bereavement and Grief

While I acknowledge that there is no one settled account that captures the use of the terms, the brief definitions provided above differ from how I prefer to speak and write. Let me make clear how I am using these terms in this dissertation. Bereavement has come to mean a time and an open-ended process. It is a noun (bereavement services), an adjective (the bereaved couple attended the service), and a verb (the cancer bereaved her of vitality). As a verb it can be intransitive (the family were bereaved in their loss) or a transitive verb (the sudden death

bereaved her of her sister). It is the state of the experience of living bereft of someone. So, while I agree that it is most commonly referred to as a demarcation of time, I acknowledge it has broader meanings and uses that are not limited to this solitary meaning.

Grief on the other hand, seems to refer to the embodiment of the experience. It is the swell of emotion that may fluctuate for a lifetime. It is the ongoing period when we struggle to "relearn the world" (Attig, 1996) and how the world which used to be no longer is. Grief is the yearning to speak with our loved one, to touch them, to hear their voices, and smell them. It is the devotion to constructing a new relationship with the deceased from their place of being dead and our place of being alive.

## Historical and Cultural Context of Death and Grief

This research project is not intended as an historical document that chronicles death through the ages. Nor is it an anthropological account of the cultural manifestations of death and grief. It is a research project about the psychology and practice of grief and bereavement counseling in contemporary Western culture. Nonetheless, it is necessary to understand psychological practices within their historical and cultural locations. To understand these practices, we need to acknowledge and understand some influences that have shaped conversations about death, dying, and grief. They include the ways in which medical institutions have affected the concept and experience of death and grief and the influence of hospice care for the dying and bereaved. The development of these two institutional bodies has shaped and shifted the conversations over the last one hundred years and continues to play an important function in the conversations that will follow in the data interviews.

Philippe Ariès (1974; 1981) writes about changes in attitude, traditions, beliefs and social practices about death, dying and bereavement. He suggests that the way in which we think about death has transformed from a very public, occasionally messy, communal and normal experience, to a private, sanitized, and isolated event. According to Ariès (1981),

> In the course of the twentieth century an absolutely new type of dying has made an appearance in some of the most industrialized, urbanized, and technologically advanced areas of the Western World… (P. 560.)

He shows how many factors over hundreds of years coalesced to create a culture that ignores death.

> Except for the death of Statesmen, society has banished death. In the towns, there is no way of knowing that something has happened. The old black and silver hearse has become an ordinary gray limousine, indistinguishable from the flow of traffic. Society no longer observes a pause; the disappearance of an individual no longer affects its continuity. Everything in town goes on as if nobody died anymore. (Ibid.)

Most notably, for the purpose of this research, there has been a change in the location where death occurs which has implications for how we mark death and how we grieve. Prior to the twentieth century, people, for the most part, died at home. Community surrounded them and cared for them before death, as well as caring for the family once the person had died. Visible signs of some sort of mourning were evident – whether it was in the attire of the bereaved family or in the shutting of the windows in the home as a sign that the family was mourning the loss of a family member (Ariès, 1981). Death was marked in public. The rituals defined the customs about how one should behave when a loved one was dying in a manner that contextualized the relationship with the deceased as well as with their community. According to anthropologist Jennifer Hockey (1990):

> …the emotional death-bed farewells of the mid-nineteenth century were given extended expressions in the immobilizing of entire households through the symbolism of black. Such practices lent to the bereaved or soon-to-be-bereaved individual a clearly defined social role vis-à-vis both their deceased or dying relative, and also the outside world within which they found themselves. (P. 46.)

What Hockey described changed over time for a variety of reasons. The post WWI period brought with it the advent of modern hospitals as places to treat wounded or ill individuals.

Illness and death began to have tainted meanings – meanings that were connected to a Victorian preference for cleanliness and to be germ free, certainly clashing with diseased and dying bodies, coughing and oozing in homes. We could speculate that these shifts were exacerbated by the flu epidemic of 1918 - 1919 that killed between twenty and forty million people worldwide and led to an increase in personal hygiene practices (http://virus.stanford.edu/uda/).

Prior to the 1930's hospitals were a place where the poor could find refuge (Ariès, 1973). They were not the medical centers that stood defiantly against death. At the turn of the decade though, hospitals became the depository of what we once in families embraced – the infirm and the dying.

> Between 1930 and 1950 the evolution accelerated markedly. This was due to an important physical phenomenon: the displacement of the site of death. One no longer died at home in the bosom of one's family, but in the hospital, alone.
> (Ariès, 1973, p. 87.)

Death in a hospital proved to be antiseptic, invisible. By the post WWII period, death was routinely medically managed. This meant people became "patients" and their bodies were reduced to a series of physical symptoms and interventions. Patients often were not told their diagnosis in order to maintain hope that they would recover. Death became the invisible enemy for the medical profession.

> The medical approach to diagnosis and treatment in the years after World War II focused on new technology and scientific proof. Treatment became more and more intrusive and extensive… (Wald, 1997 p. 59.)

The Hippocratic oath of "do no harm" morphed into an apparent vow to defeat death at all costs. In the medical world, where doctors reign, they were empowered to establish what constitutes "death" and determines when a person's body is managed to their satisfaction. These influences have almost normalized the experiences that many can report – of being hooked up to

machines for monitoring, constant interruption by medical personnel to meet their conveniences, to be told what is the true and correct version of a physical symptom by an expert, and in the end to be told, "There is nothing more that can be done."

The hospital is no longer merely the place where one is cured or where one dies because of a therapeutic failure; it is the scene of the normal death, expected and accepted by medical personnel. As Ariès states, (1981),

> The duration of death may therefore depend on an agreement. (P. 584.)

In the same book, he continues to note the voices who might define death as:

> …involving the family, the hospital, and even the courts, or on a sovereign decision of the doctor. (P. 586.)

Michel Foucault (1973) also speaks of how disease and death changed in definition as they became increasingly scrutinized and classified by the medical establishment in a post-enlightenment era. In the eighteenth century, disease was increasingly classified by symptomology. It was the physicians who assumed the power to declare and define what was, and what was not, disease.

> The formation of the clinical method was bound up with the emergence of the doctor's gaze into the field of signs and symptoms. The recognition of its constituent rights involved the effacement of their absolute distinction and the postulate that henceforth the signifier (sign and symptom) would be entirely transparent for the signified, which would appear, without concealment or residue, in its most pristine reality, and that the essence of the signified – the heart of the disease – would be entirely exhausted in the intelligible syntax of the signifier. (P. 91.)

What happened for the concept of disease also happened for the concept of death. Death shifts allegiance from a spiritual description to a medical one. Rather than an act of God (or Devil), it becomes a "natural" process gradually brought more and more under the control of the scientific method.

> Disease breaks away from the metaphysic of evil, to which it had been related for centuries; and it finds in the visibility of death the full form in which its content appears in positive terms. (Foucault, p. 196.)

Death, and later grief, became connected to the pathologizing of the body in a description that squeezed out other explanations. The body was defined primarily in terms of illness rather than in terms of health, and death rested comfortably at one end of this medicalized continuum.

> This structure, in which space, language, and death are articulated--what is known, in fact as the anatomy-clinical method--constitutes the historical condition of a medicine that is given and accepted as positive. (Ibid.)

The implication of a medicalized death experience is, of course, that we fall prey to stories being shaped, if not dictated, by the dominating institution. The experiences of dying are tailored by the dominant story of an era. For example, if we do not speak of death openly, a "patient" might be commended for dying without complaint or expression of fear. Stories might be told of the patient's stoicism to the end. Anthropologist Geoffrey Gorer interviewed 1628 people in England about their experiences with death and bereavement and chronicled their words in *Death, Grief and Mourning* (1965). He captured how medically managed death disconnects, or even actively deceives, people who were dying.

> I presume that the rationalization for lying to the patient and forcing his or her spouse or children or relatives into a conspiracy of deceit is that, if the patient were told, he or she might give way to despair and slightly shorten his life by committing suicide. (P. 2 – 3.)

This practice of not speaking about death, or distracting those who are suffering had implications not only for the person dying, but also for those who were being seduced into the collusion. Families were robbed of opportunities to have meaningful conversations with their loved one, and this practice had potentially damaging emotional effects after a person died.

> Against this possible risk is the undoubted fact that the whole relationship between the dying and their partners or close relatives is falsified and distorted in a particularly degrading and painful fashion…'I knew he was dying, but he didn't. It didn't sink in, the doctor told me, but I couldn't grasp…It was terrible having to lie to him; I had to be cruel really. I was abrupt with him sort of, or I would have broke down. (Gorer, 1956, p. 3.)

Another way in which the stories of death and grief were managed was by suggesting metaphors of strength to give meaning to those who died that their death could take on a heroic quality. In a popular death mythology, stories about cancer are drawn from militaristic jargon. It was not, and still is not, uncommon to speak about cancer using terms and metaphors akin to those found in wartime. We speak about a person fighting their cancer or surviving it. When a person dies from cancer, they are said to have died after a long battle (often bravely). Such stories are created by the systems that give them birth, in this case, a system that does not value disease, death or grief, with the exception that we can concur on the fact that they are all a formidable enemy. It is the operation of an order of discourse that silences the disease and death.

How we think about death, has implications for people living with grief. They too, might look to the doctors to relieve their suffering. The hospital becomes a site of panacea – it becomes the place for the patient to die and also the place for the bereaved to find solace.

> Today, in the West, 'medical civilization' is often the context within which death is encountered, the dead are disposed of and the bereaved seek some kind of survival. (Hockey, 1990 p. 57.)

Elisabeth Kübler-Ross, who is often cited as a pioneer in bringing death into the limelight, actually was not the only, nor the first, person to take up this cause in the late 1950's. Herman Feifel's edited text (1959), *The Meaning of Death,* analyzes the sociological influences that have contributed to modern conceptions of death. Feifel takes a critical view of how "westernized" cultural influences have obscured personhood as a part of dying.

> In the presence of death, Western culture, by and large, has tended to run, hide, and seek refuge in group norms and actuarial statistics. The individual face of death has become blurred by embarrassed incuriosity and institutionalization…We have been compelled, in unhealthy measure, to internalize our thoughts and feelings, fears, and even hopes concerning death.
>
> (P. xii.)

Half a world away, Elisabeth Kübler-Ross was studying medicine in Zurich. When she accepted a position at the University of Chicago's medical school, she began interviewing terminally ill patients, many of whom were children, and teaching at the college about her conversations. Dr. Kübler-Ross, for many, put a human face on death that had been absent for many years.

> 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, but contains more humanistic emphases. It constructs the self primarily in terms of essential feelings that need to be 'worked through' by sharing them with others. The distinction rational/irrational is drawn around such feelings and the preference is for the production of a rational self.
>
> (Hedtke & Winslade, 2004, p. 24.)

The way in which we have come to think about death, dying and grief in Western society, the way in which grief counseling is practiced, along with the influences of the hospice

movement owe a great deal to her work. While I will address her work later, it would be remiss not to include her voice here as a contributing architect to the building of the field.

Sometimes major events impact on the shape of social constructions. One such event was the Coconut Grove fire of 1942. Eric Lindemann researched the aftermath of this event and his article had a significant impact on thinking about grief. Lindemann interviewed survivors of the Coconut Grove fire where 492 people perished in a Boston nightclub. He wrote about people's grief experiences from a medical orientation (he himself was a physician and psychiatrist), and published the results in an article entitled, *Symptomatology and Management of Acute Grief*. He defines grief as "uniform" in its symptoms from one person to the next. His description focuses heavily on the somatic experiences and he expressly notes this as "the symptomatology of normal grief".

> Common to all is the following syndrome: Sensations of somatic distress occurring in waves lasting from 20 minutes to an hour at a time, a feeling of tightness in the throat, choking with shortness of breath, need for sighing, and an empty feeling in the abdomen, lack of muscular power, and an intense subjective distress described as tension or mental pain.
>
> (Lindemann, 1994, p. 155.)

The construction of grief as a set of physical symptoms clearly marks it as a subject of medical "treatment". Like Freud, Lindemann's has been highly influential in the current discourse of grief. Lindemann's terms and descriptions can be found dotting the landscape of grief literature fifty-five years later. Most notably, his coining of the term "grief work" when speaking of those who survived the fire, has been used extensively by Worden (1991), Rando (1988). This term introduces to therapy a new economy of work in the aftermath of a loss. It may even have contributed to the development of recovery time lines and trajectories for grief not unlike what can be found in business models.

## Current Hospice Development

During the late 1950's and the 1960's, a reaction occurred against the medicalization of death momentum -- perhaps as a backlash to the loss of the personal in the experience of death, or perhaps because of the emergence of the humanistic psychology movement. People began to research stories about the dying and a new conversation started forming, both about dying, and expressly about care for the bereaved. The phrase bandied about was "death with dignity". It seemed to encompass what had been lacking in hospital experiences of death. Care for the dying and care for the bereaved grew in popularity, and hospices opened their first doors to tend to those who were dying.

> ...In 1967 the Hospice Movement emerged in its present form. In 1959 and 1969 two major organizations offering support to bereaved people came into being…new metaphoric systems such as those expressed in Hospice and bereavement organizations arise out of, and are addressed to, aspects of death which are excluded from a previous system. (Hockey, 1990, p. 63.)

Hospice care, also referred to as palliative care, formally originated in England, although practices of hospitality for the ill can be traced to many places around the world at various times. The "hospice movement" put the needs of the dying person at the center alongside the needs of his or her family. The care provided was designed to represent multiple perspectives and professional disciplines, including medical, spiritual and emotional. (Wald, 1997, p. 57 – 77.)

Important in this movement was the work of Cicely Saunders. Trained as a nurse and a social worker, and strongly committed to helping the dying, she attended medical school. Dame Cicely Saunders, as she became, was an early spokesperson for the movement and showed the world how it was possible to midwife death with appropriate pain medications (such as Brompton's mixture and various opiates) and psycho-spiritual support. She began lecturing in the United States and gave her first lecture at Yale Medical and Nursing colleges. But it was not until 1967 that St. Christopher's in London opened as the first hospice. Seven years later, in 1974, the first hospice opened in the United States. According to the National Hospice and

Palliative Care Organization, there are presently over 4,700 hospices throughout the United States, in all fifty states. These hospices served over 1.4 million people in 2007. This represented approximately 38.8% of all people who died in 2007 in the United States. Of those who were under the care of hospice, approximately 70.3% died in their place of residence (www.nhpco.org).

The presence of the hospice sets in motion a different possible route for those who are dying and those left in the aftermath. Of the 1.4 million people in hospice care in 2007, many died in their homes, presumably with either family members or hospice professionals surrounding them at the time of death. Many had both. In contrast, Gorer (1965), found that, "less than a quarter of the bereaved were present when their relative died…" (p. 5). This shift towards not having people die alone directly contributed to the policy adopted by Vitas Innovative Hospice Care. The policy expressly states, "100% of all deaths should be attended by staff". The intent is not to have people die alone, in pain or in a hospital.

While, hospice offered an alternative to dying alone in hospitals, and provided support for the bereaved loved ones, it has for the most part, adopted a conventional medical discourse. Those grieving are assessed for symptoms of "anticipatory grief" or referred to as "in denial" or "needing closure". Physicians still head the professional hierarchy. While the hospice professes to offer a multi-disciplinary orientation (social workers and chaplains and volunteers are required by funding sources to work alongside physicians and nurses), the discourse of medical assessment and intervention permeates the conversations.

In the next chapter, I will address context and definitions that affect the constructions of grief in more depth. Specifically, I am interested to trace the evolution of grief psychology and how it has come to be practiced in counseling. I will examine in more detail the contributions of predominant theorists in modern psychology whose work has shaped the conversations of grief. Included in the chapter will be the work of Freud, Lindemann, Kübler-Ross, Klein, Parke, Bowlby, Rando, and, Worden.

# CHAPTER THREE
# GRIEF BECOMES A PRIVATIZED ILLNESS

The previous chapter provided an overview of the definitions of grief and some of the sociological influences that have shaped conversations about death and grief. These factors shifted the experience of grief from public rituals and symbols to private and personal forms of suffering. With this shift, a gap was created in how we explained grief or mourning. Those who laid claim to defining the inner workings of the psyche picked up the call to account for the experiences of grief. If it is not constructed as a routine public and communal event, then how must grief be accounted for? This chapter will explore some of the authors who stepped into this space to answer this question. They filled the void and shaped the explanations of grief and mourning to reflect their professional perspectives and understanding of grief from an individual, private inner experience. In particular, the writing of Sigmund Freud, Melanie Klein, John Bowlby, Eric Lindemann, Colin Murray Parkes, and Elisabeth Kübler-Ross were significant in changing the meaning of grief. Each spoke about grief as if it were a condition of the mind existing deep within its recesses.

These early theorists set the therapeutic stage for grief counseling in more recent years. They were, in many regards, a first generation of theoreticians who took the lead to explain the experiences of grief using modern metaphors and terminology. They were, as Gergen would describe, the "translators of deficit" (1994):

> When life management seems impossible in terms of everyday understandings, the client seeks professional help, or, in effect, more 'advanced,' 'objective,' or 'discerning' forms of understanding. In this context it is incumbent upon the professional …to translate the problem as presented in everyday language into the alternative and uncommon language of the profession.
>
> (P. 156.)

Interestingly, or perhaps not surprisingly, this group of first generation developers shares a commonality that might affect their perceptions and explanations of grief. With the exception of Klein, they were all trained as physicians. Klein herself was trained in a strict medically-oriented

psychoanalytic model under the tutelage of physicians, specifically Freud's former colleague, Sandor Ferenczi. Some, like Freud and Lindemann, wrote very little in the field of death and/or grief, but the impact of their writing has been dramatic over the years and many practitioners have prolifically extended their ideas.

In the first section of this chapter, the shift in the meaning of grief will be addressed. What differences are made by thinking about grief as a private illness? What are the intended, and unintended, consequences of the discourse of grief psychology as set forth by the authors on the above list? The professional orientation and language shared by these theorists, provides grounds for a professional world that favors examination of illness, pathology, weakness and deficit descriptions. These descriptors become the evaluative measure against which we define the normal, as opposed to the abnormal or deviant way, to grieve.

> …we find that the terms of mental deficit operate as evaluative devices, demarking the position of individuals along culturally implicit axes of good and bad. (Gergen, 1994, p.149.)

It is, however, not only this initial delineation constituting normal grief that is of interest. The impact and accumulation of practice and theory that evolves from these ideas is of interest in understanding current grief psychology. The ideas of the first generation find their way deep into the culture and conversation and, over a short time period, become a taken-for-granted knowledge. According to Gergen (1994), these ideas become "technologized" and are usurped for usage by professionals, obscuring the wisdom of lay people and communities.

> As the language is technologized, so it is appropriated by the profession…The professional becomes the arbiter of what is rational or irrational, intelligent or ignorant, natural or unnatural. (P. 152.)

The second section of this chapter will focus on those practitioners who have been influenced by the ideas of the first generation of theorists, and who support the dissemination of the language of grief psychology. Without them, the mass cultural inheritance positing grief as an illness would not have been possible. Their work, while valuable for some, has to a large

degree recapitulated the deficit thinking exhibited in the first generation theorist. Their popularizing of the ideas of current grief psychology has become an essentialized view of how recovery from grief should take place. These assumptions are seldom questioned by the population. Gergen writes (1994) that this is how deficit thinking in mental health becomes commonplace.

> As intelligibilities of deficit are disseminated to the culture, they become absorbed into the common language. They become part of 'what everybody knows' about human behavior. (P. 158.)

Included in this group of practitioners who became the barkers for the first generation are again many people trained in medicine or psychology. This group whose theoretical genealogy is evident includes William Worden, Ira Byock, Therese Rando, and Allan Wolfelt. This chapter segment examines at their writing to reveal their debt to the first generation theoreticians. Additionally, examples will be provided in this section from leaflets, fliers, and educational pamphlets intended for people living with grief all of which promulgate the ideas of grief as an illness. I will treat the application of the early theories to the practice of grief counseling and comment on the implications of these ideas for those living with grief. I begin with a discussion of Sigmund Freud.

## Sigmund Freud and the Pathologizing of Grief

Much has been written about Freud's life, his contribution to psychology and the way in which his work has influenced modern psychology. There have been theories developed, off-shoots of his thought and work, as well as a host of critiques and concerns, all of which have dramatically transformed therapy. For purposes of this analysis, I am only interested in the small body of Freud's writing pertaining to grief. This appeared in only one article, published in 1917, "Mourning and Melancholia". Freud wrote this brief paper to distinguish and define the difference between mourning and melancholia, with the bulk of the paper directed toward the pathology and symptomology of melancholia. He wrote this paper in 1915 within an eleven-day period, along with four other papers, to address what he referred to as metapsychology. As

Ernest Jones (1955) has commented,

> These five essays are among the most profound and important of all Freud's works. (P. 185.)

The fact that mourning appears in the article is almost peripheral. It is as if those who mourn were the control group establishing the litmus test for the features of abnormal melancholia. Freud links these two experiences and in doing so, sets in motion a century of writing and practice development for intervening with grief. Or, as Gorer (1965) has explained,

> Since this essay has been so influential, it is perhaps worth stressing that Freud's major aim in writing was to develop hypotheses concerning the pathological condition of melancholia; the relatively few sentences on the 'normal emotion of grief' are intended a points to contrast with the pathological state.
> (P. 137.)

Freud establishes mourning as a reaction to a loss of a person or connection to an idea. In grief, as opposed to melancholia, he believed that there would be an end point and that people were capable of victory over this condition. As Freud (1917) himself wrote,

> We rest assured that after a lapse of time it will be overcome…
> (P. 153.)

Freud refers to grief as a departure from the "normal", designating it as a temporary abnormality in the following statement.

> …although grief involves grave departures from the normal attitude to life, it never occurs to us to regard it as a morbid condition and hand the mourner over to medical treatment. (Ibid.)

Interestingly, Freud's comment suggests that while there is a deviation from the norm,

there also appears to be an implied tolerance of this deviation by suggesting that we would not "hand over" the mourner to treatment. As we shall see with subsequent practices, mourners have been routinely treated as if they were suffering from a "morbid condition". Perhaps it is this one paragraph below that has had more influence than most in creating an entire industry that measures people's reaction to loss and turns them over to treatment. Freud continues in his 1917 passage.

> Now in what consists the work which mourning performs? The testing of reality, having shown that the loved object no longer exists, requires forthwith that the libido shall be withdrawn from its attachment to the object. Against this demand a struggle of course arises – it may be universally observed that man never willingly abandons a libido-position, not even when a substitute is beckoning to him. … The normal outcome is that deference for reality gains the day. Nevertheless its behest cannot at once be obeyed. The task is carried through bit by bit, under great expense of time and cathectic energy, while all the time the existence of the lost object is continued in the mind. Each single one of the memories and hopes which bound the libido to the object is brought up and hyper-cathected, and the detachment of the libido from it is accomplished… When the work of mourning is completed the ego becomes free and uninhibited again.
> (P. 154.)

The imprint of this paragraph continues even to the dominant psychological discourse of grief to this day. Although people no longer speak in the actual terms that Freud used, we shall see that the assumptions that Freud makes have been reiterated many times. One of the discursive assumptions is evident in the scientific stance that Freud takes up. Freud's voice is that of the authoritative scientist, making pronouncements of 'universal' truth. He claims a privileged position to state what is true and correct; in doing so, he removes cultural, gendered and contextual considerations from the conversation. In the expression "it can be universal observed" lies an assumption that allows the extrapolation of one person's experiences about the death to those of the next person on the grounds that the grief experienced is a feature of human nature. The grief endured by a European patient is thought to be the same as the grief endured by

patients in every other context.

Noteworthy too is Freud's goal of grief and grief counseling;

> When the work of mourning is completed the ego becomes free and uninhibited again. (Ibid.)

The implication of the above statement is that until the ego becomes free, the person lives in a condition of deficit. It is one small step to the construction of grief as an illness. We are cured from this deficit condition through the process of decathexis, that is, through emotional release of the libido's attachment to the 'object'. This act, of examining and releasing, the memories (hyper-cathected) allows the libido to let go or return to wholeness. Without this withdrawal, mourning becomes intertwined with melancholia and yields a foreboding future. According to Earnest Jones (1955),

> …some people… develop in similar circumstances a melancholic depression which may be lasting. (P. 329.)

In the case of an ambivalent relationship with a person who dies, for example, the refusal to relinquish the relationship after the death will lead to challenging circumstances. Obsessive states of depression occur where there is no regressive withdrawal of libido.

> The occasions giving rise to melancholia for the most part extend beyond the clear case of a loss by death, and include all those situations of being wounded, hurt, neglected, out of favor, or disappointed... (Freud, p. 161.)

Freud's comments on mourning reflects his thinking about reality. Being a physician and scientist, he defines what is true and what constitutes "reality". In this instance, Freud argues that mourning includes the acceptance of "reality" – that the person is actually medically dead. It is this acceptance that allows for the libido to remove its energy, 'bit by bit' he admonished that we cannot ignore reality, or its 'behest'. It must be 'obeyed'. We see this reasoning on a personal note, in a letter Freud wrote to his mother informing her of the death of Freud's daughter,

Sophie, who succumbed to the flu. The letter is dated January 26, 1920 from a collection published by his son Ernst in 1960.

> Dear Mother,
>
> I have some sad news for you today. Yesterday morning our dear lovely Sophie died from galloping influenza and pneumonia…I hope you will take it calmly; tragedy after all has to be accepted. But to mourn this splendid, vital girl who was so happy with her husband and children is of course permissible. I greet you fondly. Your, Sigm. (P. 185 -186.)

Thus, Freud held on to his ideas of three years previously when he speaks of tragedy needing to be accepted. It is after all, what will define his ability to accept the loss of his favorite daughter. One can easily wonder though, what differing trajectory might have occurred had subsequent theories been developed from his more personal reflections. Like the letter he wrote to a friend, nine years following the death of his beloved daughter. In it, we sense the start of a story about connection rather than the hard line of letting go.

> My daughter who died would have been thirty-six years old today. Although we know that after such a loss the acute stare of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even it if be filled completely, it nevertheless remains something else. And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish. (Freud, 1960 p. 386.)

He employs again a different tone, similar to that of the above letter, when speaking about the anticipated death of his favored grandson, Heinele (Sophie's younger son), at age four and one-half.

> He was indeed an enchanting little fellow, and I myself was aware of never having loved a human being, certainly never a child, so much…He is now lying in a coma with paresis, occasionally wakes up, and then he is so completely his own

> self that it is hard to believe…After each waking and going to sleep one loses him all over again; the doctors say it can last a week, perhaps longer, and recovery is not desirable…I find this loss very hard to bear. I don't think I have ever experienced such grief….
>
> (Freud, E., p. 344.)

These examples give us a glimpse into the complicated experiences of grief. Even Freud was perhaps confused by the challenges that grief beings. It is easy to speculate that Freud's professional writing about grief and mourning are a product of his professional orientation as a physician and neurologist as well as a product of the contextual stories of his era. Within these two worlds of personal and professional, we see the contradiction of his worldview. Others have commented as well about this apparent discord, as did Silverman and Klass (1996):

> We know that his personal experience with grief did not support his theoretic model of grief. After important deaths, Freud seemed unable to find new attachments and unable to find a sense of transcendent connection that he seemed to think necessary if his bond with the deceased were to be continued.
>
> (P. 6.)

Rather than dismissing the ideas however, it is important to keep in mind the context of when Freud wrote and what background influenced his professional language. For example, we might speculate about the First World War or the influenza outbreak of 1918 - 1920 as factors that influenced his construction of grief as something to endure and move beyond. His ideas about death and grief, as are his general theories of personality, are invested in the idea of the autonomous individual and inner processes of introspection, often embedded within a landscape of natural timing. In time, mourning will be resolved. This particular construction of grief tends to privilege the bereaved person's individual experience or reactions at the expense of relationship with the deceased person. The dead need to be removed from the lives of the bereaved. Freud's ideas assert that people are separate in life from one another and this continues into death when the living are to further distance themselves from the dead. The separation of relationship encourages the diminishment of feeling towards the deceased and does not promote

the active engagement in memories, or conversations, with the deceased person. It established a normative evaluation for grief that people might be required to measure their experiences against. While his work has been exported and developed as a benchmark in traditional modern grief psychology, it stands in contradiction of the ideas of intentional remembering, fostering relational connections in life and in death, and a sense of re-inclusion of the dead loved one rather than using decathexis to let relationship slide.

Many theorists and practitioners of grief counseling were influenced by Freud. Some elaborated his ideas to focus even more intensely on the individual's experiences of grief, often at the expense of the relational connection between the living and the deceased. Melanie Klein's work is a good example of this. In her development of Freud's ideas, she incorporated her interests in the first year of life to change the theory of mourning and take these ideas in a different direction.

## Melanie Klein and Object Relations Theory

Melanie Klein was a major contributor to object relations theory and, extended its implications to include the psychology of grief. She provided an important link between Freud and other later writers, like John Bowlby. In 1940 Klein wrote specifically about mourning, in *Mourning and Manic-Depressive States.* Here she connected adult experiences of mourning to the processes of the first year of life.

> My contention is that the child goes through states of mind comparable to the mourning of the adult, or rather, that this early mourning is revived whenever grief is experienced in later life. (P. 126.)

Klein's work was heavily focused on how the infant mind develops its attachments to people and the outside world and how infants make sense out of their impulses. She was heavily influenced by Freud's work, and studied under two of Freud's colleagues, Karl Abraham and Salvador Ferenczi, both of whom shared a psychoanalytic understanding of development. Klein, however, pushed Freud's theory even further, particularly in the area of mourning. She argued that the infant struggles when it is weaned from its mother's breast and that this struggle, in turn,

becomes a kind of mourning, which she refers to as "the depressive position" (Klein, 1935).

> The object which is being mourned is the mother's breast and all that the breast and the milk have come to stand for in the infant's mind: namely, love, goodness and security. (P. 126.)

She interprets this process as a deficit for the baby:

> All these are felt by the baby to be lost… (Ibid.)

This loss, and the resulting depressive position, is considered normal, according to Klein. She describes many bifurcations in how the infant makes sense of this loss, and overcomes, or adjusts to it. Using Freud's concept of "testing reality", Klein posits that the reality being tested is the difference between the external world and the built-up internal world of mirror images in an idealized form. The (highly interpretative) discrepancy between the two worlds is then applied to the general psychological health, or dysfunction, of children. Her description of the struggle to resolve the discrepancy between these internal and external realities becomes the basis for mourning in later years as well. Because the child has lost the imagined internal mother (or breast, according to Klein), a loss in later years challenges the psyche to determine the balance of good and bad objects.

> The poignancy of the actual loss of a loved person is, in my view, greatly increased by the mourner's unconscious phantasies of having lost his internal 'good' objects as well. He then feels that his internal 'bad' objects predominate and his inner world is in danger of disruption.
> (P. 135.)

Each loss becomes another occasion for this reevaluation. Each loss is thought of as having an impact upon the unconscious, requiring readjustment. Each loss also reconnects a person to the first year of life, and to the imagined (or real) loss of the mother's breast.

In normal mourning, early psychotic anxieties are reactivated. (P. 136.)

Klein continues to talk about possible outcomes of the experience of mourning, addressing internalized and externalized ideas of good and bad. Both with mourning and general psychic development, she offers many contingencies about what might happen depending on a variety of splits between the real and the imagined. She writes about defenses created by the unconscious and while it is these defenses that allow the person to accept the loss they might paradoxically impede this process. She places special emphasis on denial, often as an unconscious drive. Denial may be manifested as a result of the comparison between the external and the internal representation of the deceased. This is particularly true when the internal representation and external reality might be at odds for the bereaved as the external cannot ever live up to the internal representations. The death shakes both the external reality and the internal image. For Klein, the goal of mourning is to "reinstate" the person who has died:

> We know that the loss of a loved person leads to an impulse in the mourner to reinstate the lost loved object in the ego. (Pp. 135-136.)

This reinstatement, though, is not just an attempt to re-internalize the dead person, but to reinstate all whom the living person has seen pass, including the parents, assuming they have been dead for years. The ego needs to internalize a host of people in what Klein considers normal mourning.

> …while it is true that the characteristic feature of normal mourning is the individual's setting up the lost loved object inside himself, he is not doing so for the first time but, through the work of mourning, is reinstating that object as well as all his loved internal objects which he feels he has lost.
> (P. 145.)

Klein offers a formula of sorts for the mourner to follow in order to construct this new integrated self. She suggests that the mourner should first purge feelings of loss. Unlike Freud, her model is laced with humanism and encourages the expression of emotion.

> Through tears, which in the unconscious mind are equated to excrement, the mourner not only expresses his feelings and thus eases tension, but also expels his 'bad' feelings and his 'bad' object, and this adds to the relief obtained through crying. (P. 142.)

Klein additionally emphasizes the benefit of the mourner having a close few people or a community, to share the grief. This process of invoking communal support for the mourning person, allows for a decrease in the psychic pain by offering external "good".

> Many mourners can only make slow steps in re-establishing the bonds with the external world because they are struggling against the chaos inside…If the mourner has people whom he loves and who share his grief, and if he can accept their sympathy, the restoration of the harmony in his inner works is promoted, and his fears and distress are more quickly reduced.
> (Pp. 144 – 145.)

Klein's work keeps the focus on the individual's inner experience. In fact, she extended this new theory further than Freud in connection to mourning. But like Freud, she reserves for the psychoanalyst the position of expertise about what is to be considered conscious or unconscious, for example, whether the bereaved person is denying reality or not. As with Freud, her primary focus is on the individual and not on a relationship between the grieving person and the deceased. She does include relationship as a curative factor, but it is the relationships with others, not with the deceased.

Klein's theory proposes that each loss becomes a reactivated source of psychic pain. This idea that each new loss "reinstates" a former loss has been incorporated by grief counselors when they speak about a "reactivation" of a previous loss. In the same vein, assessment tools are designed at hospices using Klein's ideas to measure "secondary losses". Forms require counselors to assess the emotional well being of the bereaved (a requirement at Vitas Hospice) by quantifying the number of deaths the bereaved person has experienced in previous years.

On the other hand, the process of continuous mourning may be viewed as cumbersome, if

not exhausting. Once a person has collected five, or ten deaths over the course of a lifetime, the opportunity for being ascribed a deficit condition is multiplied. The state of mourning is exponentially magnified after each death. The bereaved person is always just that, a person who is in the state of mourning. It becomes increasingly difficult to escape from this deficit condition. This stance potentially interferes with the development of multiple stories of identity and strength.

According to Klein, there is little reason one should seek connection with the deceased. While her ideas did depart from Freud's account of decathexis, by severing the ties with the deceased, Klein's assume a silent position for the deceased in the unconscious of the living. This position again limits the resources of the bereaved. They are denied the opportunity of finding new meaning, relational possibility, and connection with the stories, memories and love of the deceased.

John Bowlby, while overlapping chronologically with Klein, reflects her influence and Freud's in developing his theoretical orientation. Yet, in spite of borrowing from psychoanalytic theory, Bowlby was sharply critical of many of its assumptions. He developed his theories on mourning late in his career. Bowlby's ideas have become some of the most influential in the modern psychology of grief.

## John Bowlby Mourning and Attachment

Like Freud, Bowlby was a physician and psychoanalyst. He has been widely credited for his work on separation anxiety and the attachment of children and parents during the first years of a child's life. His primary academic focus and that of his early professional work was on the importance of the bond between a child and the 'mother-figure'.

> What is believed to be essential for mental health is that the infant and young child should experience warm, intimate and continuous relations with his mother (or permanent mother-substitute) in which both find satisfaction and enjoyment.
>
> (Bowlby, 1973, p. xi.)

Some have speculated that Bowlby's theories on attachment were influenced by being

raised in a conventional upper class family where his predominant "parental" interactions was with his nanny and he was sent to boarding school at nine years of age (Berry, 2005) Others note that Bowlby developed this interest in response to the particular social conditions of his day and his interest to pull away from the Kleinian psychoanalytical focus on the individual's inner fantasies (Bretherton, 1992). He received a grant to study the psychological condition of orphans in the immediate aftermath of World War II in Britain at the Tavistock clinic where he further developed his ideas about the need for children to be attached to a "mother figure". At the time of Bowlby's research, there was a concern about the growth of "juvenile delinquency" among those left orphaned by the war. There were additional concerns for children whose mothers worked in factories during the war. Attachment theory was deemed as relevant on both accounts, questioning the role of motherhood, the consequences on children when women were not available for full-time parenting, and the impact on children whose parents were deceased (Burman, 2008). He has since the publication of his ideas been criticized for extrapolating his research findings to general populations. (Burman, 2008, p. 131).

Bowlby's work focused exclusively on the attachment between the infant and its mother, initially studying children in residential care. Bowlby attributed emotional difficulties to separation anxiety in children who were not "attached" to their mother, or mother figure. Bowlby noted that this reaction of separation anxiety was regardless of whether the separation was short or long term. According to Burman (2008) he confused length of separation in the development of his theory:

> Brief, regular, and absolute separation were all lumped together so that day care, brief separation and death or divorce were treated as having equivalent effect and significance, As a result, any absence, brief or prolonged, was inadvisable.
>
> (P. 132.)

Bowlby's emphasis on the importance of attachment--that the mother must always be available--has implications for either an absence of attachment or the severing of an attachment. His endeavors to explain the challenges to attachment by life events like distance or death was the background for his theory of mourning. He wrote four articles on mourning (1960, 1961a, 1961b, & 1963), three of which were focused on pathological (that be maladaptive, prolonged or pinning

for the deceased person) mourning. He viewed both attachment and mourning as organic, instinctual processes that occur naturally unless interfered with. He compared human mourning behaviors to patterns found in animals and, by analogy argued for the human experience of mourning as a natural, biological process. He referred to mourning, both normal and pathologic, with terms like these:

> …stemming from primitive roots… strongly supported by the findings of Darwin…instinctual response system of crying (1961, p. 320.)

The construction of his theory was heavily influenced by physical science, and he made little distinction made between a physical wound and an emotional wound. Bowlby posited that loss is like a physical illness and can be studied objectively, and understood in much the same way.

> Once the mourner is seen as being in a state of biological disequilibrium brought about by a sudden change in the environment, the processes at work and the conditions that influence their course can be made the subject of systematic study, in the same way that they have been studied for wounds, burns and infections.
> (Pp. 322-323.)

This emphasis on a natural biological process, or an instinctual illness (one that links human response to animalistic knowledges), could be used to describe suffering in people of all ages and from all kinds of loss. In this way mourning was like suffering a viral infection. Mourning becomes an automatic biological reaction to varying kinds of loss.

> …the responses to be seen in infants and young children to loss of mother are, at the descriptive level, substantially the same as those to be observed when the older child or adult loses a loved figure…the underlying processes are probably similar. Both, it was contended, required the same description, namely mourning.
> (Bowlby, 1961, p. 317.)

Mourning is bound to occur when the child is weaned, or is removed from the mother-figure

(this is the term Bowlby used to cover the biological mother, nannies and health care workers involved in caring for children in his studies).

> Its rupture leads to separation anxiety and grief and sets in train processes of mourning… (Ibid.)

Bowlby viewed loss as an internal experience of the infant or young child's psyche that would determine the outcome of later years. An early loss sets up a pattern of how one responds to loss throughout one's life, particularly if the losses are frequent (such as in wartime):

> …[so] that a dispositional is established to respond to all subsequent losses in a similar way. (1961, p. 318.)…In old and young, human and sub-human, loss of loved object leads to a behavioural sequence which, varied though it be, is in some degree predictable. (P. 331.)

His model of predictability was applied to both separation due to a mother-figure's temporary absence and permanent loss. However, he proposes that grief and its resulting reactions are the product of loss that is seen as irretrievable and hopeless. Bowlby describes three phases through which grief progresses toward a successful resolution. At each juncture he describes possible complications to the phase that will result in pathological responses. In the first phase, he suggests the bereaved finds himself (Bowlby uses almost exclusively male pronouns) disoriented. There is a surreal quality to this period in which the bereaved person does not know what is true or whether he can trust his instincts.

> …the bereaved partner finds himself in disequilibrium…bewildered and cannot truly believe what is happening. (P. 333.)

This disorientation is coupled with a strong sense of yearning to recover the person who has died. Bowlby suggests this phase is filled with functional behaviors of weeping and anger. In his childhood studies, weeping and anger or aggression serve a child whose mother-figure leaves for a day in that they act to recover that which is perceived to be lost. To orchestrate a restoration

of relationship and reduce future absences, the mother-figure is made to feel guilty for leaving or is punished by the child through the anger response. In the case of death, weeping and anger do not have the same effect. While Bowlby does not explicitly state the function of tears when mourning for a person who has died, he does speak about the role of anger in this circumstance as an attempt to lay blame and to reinstate what was lost.

> Let us find the culprit, they seem to run, let us right the wrong, let us reinstate what has been lost, let us ensure it will never be repeated.
> (1961, p. 334.)

In the second and third phases, disorganization and reorganization, Bowlby suggest the bereaved person is thrown into a state similar to what Freud spoke of as "the testing of reality". Each new experience is weighed against the memory of the person who has died, shared events of the past, and recollected moments, which causes an assault of pain in the recognition of the deceased's absence. This pain forces a "letting go" of sorts.

> As the sum of such disappointment mounts and hopes of reunion fade, behaviour usually ceases to be focused on the lost object. (1961, p. 334.)

Then is a period of despair, restlessness and depression that is adaptive for the bereaved person. Bowlby does make distinction between depression that is the result of bereavement and generic depression. He considers depression as a result of bereavement a normal part of a person's life and the letting go to be an essential healthy response. Ultimately, the mourning process in a normal and healthy person, according to Bowlby, results in the relinquishing of relationship. This is, in part, because prolonged holding of pain in the second phase would be too painful. Moreover, space must be made for "new objects".

> Only if they (the memories and patterns of interaction) are broken down is it possible for new ones, adapted to new objects, to be built up. (P. 335.)

Bowlby sets himself apart from both Freud and Klein. He suggests their work contains

many flaws. Freud, in his estimation, misunderstood a bereaved person's hatred for the lost object. Bowlby suggests this is normal and adaptive, where Freud assumes it to be a form of pathology. Additionally, he criticizes Freud for assuming that the identification with the lost object is only found in pathology. Bowlby is also critical of Klein, although he does note some points of agreement. Bowlby's primary concern about her work seems to be Klein's focus on the first year of the infant's life.

> Some analysts have placed so much emphasis on grief and mourning as arising from weaning and loss of the mother's breast that they have tended to become preoccupied with events of the first year to the neglect of later ones,
>
> (1961, p. 317.)

In spite of his desire to draw distinctions, it is clear that Bowlby's work has been influenced by, and supports, a psychodynamic, essentialized view of psychological functioning. His explanation of grief is focused on individual reactions and supports an intra-psychic understanding of the process. He adds to the conversation the idea that grief, or mourning, is something akin to a physical illness from which we can recover. He expressly prefers this interpretation of grief. He routinely looks to Darwin for confirmation of the idea that the human experience of grief is an evolutionary response. He makes numerous comparisons between human and animal behavior and establishes animal responses as normative guideposts.

Bowlby's model sets up expectations for the bereaved. Presuming a predetermined correct path for the phases, he renders the afflicted person powerless to shape the course or meaning of their experience. Grief is something that the bereaved must endure, passively, and await the conclusive healed state. This model omits cultural practices and ignores the social contexts in which the person died or in which the bereaved person lives. As we will see in the second section of this chapter, Bowlby's ideas have been utilized by those who practice grief counseling to distance the bereaved from the stories and memories of those who have died.

Bowlby has a fondness for the work of Lindemann, particularly in what constitutes normal, and abnormal grief:

> My own approach to this issue is the same as that of Lindemann …the more

> detailed the picture we obtain of healthy mourning, the more clearly are we able to identify the pathological variants…Lindemann writes as though it were itself an illness. (P. 322.)

With this stated affiliation, let us turn our attention to Lindemann's work.

## Erich Lindemann and The Trauma of Grief

The work of Erich Lindeman often goes by unnoticed in current grief counseling books, but his ideas have actually proved to have an important place in the story of grief psychology. In 1944, Lindemann delivered a paper, *Symptomatology and Management of Acute Grief,* at The American Psychiatric Association convention. In it, he defines grief as an abnormality.

> Acute grief is a definite syndrome with psychological and somatic symptomatology. (P. 155.)

He sets the stage for the categorization and delineation of grief as an illness in the medical world. Towards this end, Lindemann is credited with two terms that have had a major impact on the categories of grief and the interventions developed around these categories. Lindemann refers to 'grief work', a phrase that has been used extensively to explain the trajectory a person must follow for grief to be resolved. According to Rando (1988):

> The term 'grief work' was coined by psychiatrist Erich Lindemann in 1944 to describe the tasks and processes that you must complete successfully in order to resolve your grief. The term shows that grief is something you must work at actively if you are to resolve it in a healthy fashion. (P. 16.)

Interestingly, the phrase describes an emotional experience in terms of a certain economy or labor. The term suggests a certain degree of action and movement in order to achieve a desired goal. It is not questioned if movement is helpful or if grief is at times not about work, or an if viewing emotions as an economy is helpful to achieve the stated objective. For Lindemann, the

effective processing of grief results in an efficient severing of ties to the deceased person.

> The duration of a grief reaction seems to depend upon the success with which a person does the *grief work*, namely, emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing and the formation of new relationships. (P. 156.)

Lindemann's bias towards relational emancipation shares the Freudian notion that the bereaved needs to relinquish connection with the deceased. The mandate to do "grief work" adds to the unpleasant flavor of "work" and the connection with the deceased loved one is like an albatross to be cut loose. He references relational bonds as "shackles" as in the use of the term "bondage". Lindemann is not referring to bondage to the emotional experience of grief, but to the bondage to the deceased person themselves.

It is a noteworthy how this view is related to the context of Lindemann's research. Lindemann interviewed people who were grieving as a result of tragic circumstances. Included in his interviews were those whose loved ones had died in war or in a fire at the Coconut Grove Restaurant. This horrible 1942 fire in Boston killed 492 people in the most unfortunate of circumstances. Lindemann does not characterize the pre-morbid relationships as problematic, where the bereaved might have expressed a desire not to think of the deceased. The connections between the living and the deceased where described in positive terms, including victims who were family members and young people out celebrating recent marriages or anniversaries. Regardless of the context of the relationships, Lindemann research proposes that the bereaved need to find respite from the emotional pain by working through it. Lindemann's prescription for "grief work" is about caring for the psyche of the bereaved person in the face of traumatic loss and assumes relinquishing the connection will alleviate symptoms.

The description of grief as work has become commonplace in grief psychology, even though Lindemann is often not cited. For example, in a segment heading entitled, 'Grief is Hard Work', Diets (1988) writes:

> Making your way through grief is called '*doing grief work'*…There is no better way to describe the things you will endure than the word work. Grieving is work.

> It is the most difficult work any of us will ever do. (P. 49.)

Lindemann's terminology appears again in the writing of William Worden (1991) whose four tasks to successfully mourn includes as his second task:

> Task II: To work through to the pain of grief. (P. 13.)

Unlike Lindemann who focuses on the physical manifestation of grief symptoms, Worden sees the 'work' as embracing the emotional pain that grief brings. Without this acknowledgment, the 'work' is left unfinished.

Lindemann's interviews with people who were bereaved following traumatic experiences enabled him to report similarities in grief symptoms. His taxonomy of grief identified sets of grief symptoms. He found many common responses from his interviews. His descriptions derived perhaps from his professional perspective as a physician focusing on the body; his terminology highlights the somatic.

> The striking features are 1) The marked tendency to sighing respiration…2) The complaint about lack of strength and exhaustion is universal…3) Digestive symptoms are described as follows: 'The food tastes like sand.' … 'My abdomen feels hollow.' (Lindemann, p. 155.)

His descriptions can be broadly found in the lay literature of the current day. For example, the term of "grief work" is common. Many descriptions of grief symptoms appear to be derived from Lindemann's research. One example is a training guide offered by Vitas Innovative Hospice Care, *The Dynamics of Grief and Bereavement* (2004) which lists the following symptoms of grief.

- Feelings of emptiness and nervousness: The feeling of a 'pit in one's stomach' or 'nothingness in one's chest'.
- Lack of energy and strength.
- Tendency to sigh.

(P. 5)

The other concept credited to Lindemann which has become part of the nomenclature of grief psychology is “anticipatory grief”. His 1944 paper, this term is used for the first time. According to William Worden (1991):

> The term anticipatory grief was coined some years ago by Lindemann (1944) to refer to the absence of overt manifestations of grief at the actual time of death in survivors who had already experienced the phases of normal grief and who had freed themselves from their emotional ties with the deceased.
> (P. 108.)

While Lindemann may have seen some potential in the process of anticipation, the phrase has subsequently become widely associated with a negative or pathological condition. Lindemann was intent to define anticipation as part of the experience of separation. In his view, this anticipation inevitably occurs in relation to death and may also occur in other situations where death might be imagined (for example, like a family member leaves to serve in the military). According to Lindemann (1944),

> Separation in this case is not due to death but is under the threat of death. A common picture hitherto not appreciated is a syndrome which we have designated anticipatory grief. (P. 160.)

Lindemann was describing an adjustment period before a death that would generate the same emotional reactions as if the person had died.

> The patient is so concerned with her adjustment after the potential death of father or son that she goes through all the phases of grief – depression, heightened preoccupation with the departed, a review of all of the forms of death which might befall him, and anticipation of the modes of readjustment which might be necessitated by it. (Ibid.)

According to Lindemann's research, this reaction has both advantages and disadvantages. He described spouses who had so successfully anticipated their husbands' deaths when they were away at war, that upon their return, the wives no longer loved them. This predicament often resulted in divorce, according to his research.

> In such situations apparently the grief work has been done so effectively that the patient has emancipated herself … (Ibid.)

Anticipatory grief is a widely accepted term and reified as if there exits a pre-death condition of worry and foreboding about what is yet to be. Current day hospice professionals, and perhaps others as well, are on the alert to diagnose this anticipated event and emotional state. Educational pamphlets and fliers describe the signs and symptoms. At Vitas Hospice, for example, a two-page flier describing anticipatory grief is provided to families in the form of a "W.I.N.K.", which is intended as an educational document of "what I need to know about grief" (Vitas, ND). This handout for families includes a list of symptoms that a person may experience, including: tearfulness, restlessness, indecision, guilt, irritability and anger. The pamphlet thus constructs the experiences as problematic, and alerts families to be watchful. The flyer continues to give expert advice, about what might be best for the person suffering from this syndrome. The readers are advised to talk to their clergy or a therapist, remind themselves that everyone needs time to grieve, engage in life review activities, and express themselves through art, journaling or gardening. The category of anticipatory grief also sets the stage for drawing an artificial line between what is appropriate grief before and after a death. The client's experience is categorized in one of three ways. Either the client's grief is a result of an anticipated future loss, or a legitimate current or recent loss, or perhaps, a future rendition where the death is reviewed and grieved.

Other writers have taken up the scenario proposed by Lindemann. For example, William Worden (1991) treats anticipatory grief as if it were reality, but sees it as more far reaching than Lindemann's original descriptions. Worden (1991) viewed anticipation as beneficial when applied to situations just prior to death. He notes that some people with advanced warning of death, fare better than those without. Worden states, however, that this benefit is not conclusive. (Pp. 108 – 111.)

Another writer, Ross (2008) addresses the way in which Lindemann's concept of anticipatory grief has been used for situations where some form of dementia is present. She, like others, assumes that there are a series of anticipated losses, among those witnessing the deterioration of a mind, each requiring grief before, during and after the events. Consequently, caregivers and family members of Alzheimer's patients and people who have dementia, are always grieving a loss that is both real and anticipated.

> Anticipatory grief is a real phenomenon that affects many caregivers of dementia patients…Anticipatory grief encompasses the dementia caregiver's unique experience of grieving incrementally for losses that are not always obvious to others. (Ross, p. 53 – 54.)

Lindemann's work opened the doors for these later ideas to be developed about anticipatory grief. I appreciate Lindemann's voyage into new areas to explore and explain specific circumstances around traumatic grief. I agree that those who have experienced such a trauma may require special attention and support for bereavement care. The sense of overwhelming grief may even at times feel like exhaustive work. The metaphor of "grief work" overlays harshness on top of what is already potentially hard. The metaphor has been equally challenging for those who counsel the bereaved. Do they need to construct a working environment for the grief to take place within? What job is at hand and does this metaphor set up an end point where the job has been completed? Work assumes as well a certain time element, a task orientation, that we could almost clock in, and out, to perform.

Anticipatory grief has been a hotly contested label in the last decade. While treated as if it is an objective phenomenon in the examples we saw above, it potentially invites the bereaved to be lured into a false sense of security. People are encouraged to grieve in anticipation in order to minimize the grief at the time of death. As a result, they may be dismayed by the experience of sadness when their loved one dies. Conversely, those whose loved ones died without their having a period of anticipation, might be assumed to be suffering a more intense form of grief, having missed out on formal good-byes.

The focus on anticipatory grief may also become problematic. When made central, it marginalizes other experiences of relationship that occur before the person dies. People report

fear, feeling like the shoe is about to drop, when they hear they are suffering from anticipatory grief. "Wait until the real grief hits you" is the subtext. The concept potentially undercuts a person's experience before, during and after death. It requires the person to be always grieving, always letting go, and always severing the connection.

Like the others have thus far been included in the chapter, Lindemann's writing has been highly influential in shaping the conversations about what happens with bereavement before, during and after the death. Like others too, his work is often not credited. Ideas are presented, like on the flier cited above from Vitas Hospice, with symptoms that directly connect to his ideas, but are not cited expressly as Lindemann's. Thus, knowledge or belief about this field has shifted from academic work that requires citation to that of lay assumptions that can be used as common sense or written on a flier as if everyone knows them to be true.

Another theorist whose work has been folded into the everyday conversations of bereavement is Colin Murray Parkes. While he wrote around the same time as Bowlby – their writing and research often dovetail – his is still distinct from Bowlby's work. I will include a few points of particular interest that set Parkes apart in his interpretation and definitions of grief.

## Colin Murray Parkes and the Pathology of the Normal

Parkes, a British psychiatrist, researched and wrote about bereavement, in part as he felt it had been neglected in the literature as a psychiatric illness.

> I know of only one functional psychiatric disorder whose cause is known, whose features are distinctive, and whose course is usually predictable, and that is grief, the reaction to loss. Yet this condition has been so neglected by psychiatrists that it is not even mentioned in the indexes of most of the best-known general textbooks of psychiatry. (1972, p. 6.)

His intent was to provide a usable theory to both explain and treat "this condition", and he does, in fact, conduct and offer new research and terminology. As we read in the above quote, however, he, like his predecessors, attaches grief to an abnormal illness that is pathological in nature. He uses metaphors taken from Freud, Lindemann, and Bowlby, among others, to support

his notion that grief is a process that is characteristically essentialized and an abnormality. He references grief with an air of scientific expertise, in suggesting there is a "predictable course" one in which the client would not surprise the knowledgeable physician.

Parkes interviewed small groups of widows in post-World War II studies about grief and wrote about his findings in many articles and books, one being B*ereavement, Studies of Grief in Adult Life* (1972). While Parkes predominantly interviewed women, he writes using male pronouns and descriptors, except when referring to a specific story. He also assumes a universal human subject without accounting for cultural diversity of response. He speaks of a person as moving through "phases", as he refers to them, when grieving.

> In the ongoing flux of life man undergoes many changes. Arriving, departing, growing, declining, achieving, failing --every change involves a loss and a gain. The old environment must be given up, the new accepted…Resistance to change, the reluctance to give up possessions, people, status, expectations--this, I believe, is the basis of grief.
>
> (1972, p. 11.)

I will not explain in totality the detail of Parkes' work, as his theory assumes a necessary point of detachment from the deceased person, similar to what has already been described by Freud, Lindemann, and Bowlby. Parkes grounds his ideas of grief psychology in a paradigm similar to those previously explained in this chapter; that is, we should not think of ourselves as associating with the dead. According to Silverman and Klass (1996),

> He sees no useful place for interaction with the dead after the grief is resolved.
>
> (P. 11.)

His ideas nonetheless are interestingly distinct. Parkes speaks about bereavement as "The Cost of Commitment". The joy of loving in life becomes the pain when death occurs. Like Melanie Klein, he compares this pain to the loss of connection with "the mother" during childhood. (1972, p. 13). People experience phases of grief to create meaning, and, most importantly, let go of the connection. Parkes does allow for individual peculiarities in how

people might react. For example, he suggests people might initially feel "alarm" at the death of a loved one (1972) or that they may find themselves searching for the deceased. During this initial phase, the bereaved must hold an internalized image of the deceased in order to compare them to those they see in their daily lives. Parkes believes this allows newly bereaved persons to correct their vision when they falsely see their deceased loved one.

> It is postulated that maintaining a clear visual memory of the lost person facilitates the search by making it more likely that the missing person will be located if, in fact, he is to be found somewhere within the field of search…Ambiguous impressions will be interpreted to fit the looked-for object and attention will be focused upon them until the mistake has been corrected.
> (1972, p. 49.)

Without a clear visual memory of the deceased, the bereaved can apparently be fooled into believing their loved one is still alive. With each scan, and possible sighting that is proven incorrect, the mind, according to Parkes, adjusts to the reality of the loss. The searching behavior is seen as a biological drive (likened to animal behavior in search of food) and is experienced as restless pining that occurs soon after the death. Parkes, like Freud, considers this a normal, and a very short-lived part of bereavement.

> Pangs of grief begin within a few hours or days of bereavement and usually reach a peak of severity within five to fourteen days. (1972, p. 39.)

The searching results in frustration, as reunification is fruitless. Parkes proposes that there must be some form of mitigation to soothe the pain that grief creates and to halt the unrequited search. The explanation of mitigation is one feature that sets Parkes' ideas apart from others and requires further attention. Assuming people cannot tolerate the emotional duress of grief, he states that one of two "defenses" result. The first, and more common, of these, is that the bereaved person imagines the dead loved one as near to them; they might even report sensing them, or feeling them near, or dreaming about them.

> The commonest means of mitigating the pain of grieving comprises the maintenance of a feeling or impression that the bereaved person is nearby although he many not be seen or heard…To some extent this seemed to allay restlessness and pining. (1972, pp. 57 – 58.)

Less common, but still a form of alleviating the "pangs of grief" is when the bereaved distance themselves from the deceased. They avoid contact with places, things and people that might remind them of the person or create pain.

> …another way of mitigating the pain of grief is to avoid all thoughts of the lost person and to avoid people and situations that will act as reminders. (1972, p. 67.)

Mitigation of pain, or finding a way to manage the pain, does not appear uncommon. Many of the widows who were said to do this through imagining their husbands as being close, commented that this was pleasurable. In referencing a Welsh study of two hundred twenty-seven widows and widowers, Parkes commented,

> But 69 per cent of those with a sense of the presence of the dead spouse felt helped by their illusions and they had significantly less sleep disturbance then the rest. (P. 59.)

The positive effect of mitigation through the reincorporation of the deceased is not, however, supported by Parkes. Rather, he sees this process through the lens of his training as a psychiatrist and psychodynamic analysis. Whether the pain is mitigated by the re-inclusion of the deceased loved one or through avoiding painful memories, Parkes interprets this response as a defense mechanism that occurs deep within the bereaved person's psyche. It is a defense against what has happened -- the death -- and according to Parkes, a defense against what will need to happen for the bereaved in order to work towards the removal of the deceased from the living person's life.

> The object is gone and the individual wants it back. Reality-testing tells him that

> this is impossible, But immediate acceptance of this would involved a major change in his identity or rather a host of major changes in his identity…
>
> (1972, p. 73.)

Parkes sees mitigation as a temporary shift that creates times and space for the person to return to normal. For those who imagine the deceased as being with them, he describes this response in pejorative terms as "illusion", "hallucination" and, "preoccupation". He condemns the desire to stay connected to those who have died. In the following quotation, Parkes suggests that the desire to maintain a connection with the deceased spouse as representing a false sense of reality. He then goes a step further in attributing this desire for connection to a personality disorder and moreover, through the use of the term "hysteroid", he appears to suggest that this disorder is more common in women.

> Those who experienced such illusions of a sense of their spouse's presence reported significantly more loneliness than those who reported no such illusions; and they also missed the dead person more, and thought and dreamt of him or her more often…Furthermore, illusions and a sense of the dead spouse's presence were more common in those who were over 40, of 'hysteroid' personality type and higher social class, who had been happily married, and had been bereaved for less than ten years at the time of the study.
>
> (1972, p. 59 – 60.)

In my view, his ideas and practices hold assumptions that disadvantage women's stories and knowleges. He presents a limited, and deficit-oriented account of women who are grieving. Besides his general discounting of women in his use of masculine language, he treats women in an arcane fashion seemingly rooted in patriarchical assumptions. His theory does not seem to reflect the social shifts that were occurring as a result of the women's movement at the time he was writing. As we see in the following quote, Parkes speaks of women as weak and dependent upon their husbands. Wives are described through their connection to their husbands and therefore, their experience of grief is regarded as symptomatic of their social position. Not only does the pathologizing of women "come as no surprise" (as he writes), but also it appears to

come without critical analysis.

> …husbands occupy a larger part of the life-space of their wives than the wives do of their husbands. The wife's roles, plans, and problems tend to be husband-centered and she is reliant on him for money, status and company to a greater extent than he is on her. It comes as no surprise, therefore, to find that loss of a husband is the commonest type of relationship dissolution to give rise to psychological difficulties.
>
> (1972, p. 122.)

Parkes' introduces here explicit differences between male and female genders and their experience of grief. He portrays women as more prone than men to prolonged and pathological suffering in the domain of grief. Women are also singled out as mothers responding to the death of a child, even though men are usually also involved as fathers.

> Granted that there has been a change in the reaction to the death of children, how can it be explained? Since we have fewer children to a family today than in the past it may be that the tie between each child and his mother is correspondingly greater. Could it be that each mother has a total amount of potential for attachment and it is therefore easier to lose one child out of a family of ten (10 percent of one's children) than it is to lose one child in a family of two (50 percent of one's children)?
>
> (1972, p. 123.)

It appears that from the above quotation Parkes theory of grief uncritically reproduces patriarchal assumptions about women. His phases of bereavement nevertheless include, some aspects that are relevant for the present research. His concept of mitigation in particular, holds many places where the story and the connection with the deceased is reported as comforting and helpful. If we could, remove the pathologized lens, the idea of mitigation might contribute to a therapeutic possibility beyond Parkes. It is one of the aims of this present study to build upon the usefulness of what is mitigating for therapeutic practice.

Later, we shall find that what Parkes regards as problematic with the concept of mitigation, or a less than appropriate substitute, can be re-claimed as uncollected currency. What was dismissed as potentially delusional, becomes therapeutic and life sustaining as the bereaved make their way in a topsy-turvy world.

The last theorist who deserves mention is Elisabeth Kübler-Ross. Her work offers a bridge from the aforementioned theorists to the modern day practitioners of grief counseling and grief psychology. Her model of death, dying and grief has become a benchmark within the field of grief psychology.

## Elisabeth Kübler-Ross and the Five Stages

Kübler-Ross is perhaps the best-known names in grief psychology today. Her groundbreaking ideas catapulted a congealed theory of grief into mainstream conversation. According to Ariès (1981), Kübler-Ross had a profound impact on the topic of death.

> I refer, of course, to Elisabeth Kübler-Ross, whose fine book *On Death and Dying*, published in 1969, has had a profound impact in America and England…
> (P. 589.)

As with Parkes, Kübler-Ross worked in an era in which death and grief was not widely discussed. One manifestation of this lack of openness was a frequent avoidance of speaking the difficult words (such as "death") to the dying person. Her boldness and her passion to care for those who were dying challenged these ideas and practices, and the changes brought about by her theory renewed an interest in the topic of death and grief in professional and public contexts. Her work, as we shall see, also contained within it assumptions and implications that sadly can be diminishing and unhelpful in work with those who are grieving.

Kübler-Ross herself was keenly aware of the social influences that suppressed conversations about death and grief. Growing up in a small farming area in Switzerland, she contrasted her communities' accommodating experiences of death with those she encountered as a physician in the large American city of Chicago. This stark contrast left her believing that medical practices actually created greater fear of death for both the patient and for medical

personnel.

> The more we are making advancements in science, the more we seem to fear and deny the reality of death…One of the most important facts is that dying nowadays is more gruesome in many ways, namely, more lonely, mechanical, and dehumanized. (P. 21.)

She felt that the person had been left out of the conversation and her book, *On Death and Dying* (1969), burst into the world to change this. She was concerned with the general practice of not telling the terminally ill about their inevitable death. She saw patients being disrespected and hoped to combat the massive fear she saw among medical professionals and their avoidance of difficult topics. It was her hope to utilize the dying person's knowledge. She said in 1969 of her study:

> It is simply an account of a new an challenging opportunity to refocus on the patient as a human being, to include him in dialogues, to learn from him the strength and weaknesses of our hospital management of the patient. (P. 11.)

In her study, she set forth a proposed trajectory of what a person might experience emotionally before dying. She felt as though the process of coming to grips with one's death required an adjustment of thought. According to Kübler-Ross, this adjustment is not done easily in a death-denying culture. As we live with an illusion of immortality, we cannot perceive of a time in which we might not exist. It is from this assumption that she postulates the widespread belief that death is bad emerges. This belief, she argues, is based on the activation of defense mechanisms. The psyche defends itself against unwanted information about impending death (1969). As a physician, she easily adopts the common view of psychoanalysis and is heavily influenced by Freud's explanation of the mind in terms of conscious and unconscious drives.

> It is inconceivable for our unconscious to imagine an ending of our own life here on earth, and if this life of ours has to end, someone else always attributes the

> ending to a malicious intervention from the outside… Therefore, death in itself is associated with a bad act… (P. 16.)

Each of her five stages is a reaction to the news of the approaching death. It is collusion between the individual's misperception of immortality and a "society bent on ignoring or avoiding death" (1969, p. 25). The mind, according to her, requires time to adjust to this newly conceived status as mortal. Each stage is a unique aspect of the mind's quest to understand the dying process.

The overall structure of Kübler-Ross's five-staged model has been widely publicized, discussed, and taught as the pinnacle of grief theories. The five stages of the model are denial, anger, bargaining, depression and acceptance; each occurring sequentially. In each of the stages, she describes the phenomenon as it relates to a dying person. She actually wrote very little about the grief experience of family members after a death has occurred, with the exception of a few brief pages in her 1969 book. In her book, *Death, The Final Stage of Growth* (1975), cites her with forty articles, books and audiotapes, between 1969 and 1975, each about death or dying and geared towards the world of the patient, their illness and emotional process. She did not write about bereavement and grief. In spite of this, her work has been exported to other arenas for psychological use. Kübler-Ross's five stages have morphed into other forms, meanings and uses that are different from her original writing, particularly with bereaved families. As it is important to understand her contribution to later practitioners and the way in which her ideas have shaped grief psychology, I will briefly speak to her definitions of each stage.

Kübler-Ross refers to the first stage as "denial and isolation", or, as she states (1969), as "a temporary state of shock from which he [the patient] recuperates gradually" (p.54). She describes this as an understandable reaction that affords patients time to adjust to the news. She urges professionals to act in forgiving ways towards patients who are angry, sharp, ignoring and sullen as part and parcel of the stage. She speaks of denial as being a normal way of receiving bad news and in fact, she levels some responsibility on those doing the telling.

> This anxious denial following the presentation of a diagnosis is more typical of the patient who is informed prematurely or abruptly by someone who does not know the patient well or does it quickly 'to get it over with' without taking the

> patient's readiness into consideration. (P. 52.)

Denial is often spoken of currently in more pathologizing terms. According to Kübler-Ross, denial is not the refusal to understand, as it is now often thought. It is a response that gives time for the mind to adjust. She describes it as a response in a conversation in which the patient has been given bad news. There are therefore, at least two people involved in the construction of the response. It is not exclusively an intra-psychic event.

> Denial functions as a buffer after the unexpected shocking news, allows the patient to collect himself and, with time, mobilize other, less radical defenses. (Ibid.)

Denial allows for the recipient of the bad news, as well as the teller, to process the news with a slower cadence. Kübler-Ross does not insist that a healthy response be an immediate understanding of the prognosis. Acceptance happens in due time, as the mind processes and accommodates to the information. She even offers us case examples (1969) that show medical professionals how to allow weeks or months of denial by the patient without coercion. Denial is seen as a normal and transient adjustment period rather than as a resistance that professionals need to overcome.

> Denial is usually a temporary defense and will soon be replaced by partial acceptance. (P. 53.)

When the denial abates, according to the theory, the patient begins to understand what they are about to lose. It is then that Kübler-Ross feels the second stage, that is anger, emerges. It is anger at having to change one's plans and at the loss of control over one's destiny. Like denial, she does not write in pathologizing terms, but she sees anger as a normal part of the process, and she encourages professionals to be compassionate.

> Maybe we too would be angry if all our life activities were interrupted so prematurely; if all the buildings we started were to go unfinished, to be completed

> by someone else; if we had put some hard-earned money aside to enjoy a few years of rest and enjoyment, for travel and pursuing hobbies, only to be confronted with the fact that 'this is not for me'.
>
> (P. 64.)

For some the anger is temporary, but for others it might remain for a longer period. Patients might be angry at the medical staff, or perhaps towards God. Others feel betrayed by their bodies and alienated from their families. Anger ultimately gives way, like denial before it, to what she postulates as the third stage: bargaining. She makes no rigid rule that anger needs to be relinquished in order to die well. That assumption was added later by others.

Bargaining is the middle child of five stages. It involves the negotiation of a possible trade, either with medical personnel or with God, in hope of gaining more time to live. This act assumes there must be some acquiescence to the disease, as Kübler-Ross portrays the process. Without an inkling of death, there would be no need to strike a deal; it is seeking the favor of a delay. It might be expressed as a willingness to die once the patient has lived past a certain occasion, like a child's wedding or the birth of a grandchild. But for the granted favor, one has to offer something as well, perhaps some special and private promise made to God. Bargaining is the middle episode in a story of hope -- hope tinged with Kübler-Ross's bookends of the process -- denial & acceptance. It is both an effort to take charge when the death can come and an acceptance of the outcome of the trade that was struck.

Continuing on the linear progression, the fourth reaction to the news of impending death is the onset of depression. Depression is maybe the result of repeated surgeries, debilitating lethargy, overwhelming losses, financial costs, and disfigurement. Depression is not about what has been – of life -- but about what will be. According to Kübler-Ross, it is depression in the face of the inevitable inescapable demise. And in keeping with a psychodynamic orientation, she defines this depression as necessary for the dying person in order to pull away emotionally, to go within themselves, and to take their leave. The modernist cultural assumption of the centrality of individual autonomy, rather than of relational connection or belonging to a cultural community, remains noticeably intact here.

> What we often tend to forget, however, is the preparatory grief that the terminally ill patient has to undergo in order to prepare himself for his final separation from this world. (1969, p. 98.)

Without depression, the dying person does not get to the apex of the fifth and final stage of her model: acceptance.

Acceptance is the successful completion of all that has come before. It is not feeling angry or apprehensive, but arriving at a certain detached resignation about death. It is pivotal for the patient to arrive at this destination, that they be allowed to "express their feelings" (p. 123) and have the perfect combination of supportive medical professionals, space for being alone, and an understanding family. She makes a distinction that acceptance is not giving up or avoidance, but a genuine peace with death and it is achieved after a great journey:

> We should be aware of the monumental task which is required to achieve this stage of acceptance… (P. 130.)

Acceptance is couched in Freudian terms and processes. Patients are said to withdraw their connections to loved ones, they have less tolerance for interaction, and the events of the physical world.

> While the dying patient has found some peace and acceptance, his circle of interest diminishes. He wishes to be left alone or at least not stirred up by news and problems of the outside world. Visitors are often not desired and if they come, the patient is no longer in a talkative mood. (P. 124.)

This removal of energy, as Freud described, is seen as essential for the acceptance to be successful. Without the emotional distancing, one is left to wonder whether they have not found acceptance of death or to question the relationships between the patient and their family. Kübler-Ross states that acceptance is:

> …leading towards a gradual separation (decathexis) where there is no longer a

two-way communication. (P. 130.)

When addressing the needs and possible trajectory of the family, Kübler-Ross notes a family will be similar to the patient in their emotional processing, but her description is very brief. What she offers is a sketchy outline of the family who are said to have a form of denial, anger at the illness or prognosis or the hospital personnel, guilt, and eventual acceptance. They do not apparently share the bargaining phase or the depression. These stages are suggested as what prepares a family for the loved one's dying, with the end goal being the same, allowing the person who is dying to separate from the family emotionally so they may die with peaceful resolve.

> I think we can be of greatest service to them if we help them understand that only patients who have worked through their dying are able to detach themselves slowly and peacefully in this manner. It should be a source of comfort and solace to them and not one of grief and resentment. (P. 177.)

## Kübler-Ross and Bereavement

Kübler-Ross does not go into great detail or outline her theory about what a bereaved person might experience. She does mention that there might be assorted emotions involving anger and despair, but they do not occur in any set trajectory, as she specified for the dying process. The end result is the same – the family must move towards acceptance. Advice is offered to assist a bereaved person by providing supportive listening but nothing concrete is provided in the way of interventions.

> What I am saying here is, let the relative talk, cry, or scream if necessary. Let them share and ventilate, but be available…The most meaningful help that we can give any relative, child or adult, is to share his feelings before the event of death and to allow him to work through his feelings, whether they are rational or irrational. (P. 186.)

Kübler-Ross set out to bring a human face to the dying process. In part because of her efforts, death was again discussed in hospitals, after many years of silence. While she is gentle in her descriptions, her words have as a backdrop both the cultural times in which she wrote and a Freudian psychodynamic orientation. Like Freud, she is willing to interpret unconscious influences on a patient's response. For example:

> …this patient showed a fluctuation between an almost total denial of her illness and a repeated attempt to bring about her death. She found temporary refuge in delusions of beauty, flowers and loving care which she could not obtain in real life. (P. 60.)

Kübler-Ross's ideas took on a life of their own and were often applied with far more rigidity than even she might have liked. In the hands of others, denial became an emotional response that a person must be freed from as it was seen as unhealthy to live not being fully aware. Medical professionals used her five stages to explain death, divorce, substance abuse, as well as a host of other losses. Her five stages constituted an essentialized trajectory. Rightly or wrongly, it became the model to explain the aftermath of any sudden, and negative, change. Her model became the benchmark which all others either used in explanation or incorporated in their counseling those living with grief.

## FROM EARLY THEORY TO PRESENT PRACTICE

In the first half of this chapter we examined the work of some of the major theorists who have shaped contemporary conversations about grief counseling and psychology. While many others have addressed these topics, from slightly differing platforms or professional positions, those included above have been major voices in the development of grief theory. It is sufficient for these purposes to present research to earmark the work of these main contributors in order to gain an understanding of current grief psychology and its applications in practice. The work of the preceding authors characterize the dominant way of thinking about grief in modern psychology. Of major importance, these works have contributed to the way grief has been absorbed into a disease model, one that dissects its symptoms and creates cures for those

suffering from this "malady".

The second half of this chapter, examines current day practitioners of grief counseling and therapy. Again, this will not be an exhaustive account, but will sample from those counseling practices developed from, and connected to, the above writers. As we shall see, much work often limits the potential of counseling and severs connections between the living and the deceased. Such practices, all geared towards completing one's relationship with the deceased, have been used in hospitals, counseling offices for individuals and families, and in group settings. It will be argued that the practices developed from modern ideas about grief have potentially harmful effects on the bereaved, often diminishing their sense of personal agency and obscuring resources that might otherwise be helpful.

As we are simply looking at a small section of counselors who developed and practiced grief counseling, I thought it best to select and focus on a few people who are representative of the field. The four to be included are, William Worden, Ira Byock, Therese Rando, and Allan Wolfelt. All base their practice on ideas cultivated from the above theorists. Each has gained some notoriety for his or her work and can lay claim to legitimacy though the broad acceptance of their work. In what follows, I will briefly discuss their work.

## William Worden and the Tasks of Grieving

William Worden's book, *Grief Counseling & Grief Therapy* was first published in 1982. There have been six subsequent editions of the book with the latest published in 2009. The popularity of his text has been unrivaled, partly because it was the first, and for years, the only book that suggested how to have a therapeutic conversation with a bereaved person. As this book has been the primary text used in college classrooms and hospices in the United States as well as internationally, it is fitting to briefly describe Worden's ideas and their origins.

Worden draws heavily from Bowlby, Parkes, and Lindemann to create a working template of tasks for the bereaved and a recipe for counselors. While Worden comments that while he has changed his list of specific "tasks" over the years, he has consistently held to a model with four steps for the bereaved. He clearly defines these as "tasks" in hopes of setting himself apart from models that use "stages" (e.g. Kübler-Ross) as a descriptor. Additionally, he explains that tasks are different from "phases" (e.g. Parkes and Bowlby). He does not disagree

with the identification of phases, but feels the term is too passive. Rather, he prefers the term "tasks" as it connotes an active process of doing. Likening his preference to Freud, he explains (1991):

> Phases imply a certain passivity, something that the mourner must pass through. Tasks, on the other hand are much more consonant with Freud's concept of grief work and imply that the mourner needs to take action and can do something.
>
> (P. 33.)

Worden does create a vision of a more agentic griever who has some choice and emotional movement within the process. This sets his ideas apart from others who see grief as a natural process that is healed through the effect of time. Worden's tasks specifically have empowered the mourner to do the following:

> Task I: To accept the reality of the loss
> Task II: To work through the pain of grief
> Task III: To adjust to the environment in which the deceased is missing
> Task IV: To emotionally relocate the deceased and move on with life
>
> (1991, pp. 10 – 17.)

Each of these tasks comes with its own definition, noted pitfalls, and explains the counselor's work to facilitate successful completion of the task. Worden values facing reality, moving through a codified process, and constructing a compartmentalized completion that restores wholeness (as defined by functionality). There is no concession to the social construction of this reality.

To assist the bereaved through the tasks, the goals of counseling are established and each delineated with assorted practices to achieve the desired results. According to Worden (1991) the corresponding goals for the counseling are as follows:

1. To increase the reality of the loss
2. To help the counselee deal with the both expressed and latent affect.

> 3. To help the counselee overcome various impediments to readjustment after the loss
> 4. To encourage the counselee to say an appropriate goodbye and to feel comfortable reinvesting back into life. (P. 38.)

We can hear echoes of Freud's influence in these goals. The bereaved are required to defer to the "reality of the loss" and must say goodbye in order to complete the task of separation. To tease these ideas out further, it is helpful to explain the tasks.

> Task I: To accept the reality of the loss
> The first task of grieving is to come full face with the reality that the person is dead, that the person is gone and will not return. Part of the acceptance of reality is to come to the belief that reunion is impossible, at least in this life…
> (1991, pp. 10 -11.)

This task is intended to confront what Kübler-Ross refers to as denial (1969). It is the time in which the bereaved might otherwise "forget" their loved one is dead by continuing to imagine him or her in public or holding on to rituals and objects of the deceased, (e.g. maintaining of a child's room or not giving away clothing of the deceased). This process of accepting is deemed healthy only if it is short termed. The short term might "buffer the intensity of the loss" (ibid), but an undefined longer period of denying is clearly unacceptable. To avoid lingering in this period, the counselor "helps the survivor actualize the loss" (p. 42). The counselor does this through focusing on the details of the loss. Worden (1991) encourages the counselor to address such questions as:

> When did the death occur? How did it happen? Who told you about it? Where were you when you heard? What was the funeral like? What was said at the service? (P. 42.)

The first task assumes that there is a singular reality that must be embraced. It is the reality connected to the biologic death, in that we know there is a body whose heart no longer

beats. Consider, for example, a spiritual reality that constructs a demarcation between this world and the afterlife, similar to that of the Seventh Day Adventists who believe people are sleeping and inaccessible after death. Or the Buddhist who believes after death they are reincarnated. Are these not acceptable realities? We have some hint about whose reality is privileged, in Worden's work, when we consider timing. While Worden does not give a specific timetable, unlike the DSM book used to determine psychiatric diagnosis, he frequently suggests that the clock is ticking. In his discussions of what makes grief abnormal there are references to "chronic" grief reactions (p. 71), "delayed" grief reactions (p. 72), "exaggerated" grief reactions (p. 72), "masked" grief reactions (p. 73), and "complicated" grief (p. 74). Each of these categories suggest a time at which the normal process is exceeded and the timing is too long.

> Task II: To work through the pain of grief
> It is necessary to acknowledge and work through this pain or it will manifest itself through some symptoms or other form of aberrant behaviors.
> (1991, p. 13.)

Worden's second task requires steps similar to Freud's in the bereaved's need to achieve emotional, cathartic release. Like Freud, Worden suggests an economy of work that one must do in order to grieve and this rests primarily in expressing feelings. He doesn't explicitly state what aberrant behaviors a bereaved person will manifest should they not express themselves but surely the lack of expression would not be normal. The counselor, having asked the bereaved to relive the painful parts of the death in the first task, now can validate sadness and anger. According to Worden (1991), the counselor is to:

> Help the survivor to identify and express feelings…(P. 47.)

This goal of grief counseling, may be achieved in a group or through individual counseling, and is relevant to both expressed and latent affect. Patients are encouraged to concentrate on their own inner experience and feelings. They are not encouraged to focus on their relationship with the deceased.

Task III: To adjust to the environment in which the deceased is missing…
(1991, p. 14.)

We might assume that the missing refers to the physicality of the dead loved one, but it also includes adjusting to the void left by performed roles of the deceased (co-parent, mechanic, confidant, income-earner, etc), and the role changes in the bereaved's sense of self in the world (widowed, orphaned, or childless, and so on). The counselor supports the bereaved in achieving the third goal of overcoming impediments to readjustment. Worden (1991) explains that the counselor can encourage practical decision making, but paternalistically advises:

> As a general principle, the recently bereaved should be discouraged from making major life-changing decisions, such as to sell property, change jobs or careers, or adopt children, too soon after a death. (P. 48.)

This logic is unsubstantiated as helpful, but is a part of common thinking routinely applied to bereavement. Worden assumes that the bereaved is unable to function and rationally weigh options, a pathologizing assumption in itself. He also assumes a comfortable middle class existence in which such things as economic exigencies do not constrain immediate choices or make them absolutely urgent. Even though the third task is devoted to reason and practicalities, this advice can be counter-productive. Often, following a death, bereaved people need to make dramatic changes, like a household move. Rather than suggesting this as ill-advised, or demeaning their intelligence, counselors could be invited to consider what makes such hard decisions reasonable.

Finally, we have the fourth task set out by Worden and perhaps the most controversial:

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

When Worden originally wrote the first edition, he spoke about this task as requiring the bereaved to let go of the relationship in order to move forward. He embraced the Freudian idea of withdrawal of energy in order to form new relationship. His work was criticized, and he claims it was not understood. Worden attempts to clarify this by again referencing Freud, noting

it is important to detach the bereaved from the memories and hopes of the dead person. Worden hopes this clarifies the previous misrepresentation:

> Although I believe this to be true, the way task IV was worded previously was easily misunderstood. (Worden, 1991, p. 16.)

In Worden's later editions (1991), he changed this task to include more palatable meanings and made overt references to the relationship between the living and the deceased.

> The Counselor's task then becomes not to help the bereaved give up their relationship with the deceased, but to help them find an appropriate place for the dead in their emotional lives – a place that will enable them to go on living in the world. (P. 17.)

In spite of this modification, Worden elsewhere still advocates methods in which the counselor encourages bereaved people to complete connections with the deceased. Associated with task IV is the fourth goal of grief therapy which encourages "an appropriate goodbye" and "reinvesting back into life" (p. 38). We are left with a mixed bag of recollection and reminiscing, but retention of the eventual goal of letting go and moving back into a different life.

Worden's work has been widely used to inform grief counseling and grief therapy groups. His model was clearly rooted in an individual model of personal identity influenced by Freud and other major attachment theorists. Success is not about entertaining ideas of connection with, or conversations with, the deceased person, as this might be seen as failing at completing the first task. Worden's system for grief counseling does not allow for holding on to the relationship after death, even with the slight modifications he made in his more recent editions. It is about the divestiture of connection and a severance that comes with implicit rules about how and when and why it is to be performed. As we will see in a later chapter, Worden's work, like that of other modern theorists and practitioners, has not been proven to be helpful or comforting to the bereaved. For now, let us continue to examine the work of others who have written about grief counseling utilizing a modern medical and psychological framework.

## Therese Rando and the Work of Grief

Therese Rando in some aspects mines the same vein as Worden. The assumptions that construct the platform for their theories share etiological origins. Rando draws from Bowlby's attachment theory and sees grief as an experience of the severing of connection. She also draws from Freud, for example, when she interprets grief as “work”. Rando (1988) states:

> As a griever, you need to appreciate the fact that grief is *work*. (P. 16.)

In this comment, we hear the harsh tenor of Rando's thinking about grief. It is not supposed to be fun, and it is a job which requires action. That grief is referred to as an inevitable requirement is stated as a scientific fact.

Rando's conceptualization of grief is all encompassing and it is focused on loss. Not only do we grieve the death of a person but we can also grieve the loss of things. Loss is a form of deprivation and grief is a response to change (Rando, 1988), whether it is from a death, from age-related deterioration of sight, from accepting a new job, or for a relocation. With this understanding of loss as a category of psychological experience, Rando expands the meaning of grief in an important way. She revives Melanie Klein’s concept of secondary losses, which had been missing from counseling approaches.

The idea of primary and secondary losses has since become part of the modern vocabulary of grief psychology. Secondary losses, according to Rando, are often the non-physical losses that result from the primary loss that is physical. For example, a person whose spouse has died, responds to the loss of the person and misses their presence and their voice. This is a primary loss. That same bereaved spouse also looses income and is forced to move to a more affordable location. The loss of income and of a home would be described as secondary losses.

Rando assumes that we are hard-wired to grieve. Grief is a biological and psychical response to an event that is shaped by the context and developmental age of the griever, but the mechanism creating the grief is the same. She explains:

> Over and over you encounter loss in your life. To a greater or lesser extent, the

> same process of grief occurs in reaction to each of these losses…. The very same process of grief that initiates the temporary despondency of the nine-year old boy whose best friend refuses to play with him, also initiated the full-blown grief response of the man whose wife is killed by a drunk driver. (1988, p. 16.)

Regardless of the type of loss, a person adjusts to the loss by going through different phases. She offers a condensed version of previous models of grief process by collapsing other's concepts into three phases. The phases she specifies are: 1. Avoidance, 2. Confrontation, 3. Accommodation. She suggests that, because loss is the common denominator for each of these phases, everyone must express three things in order to adapt to or to accommodate the loss. According to Rando, these three things requiring expression are:

> 1. Your feelings about the loss.
> 2. Your protest at the loss and your wish to undo it and have it not be true.
> 3. The effects you experience from the assault on you caused by the loss.
>
> (1988, p. 18.)

Let me very briefly expand on each of her phases. The three phases do not follow on from each other in strict chronological succession even though they are predominantly sequential, but there is considerable room for overlap. The first one, the avoidance phase is according to Rando, a mixture of denial, avoidance, shock, disorganization, and disbelief. It is the attempt to make sense out of bad news that does not make sense and is an illustration of the mind's ability to negate the harshness, particularly of sudden death. States Rando:

> In the avoidance phase, that period of time in which the news of death is initially received, you desire to avoid the terrible acknowledgement that the person you loved is now lost. The world is shaken; you feel overwhelmed.
>
> (1988, p. 20.)

Rando describes this as a normal event, not as a pathological response.

> At this point, denial is therapeutic. (P. 21.)

The avoidance and the denial will give way to the next phase, that is, "the confrontation phase". Rando explains that when you are no longer protected by denial, and you understand your loved one is not returning from work today, that…

> This painful time is when you really, truly learn that your loved one is gone. Each time you expect to see your child step off the school bus, but he is not there; each time you reach across the bed to touch your spouse, but there is only empty space…Each stab of pain you feel whenever your expectation or desire or need to be with that person is unfulfilled, 'teaches' you again that your loved one is no longer here. (P. 22.)

Recall Freud's suggestion that in grief a struggle against the reality of death arises, but in the end reality wins out against the futile protests of the bereaved. Rando's confrontation phase is no different. It is the reality of the absence that focuses the bereaved on what is missing in order for reality to win. And, it is the "stab" that we are to welcome as our harsh but benevolent teacher.

Finally, once we have been sufficiently schooled by reality, we reach what she refers to as "the accommodation phase". Had the bereaved appropriately worked with the previous phases, accommodation is when we have begun a new life. It is, Rando notes, not an absolute state where the pain is never again present, but she describes it as a realistic moving forward. She does give a minor nod to the deceased as well when she speaks of accommodation, although the bulk of the focus remains on the bereaved individual. She states:

> You are changed by the loss, but you are beginning to live with it and to cope with the new life that exists without your loved one….You will develop a new relationship with the deceased, experience changes in yourself that lead to the formation of a new identity, and, ultimately, reinvest your emotional energy in new relationships, objects, and pursuits.
>
> (1988, p. 23.)

In spite of suggesting a 'new relationship' which might open doors to a new kind of conversation for the bereaved, she holds tight to the old psychodynamic view of divestiture of connection with the deceased. There are other places too where Rando makes slight references to a possible relational model, but falls short of embracing this. In her guidelines for what the actual "work" of grief entails, we see this dichotomy as well. In it, Rando (1988) lists four things that "must" occur:

1. Change your relationship with your loved one – recognize he is dead and develop new ways of relating to him.
2. Develop a new sense of yourself to reflect the many changes that occurred when you lost your loved one.
3. Take on healthy new ways of being in the world without your loved one.
4. Find new people, objects, or pursuits in which to put the emotional investment that you had once placed in your relationship with the deceased. (P. 19.)

Rando's heavy emphasis on the individual being the locus of the story excludes many opportunities for continuity of the deceased person's stories. Primacy of place is finding a new life, one in which the deceased does <u>not</u> feature predominantly and one in which "health" is measured by how well the bereaved adapts to this new world. In order to attain admittance to this new world, the bereaved "must" perform the requisite grief work that includes the appropriate expressions of emotion. If one "must" do this work, then by implication there equally "must" exist a deficit condition waiting to be ascribed to those who fail in this task. It is a model that offers the distraction of finding "new people, objects or pursuits" as a pathway to decathexis, as Freud might say, and as a method of constructing a new more individual (and less relational) identity.

It is through models like Rando's and Worden's that we see the strong connections between conventional psychodynamic thinking and grief psychology. While the same assumptions have been dressed up in current terminology, they are still based on the same underlying principle of supporting the removal of energy from the relationship between the deceased and the bereaved. Less than this is seen as aberrant. Later armchair grief counselors

have used their models, adapting them further, but not acknowledging the ideological etiology or referencing the connections to Bowlby or Freud. We will see examples of this as we continue in this chapter discussing the writing of Ira Byock and Alan Wolfelt among others. This would be true as well for some of the common brochures and support literature provided to families. The brochures often employ the psychodynamic ideas of Freud and Rando, for example, without actually quoting the authors or explaining where the strands of ideas seem to connect. The end results are pieces of text, brochures and counseling conversations that have adapted to, and adopted, a model of letting go of the relationship as what is to be expected when a person dies.

## Ira Byock and "The Four Things"

Byock, like the bulk of his predecessors, writes from a privileged platform as a physician. His credentials provide him with a social sanction of legitimacy. He has written many articles in professional journals about pain management with patients, and end of life care. It is, however, his two popular books on grief, written for a general audience, that feature in this research. His first, *Dying Well* (1997), is a collection of stories, many touching, about people who are dying. The book is not an academic piece nor is it referenced to theories of grief psychology or other theorists who conceptualize death and grief psychology. Byock offers the reader instructions about how to "die well" and what this entails. He intentionally selects this phrase to distinguish from a "good death" suggesting the latter as prescriptive:

> Good death connotes a formulaic or prescriptive approach to life's end, as if a good outcome chiefly depended on the right mix of people, place, medications, and services. (1997, p. 32.)

This comment is certainly well taken and suggests the problematic impact of the concept of a "good death" upon the actual experience of dying. He hints at understanding how this might set up a yardstick for judging individual experiences, or worse, assessing their failure to measure up to the model of a "good death". By way of contrast, Byock suggests the phrase "dying well" (1997).

> …the phrase *dying well*, seems better suited to describing the end-of-life experience that people desire. It expresses the sense of living, and a sense of process…even as they are dying, most people can accomplish meaningful tasks and grow in ways that are important to them and to their families.
>
> (P. 32.)

Yet for all his emphasis on process rather than finished product, Byock's preference for "dying well" can still be interpreted as prescriptive. This definition assumes a linear, developmental progression where people are constantly moving towards a goal, and experiencing learning or growth. It is perhaps a Western preference, and one that embodies humanistic assumptions of experiences leading to growth. To complete meaningful tasks, for example, the dying person is still working towards a preferred goal of dying well. The unrecognized irony, of course, is that most die sick. Like "a good death", "dying well" sets out goals for which the dying should strive, in order to avoid dying poorly, whatever that might suggest.

In Byock's second book, also for a general audience, *The Four Things that Matter Most*, (2004), he expands his prescription to include not only the dying, but also the bereaved. Like his first book, this is an unreferenced text, even though many of his ideas appear to have connections to Freud, Lindemann, Bowlby, Kübler-Ross and Worden. He is more explicit in this book about his prescription and refers to it throughout the book as "the Four Things"(2004), using capital letters. According to Byock (2004), the four things are required communications with family members and loved ones:

> Please forgive me.
> I forgive you.
> Thank you.
> I love you. (P. 3)

He does add an additional step, that of good-bye, but he does not count this act as a part of the numeric total.

> When I work with people who are approaching the end of life, I emphasize the value of saying the Four Things and I also encourage them to say good-bye. The Four Things offer essential wisdom for completing a lifelong relationship before a

> final parting. (P. 6.)

He spells out these same steps of contrition and appreciation as critical for bereaved loved ones.

> Saying the Four Things is important for our ongoing relationships to the people we lose through death. One day, after we die, our children and loved ones will benefit from having said the Four Things to us. (P. 13.)

Byock's intent, both for the dying person, and the bereaved, is to create rituals that offer healing and wholeness, as he sees it. He advocates this process to heal deep wounds, and to acknowledge love. Informed by science and medicine, he creates recommendations that are biologically driven and tinged with modernist assumptions about the universality of personal experience.

> In addition to our primal drive for connection, we each have an instinctual impulse to give and receive love. We have a deep desire for healing and wholeness…the pragmatic healing potential of words like the Four Things – words that are personal but also universal. (P. 16.)

The assertion of universality is underlined by the unproblematic usage of the word "we" to apparently speak for everyone. While Byock defines the four things as personal, the steps are scripted as the correct approach to "dying well". It instructs how to die properly and downplays the context of dying in favor of formulaic responses. He offers this kind of popular psychology to general audiences using humanistic terms, like healing, wholeness, and a desire to be loved. He does not undertake to connect these terms or practices to important predecessors. And, as we will see, even though Byock's model is popular, there is little evidence that it is actually helpful. But before considering these critiques, let us turn out attention to Wolfelt and briefly to other forms of lay writing.

Byock's model of the four things does suggest some aspects of relational ritual between the dying person and their loved one. Unlike other models, Byock does open up some room for a

relational psychology of bereavement. He suggests that the completion of the four things makes grief easier to bear, but perhaps for reasons that are counterproductive. His remedy for death and grief is to suggest a formula aimed at tidy endings. This is purported to be a one size fits all. This reductionistic application is overlaid to fit hundreds and thousands of different kinds of death and relational patterns of communication, some of them culturally sanctioned and others unique to a family. As such, this model is limited.

## Alan Wolfelt and the Touchstones of Loss

Alan Wolfelt is a psychologist who specializes in grief counseling. Besides direct counseling practice for a general audience, he provides training for professionals at his center in Colorado. He offers workshops throughout the year for people who are suffering from one form of loss or another. He writes extensively about grief and his website has one hundred twenty-three publications listed, all authored by Wolfelt. The books are aimed predominantly at lay audiences and many are "how to" guides for living with grief as a result of the death of a loved one or a divorce. He has very specific books for the grief over a sibling, a pet, or a child as well as general books that are written in accessible language for lay and professionals alike. One such book which embodies his philosophy is, *Understanding Your Grief; Ten Essential Touchstones for Finding Hope and Healing Your Heart* (2003).

Wolfelt's approach reflects a humanistic perspective, and, like Byock, many of his books are unreferenced texts chocked full with suggestions for mourners. Wolfelt embraces what many might coin as a transpersonal psychology. By way of example, he speaks about grief as a journey where mourners "become a master journeyer" (p. 3), and he uses metaphors of intra-personal healing such as, "heart-based, not head-based" (p. 4), where feelings in the heart are more valued than the thoughts of the head.

Wolfelt offers the ten touchstones for people who are living with grief. They are intended to be guideposts to help people make sense out of the upside down world that grief creates. Wolfelt's work, however, is written in an authoritative voice as if he reflects the scientific, objective gold standard. Take this example in which he claims to represent socially constructed norms as if they are easily measurable and altogether unquestionable.

> By definition, a touchstone is a standard or a norm against which to measure something. In this book I describe ten touchstones – or benchmarks – that are essential physical, emotional, cognitive, social, and spiritual actions for you to take if your goal is to heal in grief and find continued meaning in life.
>
> (Wolfelt, 2003, p. 2 – 3.)

The quote instructs the bereaved person to compare their grief and experiences with the ten touchstones in order to measure themselves against the recommended actions. Embedded within this advice is an "essential" view of personality which both constructs the grief as an unavoidable, natural process, and, implies a universality of grief experiences. Wolfelt's essentialist assumptions imply that the social, religious, cultural, and familial context of death and grief is perhaps less important than the individual's inner process. The only correct healing is to succeed with the touchstones. We see the influence of individual, modern thinking in some of his steps. Below are a selection of only a few of Wolfelt's touchstones that are reflective of his thinking and instructions to his readers. We start, by way of example, with his first touchstone where he lays the foundation for the individual journey.

Touchstone One: Open to the Presence of Your loss. (P. 11.)

The first step, according to Wolfelt, is for the bereaved person to slowly, gently, become aware of their loss. He offers instructions and homilies to invite the bereaved to no longer suppress or deny their loss, cautioning that denial creates more pain. Throughout the chapter, Wolfelt uses terms peppered with transpersonal metaphors on the one hand and medical language on the other hand to define the individual's path. There are also metaphors that mark progress, or a linear type growth, by suggesting movement.

> In the wilderness of your grief, the touchstones are your trail markers. (P. 3.)

The journey begins when the bereaved empower themselves by "setting their intentions to heal" (p. 13). This phrase again might seem almost contradictory in its etiology. The idea of setting one's intentions might be seen as new age or transpersonal when change is believed to

follow a desire for change or by affirming change as possible. The notion of "healing" is borrowed from medical terminology that assumes something to be not healthy or diseased, and through intervention it is restored to a functional state. Wolfelt intertwines these types of metaphors throughout his writing, sometimes borrowing more from one professional discipline than another. In this next quote, we can clearly hear the voice of transpersonal psychology. He sets out this instruction for what he believes the correct path for genuine growth and healing to advance.

> When you set your intention to heal, you make a true commitment to positively influence the course of your journey. (P. 14.)

And it is this intention that offers the bereaved a return to functionality, or as Wolfelt describes,

> …with commitment and intention you can and will become whole again.
> (P. 13.)

As this passage suggests without progressing through the ten touchstones, a bereaved person might be less than whole. It would be equally odd to think that most bereaved people desire to remain in a state of emotional pain, or less than whole, since they have not formally stated their intention otherwise.

Let us use as another example, Wolfelt's touchstone number six, "Understand the Six Needs of Mourning" (p. 87). In chapter six, Wolfelt begins by revisiting the goals of the first touchstone, "Open to the presence of your loss." (P. 90.) He also attempts to make grief both an individual process and simultaneously a universal experience. The individual perspective is more frequently emphasized, but the confusion between the two is never far away.

> Your wilderness is an undiscovered wilderness and you its first explorer. But virtually all mourners who have journeyed before you have found that their paths are similar. There are more commonalities than there are differences.
> (2003, p. 87.)

Wolfelt suggests that individual mourners have six needs central to growth and developing a new identity. Like Byock, he distinguishes his process from what has been described as "stages" and instead offers the term "needs".

> Instead of referring to stages of grief, I say that we as mourners have six central needs. (P. 87.)

He explains that the concept of needs provides the individual with freedom to "jump around" (p. 88) and work on different needs in a non-sequential fashion. This seems to be the main difference, from that of stages, in speaking about grief as possessing "needs".

> Unlike the stages of grief you might have heard about, *the six needs of mourning are not orderly or predictable*. (P. 88.)

Included in the needs are words that might recapitulate the writings of Freud, Worden and others who have helped to shape a modern perspective on grief, although Wolfelt himself does not mention these writers. According to Wolfelt, the six needs are:

1. Accept the reality of the death.
2. Let yourself feel the pain of the loss
3. Remember the person who died.
4. Develop a new self-identity
5. Search for meaning
6. Let others help you – now and always. (P. 88.)

In the third need, remembering the person who died, Wolfelt does give minor reference to the relationship between the living and deceased. He does this however, in a limited fashion and assumes that what is helpful for the bereaved are quiet and private reflective moments of reminiscence. He encourages mourners to write down favorite memories, hold onto a few keepsakes as "linking objects", and look at photo albums on special occasions. While the relationship with the deceased must be part of the recollection, these suggestions position the

bereaved as a passive participant in their remembering.

In Wolfelt's other touchstones, we read similar types of recommendations that at times appear contradictory. There are terms influenced by pop transpersonal psychology and Eastern religions mixed with a Westernized medical paradigm. Drawing on humanistic ideas again, Wolfelt suggests people "surrender" (p. 2) to grief, and fully feel the pain of grief. Value is given to the acknowledgment of feelings.

> This book will encourage you to be present to your multitude of thoughts and feelings, to 'be with' them, for they contain they truth you are searching for…
>
> (P. 13.)

Encouraging people to find truth through being present with their feelings contrasts with the notion of the bereaved individual as moving through some process. On the one hand, Wolfelt is suggesting a bereaved person needs to sit still and experience their feelings to discover truth. On the other he is writing about bereaved people as moving through a wilderness or on a journey which is not a sitting type of event.

> You are on a journey that is naturally frightening, painful and often lonely.
>
> (Ibid.)

I would agree with Wolfelt's occasional recognition of the importance of remembering the deceased, although for Wolfelt the major emphasis is on the bereaved individual without the deceased. In my view, the whole of his model offers conflicting messages that potentially produce confusion for people who are already struggling. His fifth touchstone, "Recognize you are not crazy," (p. 69), is tinged with unintended irony. Perhaps the competing discourses within modern grief psychology produce a sense of crazy or being out of control in the midst of overwhelming experiences. If there were a model that connected the bereaved to the emotional resources of the deceased and to their community, one has to wonder if the bereaved might fare better. The popular model Wolfelt provides does not offer this to his readers.

Grief Brochures, Pamphlets, and the Production of Experience

A bereaved person is exposed to numerous resources, like the Wolfelt writings, that often provide contradictory advice. Professionals routinely provide bereaved people brochures and pamphlets that explain grief and suggest tips for feeling better. The brochures are always offered with good intentions for the bereaved to make sense out of their experiences and to alleviate suffering. The brochures and pamphlets are quasi-educational, often accompanied with illustrations and inspirational quotes or poems. It is important to mention them as a part of this research as they impact upon the bereaved person's experiences. While they might not explicitly state they are a comparative guidepost for the bereaved, the implicit assumption remains. The brochures draw upon the grief psychology of Freud, Bowlby, Kübler-Ross and the like, to instruct the right way to grieve, let go, say good-bye, and move on.

These resources are plentiful in the United States, in hospitals, hospices, and counseling offices. There are publishing companies devoted to this specific kind of material. Often the titles suggest the slant of the brochures as well. For example, the brochures, *Journey's End (1996), The Last Goodbye* (Boulden, 1994), and *Gone From My Sight* (Karnes, 1986/2008), all suggest a certain finality to death and to the relationship. Two popular brochures used for grief in the U.S. are, *My Friend I Care* (Karnes, 1991/2007) and *Going Through Bereavement – When a Loved One Dies* (Channing Bete Co, 2009). Both books, each fifteen pages long, describe grief in simple terms with few words per page. Additionally, *Going Through Bereavement* is illustrated with five or six drawings of people who are grieving on each page.

What is interesting is the way in which the brochures describe grief and the suggestions offered to the bereaved person. The suggested phrases become defining for bereaved people who assess their own well-being. Family members and bereaved individuals read such brochures and imagine themselves as lacking or failing at their grief if they do not meet one or more of a pamphlet's criteria. It is not unusual to receive calls from tearful bereaved people explaining how the brochure instructs them to let go, but they find this too painful. Consider two of these brochures more closely and the specific ways people are being guided.

The brochure, *My Friend I Care*, offers a description of what grief is and what a grieving person should do to feel better. Written by a nurse, it is not all too surprising that she refers to grief as if it is a physical wound. Similarly, Karnes (1991/2007) writes:

> At first, it's open, bleeding, raw and terribly painful. In time, that wound begins to heal. It heals from the inside out. (P. 1.)

Karnes successfully reflects the modern medical ideas about grief and suggests it is like an illness, or a wound, that we can recover from if we follow the right interventions. One of these interventions according to Karnes is to clean the wound with an emotional intervention to address the unhealed state.

> In order to have an "infection free" healing, we need to clean our grief wound of unfinished business. (P. 9.)

Similar to Worden with his tasks of grief, Karnes feels it is important to complete a particular stage thoroughly. Noting, "writing makes us think" (p. 9), she suggests mourner's write letters to the deceased sharing the good memories as well as the difficult times. The mourner is then instructed to destroy the letter, to:

> Burn it and scatter the ashes to the wind. (Ibid.)

This ritual, she believes, relieves the pain by way of releasing. The actual event is seen to be a solitary act to stop the pain of grief. She described it as:

> …very private, just between ourselves and the person who has died. (Ibid.)

And it is these rituals, according to Karnes, that creates a clean, uninfected, wound. Like so many of the practices of grief psychology, the steps to create wholeness, or a healed state, or completion, seems to come from the living individual at the expense of the deceased person. The brochure does not give the option of holding on to the relationship or finding a path other than letting go, releasing, and moving on.

Similarly, the brochure, *Going Through Bereavement – When a Loved One Dies* (1996/2009) is written in simple terms with corresponding pictures. The introductory page

suggests that it is useful for all contexts and forms of grief and describes grief with a conventional model similar to Karnes,

> Loss affects people in different ways. Disbelief…Anger…Physical problems…Fear…Guilt…Prolonged depression…and Personal growth.
> (P. 4 – 5.)

Whether these are tasks or stages or phases is not mentioned, but it is implied that they are emotional events in response to loss and people may experience one or more moods, and each mood might have different a different flavor. The description is not intended to offer diagnostic categorization, as in professional texts, but to offer validation of the events themselves. Suggestions are made about how the bereaved person should nurture themselves in the midst of the moods, including:

> Maintain a healthy diet. Get proper rest and avoid alcohol. (P. 6.)

While this may be helpful for a few, the remedial nature of the brochure, could set up limited expectations for the bereaved. Bereaved people are not encouraged to tap into their existing emotional resources, places of strength, communities or build upon previous successes. The basic instructions potentially distance the bereaved from what they know to work and promotes a questioning of their ability.

Like the Karnes brochure, *Going Through Bereavement* enlists metaphors of healing and clearly states this as the goal of grief. Suggestions are made to achieve a healed state.

> Healing takes time…Allow yourself time to grieve…postpone major decisions…accept comfort from others…express your feelings in writing…look to faith…deal with past regrets…complete a project your loved one started.
> (P. 8 – 9.)

The recipe for healing falls to individual's initiative as set forth in the lay and professional literature. Should the bereaved not find themselves healed after a period of time, professionals

might be inclined to blame, or suggest they need to repeat one or more of the steps. It is a formula that unrealistically maintains a sense of pain for the bereaved in that each time, years later, they are a washed by pain, they might be seen as not well enough healed. Worse, the bereaved person, might live with this internal voice of judgment or feel as though they have failed. The brochures reinforce a voice of not measuring up.

*Going Through Bereavement is* not completely focused on the inner experience of the bereaved person. There is one page devoted to the connection with the deceased person with more suggestions than many brochures of this variety. Suggestions are made for private activities that include personal reflection and scrapbooking, but there is also a bold recommendation about relationship with the deceased and the shared community between the deceased and the living. Rather than completely being private about the memories, the book suggest that the bereaved person might want to:

> Share memories with friends and family.... Let them know it helps you to talk about your loved one. (P. 11.)

Here, the brochure steps into a new space, compared to other brochures, suggesting the importance of re-connecting with the departed. Unfortunately, the brochure does not elaborate on this suggestion, but quickly returns to the dominant discourse of individual identity, moving on, and getting over the person who died. Following the suggestion that sharing stories about the deceased is helpful, the bereaved is instructed that:

> Life goes on, and yours can, too. Avoid isolating yourself in grief…Develop a new routine…Allow yourself to let go…Get active…Meet new people…Set aside time for you. (P. 12 – 13.)

There is a tendency in the brochure to view action as curative. The brochure suggests a trip, a new pet, volunteering, among numerous other activities, and "developing a fresh new outlook on life" (p. 13). The page ends with the encouragement for the bereaved,

> You can begin to live life to its fullest once again! (P. 13.)

It may be helpful for many bereaved persons to find activities, new and old, after a loved one dies, but not necessarily offered as a prescriptive cure for grief. The encouraging words to 'live life to the fullest' are aimed at the bereaved. The deceased is nowhere to be found in this statement or in the reconstruction of the bereaved person's life.

In hospice care, I have heard repeatedly how helpful the brochures are for families who are grieving. Family members explain that the brochures gave them something literally to hold on to, and many spoke about how they underlined the brochure's key points and referred to the words often. The brochures took on almost a biblical quality in providing meaning for families facing death and living with grief. While not questioning the degree to which people find these helpful, a critical look should be given to the particular realities and values that are recommended in helping the bereaved make meaning. The descriptions and suggestions embody a particular way of thinking, traceable to the writings of Freud, Bowlby, Lindemann, Melanie Klein, and Kübler-Ross. Their text suggests the correct version of grief lies within this tradition.

In my view, the brochures, as well as other lay pieces of information, and commercially created leaflets and condolence cards do more than merely reflecting ideas posited by theorists of grief psychology. They, in fact, actively produce experience. As families and bereaved individuals are instructed by these documents they acquire norms about what they should feel, who they should become, and how they should behave when grieving. It might not be understated to say that the brochures, handouts, etc., are actually producing a culture of grieving based on a narrow and restrictive set of ideas. It is perhaps ironic that these steps to commercialize grief have perhaps made grief more universal by homogenizing the responses and removing the context from the event. As we will see in Chapter Four, returning the story of grief to the personal metaphors and idioms of a bereaved person appears to be highly beneficial. To shape the story of the grief in the context of the particular relationship and construct stories of strength opens up possibilities that have been missed through the universal, one-size-fits-all, grief.

## Commentary

In order to establish places of departure it is important to understand the genealogy and the current implications of this genealogy in grief psychology. When we trace the ideas that have

dominated grief psychology, we can hear echoes of the dominant discourses of modernism throughout, shaping common practices, informing policies, and activating a pathologizing logic in conversations with the bereaved. The logic of these conversations is connected with disciplinary knowledges that claim the authority to define people's experience and to distance people from a reliance on their own knowledge and ability. Such is the Modern era. Steven Seidman (1994), summarizes the central assumptions of modernism which are, as we shall see, reflected in grief counseling and psychology. According to Seidman:

> Assumptions regarding the unity of humanity, the individual as the creative force of society and history, the superiority of the west, the idea of science as Truth, and the belief in social progress, have been fundamental to Europe and the United States. (P. 1.)

Grief psychology has mirrored these assumptions, and created techniques, policies, and belief systems built on these foundations. We will read more about Seidman in the next chapter, but as a preliminary note, his above passage addresses the unifying principles found in the pathologizing of grief. Grief psychology has embraced his assumptions as part and parcel of privatizing grief as an illness.

People living with grief have been assumed to be identically constituted (the unity of humanity). Regardless of the context of the death, their grief is assumed to manifests the same pattern, no matter what the specifics of their lives. In spite of the artificial synchronization of a universal grief process, individuals are held as responsible for their own suffering (the individual as central). The relationship between living and the deceased is severed as quickly as possible and the assumptions are the bereaved will return to some function as an individual, and find joy in life. Comparatively few efforts have been directed toward the study of grief as a collective or cultural response. This keeps the individual in place as the "creative force", even though the bereaved person's outcome is often predetermined by modern grief psychology. The individual is bestowed as the prime mover in their own universe and the relationship with the deceased is neglected in the dominant prescriptions for mourning.

The theories of grief psychology rely on the methods and truth claims of quantifiable, scientific process and claim a superior validity for their concepts as a result. Scientific, medical

knowledge is valued over all others, including cultural and religious practices. In this way the "superiority" of Western theories over all manner of indigenous practices is simply assumed. The theories and practices of grief psychology also rank, or measure, or reify linear progress as a way of marking recovery from grief. This linear trajectory can be found in steps, tasks and stages, each of which moves the person towards a socially acceptable "progress". Ultimately in the modern model when the bereaved individual has successfully progressed, they are "healed" after the loss of a loved one. In this way the assumption of social progress is mirrored in the experience of individual progress through grief. Little thought is given to circumstances in which a person might regress or experience diminishment in life.

# CHAPTER FOUR
# POSTMODERN THEORY AND GRIEF PSYCHOLOGY

## Modernism

The term "Modernism" generally refers to the dominant ways of thinking that emerged some three hundred years ago in the period known as the Enlightenment (Seidman, 1994). It is characterized fundamentally by the dominance of scientific ways of thought in a broad range of intellectual endeavors. Modernism has influenced and shaped theories and practice in medicine, social work and psychology. It has influenced widespread assumptions about human nature, about selfhood and about grief. In the previous chapter, we traced the development of grief psychology in the modern world and delineated the connections between modern psychology in general, grief psychology in particular, and medical practice. The cultural context of twentieth century modernism forms the backdrop to the development of the specific concepts and practices outlined in previous chapters. Tracing modernism's historical influences enables us to see more easily the link of grief psychology to the Enlightenment assumptions about the individual; this also provides the framework behind the new postmodernist departures.

Placing the individual at the center of his or her universe, since the Enlightenment, has been one of the primary hallmarks of modernist thought (Seidman, 1994). The Enlightenment had anointed the individual as a free thinker, in charge of his or her own destiny. This premise, a dominant assumption of the modern era, has shaped institutions, social practices, laws, education and religion. Accordingly, theories and practices of grief psychology assert that grief is primarily an individual, intrapsychic experience. As I have argued (see also Klass, Silverman, & Nickman, 1996; Neimeyer, 2001; White, 1989), to focus on the individual is problematic for the practice of grief counseling. I shall trace below the development of my own departures ideas in field of grief counseling and locate these ideas within a wider groundswell of fresh assumptions in social science.

In recent decades the tenets of modernism have come under scrutiny for a variety of reasons and in a variety of contexts. I do not intend to explain or refute each and every aspect of modernist thinking, as there are others who have done so elsewhere (Anderson, 1990; Burr, 1995; 2003; Lyotard, 1984; Seidman, 1994). However, since the last chapter noted salient points

where grief psychology has been heavily influenced by modernist assumptions, I can now start to both unpack and repack the suitcases that carried these ideas. If modernist ideas have limited the texture and tenor of grief conversations, then the critiques of modernism have the potential to move us beyond these limits. An essential issue here is the distinction between the concepts convergent with the modern psychology and those that fit emergent postmodern thinking in order to highlight the practices pursued and described in the present work. To this end, I will outline in this chapter some major assumptions of postmodernism, trace their expression in social constructionism, and apply them to the psychology of memory, power, identity, and relationship. I will additionally introduce in further detail narrative ideas that impact upon conversations about grief, including story, definitional ceremony and remembering practices.

## Postmodernism

Jean-Francois Lyotard (1984) has been widely credited with popularizing the critique of modernism and promulgating the term "postmodern". He was commissioned by the Canadian Government to report on the nature of knowledge and its implications for business, government, technology, politics, and education. According to Lyotard, the paradigmatic shift toward postmodern thinking began in the late nineteenth century.

> …it designates the state of our culture following the transformations which, since the end of the nineteenth century, have altered the game rules for science, literature and the arts. (1984, p. xxiii.)

In an oft-cited quote, he lays the groundwork for a critical description of what is "modern".

> I will use the term *modern* to designate any science that legitimates itself with reference to a metadiscourse of this kind making an explicit appeal to some grand narratives, such as the dialectics of Spirit, the hermeneutics of meaning, the emancipation of the rational or working subject, or the creation of wealth. (1984, p. xxiii).

This description is offset with an equally important, and concise, definition of what Lyotard (1984) states is "postmodern".

> Incredulity toward metanarratives. (P. xxv.)

Lyotard's report suggested that the metanarratives shaping modern discourse and practice were suspect because they had lost usefulness. The way in which the ideas of the Enlightenment shaped knowledge and science, and specifically human sciences, no longer fitted with complex societies. A modern worldview limited the stories of those who were not a part of dominant knowledge, that is, knowledge promulgated by white Western men of economic privilege. The report asserted that the human sciences were instruments of social control and had proven themselves unworthy and false in regulating or explaining social practices. Lyotard opened the door to view modernism with critical perspective, or as he suggested, "incredulity" as the knowledge modernism lay claim to was without substantiation. But he did not leave his readers in a void, without a way in which to structure and construct meaning. Meaning would be constructed in language and scientific knowledge would be understood as a narrative.

> …scientific knowledge does not represent the totality of knowledge; it has always existed in addition to, and in competition and conflict with, another kind of knowledge, which I will call narrative… (Ibid, p. 7.)

Lyotard perhaps was turning a spigot to open floodgates that would irrigate the field of psychology. In explaining the influence of Lyotard's writings, Peters (1997) comments:

> Simply put, the linguistic turn of twentieth century philosophy and the social sciences does not warrant the assumption of a metalinguistic neutrality or foundational epistemological privilege. (P. xxxii.)

As a result many taken-for-granted knowledges was questioned. Concepts that had been firmly established in modernity were rearranged. Michel Foucault's (1972) contribution included the development of a genealogical study tracing how particular knowledges had become

embedded in cultural discourses and established as regimes of truth. An ensemble of ideas was constructed from differing professions all pointing to the constraints of modernism. Polyphonic tones from the arts, literature, architecture and the social sciences coalesced to orchestrate the advent of postmodernism (Gergen, 1991). Postmodern ideas began to influence psychology and, more specifically for this research, grief psychology and its practice. In psychology, the forces of critique were expressed through the development of social constructionism. Before investigating some specific conceptual distinctions between modernist and postmodernist thinking, a more complete definition of social constructionism is needed.

## Social Constructionism

While many have written about social constructionism (for example, Gergen, 1994; 1999), Vivien Burr's (2003) concise definition outlines its components. She notes the field of psychology was at a tipping point when Kenneth Gergen's paper, *Social Psychology as History,* (1973) was published. She explains this paper introduced a new sound into the aforementioned symphony. According to Burr, Gergen argued that knowledge is not neutral and is, in fact, imbued with historical and cultural traces that influence practice and research. The paper was a critique of the field and the way in which social psychology was used, often unwittingly, to manipulate and control people with opaque methods. Concerns grew to include the voices and perspectives of those impacted by the social sciences. Postmodern ideas were incorporated into psychology to develop social constructionism in response to these concerns.

Burr lists (1995) four components that define social constructionism. Firstly, there is a "critical stance towards taken-for-granted knowledge" (p. 3). Questioning calcified categories of personality, for example, or rigid descriptions of human nature or of reality based on the positivistic sciences is typical of the postmodern approach. Similar to Lyotard's, this stance supports a healthy cynicism towards existing knowledge and the conventional assumptions upon which psychology was built. Secondly, Burr says, social constructionism understands all descriptions as historically and culturally specific (p. 4). From this perspective, descriptions of personality and behavior are not static, exportable from one time to another, or from one cultural context to another. Simply put, meanings are unstable and change in their relation to context. Thirdly, Burr states, "knowledge is sustained by social processes" (p. 4). Through our

interactions and conversations we construct our social fabric. And lastly, the knowledge that is constructed in our social processes becomes action. It impacts upon the world. When meaning is constructed about personality, for example, then actions follow and as meanings shifts, actions shift in accordance. Burr cites the example of alcohol use as one such shifting story. When the use of alcohol was seen as irresponsible behavior, as in the temperance movement, the consequence of drunkenness was imprisonment. As the meaning changed, the use of alcohol became an illness; the consequence of drunkenness became psychological treatment of one kind or another.

Burr's four tenets of social constructionism suggest a few patterns for diagramming a social constructionist approach to grief counseling. In keeping with her first principle of critical inquiry into taken-for-granted knowledges, social constructionist's grief counseling would not rely on assumptions about essentialized meanings or feelings, like sadness or anger, for example. The bereaved would instead be asked about what the death, or grief, meant for them. Secondly, grief would be thought of in a historical and culturally specific manner that befits the relationship and context of the lost life. If grief is not storied in a singular version, the bereaved would be able to draw from the context of their relationship with the deceased, as well as from any culturally relevant resources, to construct meaning around the death. Next, Burr speaks about knowledge as sustained in social processes. In grief, this component suggests that stories might speak to special facets of relationship between the bereaved and the deceased that are beyond the reach of generalized social science knowledge generation processes. It might be possible to speak with the bereaved about the aspects (familial, cultural, and spiritual, for example) that can serve as a source of strength during times of hardship. This idea in turn implies a different version of "the self" in the process of bereavement. It is a self that is not an isolated entity, but continues to enfold the relationship with the deceased and is constituted through this construction. Burr's fourth component of knowledge and social action suggests that whatever knowledge is drawn upon will impact on the shape of the grief experience itself.

As we lay claim to a relational, social constructionist model for grief psychology, we must understand how the shift in underpinning components impacts upon the meanings, and subsequent conversations. I will address briefly some of the concepts impacted by the distinctions between a modern rather than a postmodern worldview. The concepts I shall select

are to do with linear progress, memory, language, power, and identity as foundation for my orientation to grief.

## Linear Progress

Much of what is written in modern grief psychology, as we saw in the previous chapter, assumes linear movement. According to Seidman (1994), the "belief in social progress" and movement in a forward trajectory is one of the hallmarks of modernism. The models of grief contain stages or tasks, as with Worden's four tasks of grieving, set forth in hierarchical linear progression. While Kübler-Ross specifically did not intend her five stages to be sequential, modern interpretation has developed her stages of grief in just this fashion. Both models assume an implicit stance against non-movement or stagnation. The goal of grieving is constructed as reaching a state of acceptance, saying goodbye and moving forward in life. A person who reaches the final stage of a grief process has achieved a personal goal, consistent at the personal level with a modernist model of corporate or national growth. People may "fail" to achieve this goal but the appropriateness of the goal remains unquestioned. It is also a singular goal that is generalized to all grieving persons. From a postmodern perspective, however, a singular progressive narrative to which all must squeeze themselves into is subject to critique, especially if it assumes that everyone might successfully get over the death of a loved one. Perhaps there are multiple narratives that might be found in grief experiences, not all of them leading upwards towards personal progress.

Implicit within linear metaphors about stages are modernist assumptions about time. Echoing modernist divisions of time into discrete measurable segments of past, present and future, time is constructed in modernist grief theory with artificial markers (for example, time of death, anniversaries, length of time allowed for 'normal' grieving). Time is constructed assuming this end is actually a present moment, in a quadrant separate from what has come before and what will come after.

But assumptions about time have also been subject to critique. In his analysis of Lewis Carroll's *"Alice in Wonderland"*, Gilles Deleuze explains about time (1990):

...only past and future subsist, that they subdivide each present, ad infinitum.

(P. 62.)

According to Deleuze, time is not as we have thought in modern terms - the tidy forward moving unit of measurement that is connected with the Earth's rotations. When time is constructed using linear patterns, the bereaved are encouraged to adopt an arbitrary conception of "time" in which grief will be completed. Instead, if we adopt the idea that time is "infinitely subdivisible" (p. 61), reaching the endpoint of a linear progress through time becomes less important. Deleuze (1993) offers an alternative perspective of time through which the past and the future are repeatedly being folded into the present time.

Arbitrarily definitions of time shape stories and experiences of grief. In a similar way, the meaning of proximity of relationships is constructed. A system that ranks relational priority produces demarcations of space. It informs us of how important and significant a relationship should be. In modern systems (for example, employment leave schedules and insurance benefits), we measure relationships, and their value to us, by how closely related a person is to us. We often use biological heredity and legal contracts to declare that a relationship has currency. For example, a biological parent would be viewed as more important than a step-parent, or, an uncle would be more valued than a favorite teacher, or, a married spouse is seen as more legitimate than a non-married partner. These definitions construct how people should rank the importance of relationships. Grief psychology is influenced by these meanings. Conversations, and policies, are guided by norms that measure relationship in terms of proximity: how close or distant a person is. A bereaved person might, therefore, be afforded more leave time for the death of a parent or a spouse than for the death of an important mentor. This measure of proximity is then used as a predictor of better or worse grief experience. Standard definitions of relational closeness legitimize grief responses for some bereavements and not others. By contrast, the experience of grief in unsanctioned relationships (for example, mistresses, gay lovers, close family friends, and pets) is not acknowledged.

The process of sanctioning relationships includes the notion of time. Value of a relationship is calculated in terms of length of time a relationship has been established. More weight is given to a spouse of fifty years than one of five, but neither circumstance speaks to the

caliber of the connection. Using standardized assumptions of time or closeness do not necessarily fit with people's experience of relationship. The assumptions direct grief counselors to evaluate a bereaved person's suffering according to standard criteria rather than meaning and content of relationship.

In contrast to this construction of time and relational closeness note the constructions drawn from the work of Gilles Deleuze (1993). Deleuze was a philosopher who used the language of mathematics, specifically calculus and geometry, to analyze arts and sciences. Armed with his ideas in *The Fold*, we can see concepts of time and space differently. Deleuze's metaphorical descriptions conceptualize movement in a more creative manner.

While Deleuze's writings are not specifically geared towards thanatology, he does speak to existential questions in relation to which death is relevant. Todd May (2005) argues that the question? "How might we live?" is central to Deleuze's work. The question subjunctively guides exploration of human experiences within the context of relationship with other people, with environment, and with death. The concept of folds is advanced by Deleuze to account for depth of experience. "Folds replace holes," (p. 27). Folds can be used to understand historical time, and to spatially account for relationship enhancement. It is in the act of folding that meaning is generated and events are comprehended.

> I am forever unfolding between two folds, and if to perceive means to unfold,
> then I am forever perceiving within the folds. (P. 93.)

The folding, according to Deleuze, becomes the event; it is where meaning is found and made. Meanings are developed through the making of additional folds rather than through plumbing already existing depths. The directionality is different; rather than drilling <u>down</u> to find depth below the surface, surfaces are repeatedly folded over to build <u>up</u> substance. In this process, the crease defines the fold and establishes a possible circularity or reflexivity.

> Folding-unfolding no longer simply means tension-release, contraction-dilation,
> but enveloping-developing, involution-evolution. (P. 8.)

When we apply Deleuze's metaphors to grief psychology, we may create a postmodern, rewarding process, one that could produce vitality in the relationship between the bereaved and deceased. Thinking this way affords the endless possibility for folding and unfolding, creating creases, enveloping experience in new meaning and growing new connections. The fold removes the prescription to "get over" our grief or "move on" from a significant relationship after a person has died.

## Memory

How we conceptualize memory makes a difference as to how we think of grief and particularly how we think about remembering. Memory impacts upon not only what is being recalled after a person has died, but upon who has access to the vantage point for recollection. In recent history, memory has been conceptualized in terms of the individual's cognitive system for recalling stored data and as an accumulation of reinforced habits (Middleton & Edwards, 1990). Such a construction of memory as living within the individual has been founded on container metaphors. Small fragments of experience are housed within such containers to form a whole (Middleton & Brown, 2005).

In the modern scientific paradigm memory has been connected to the neurological functioning of the brain. Accordingly, aspects of memory have been classified, studied and named. There is an interest in short-term memory versus long-term memory, for example, particularly in discussions of the effects of Alzheimer's disease. Memory can be seen as representational or dispositional (Bernecker, 2008), which contrasts the veracity of recalled images with the process of constructing of them. Memory has been constructed in the modern view as an internal subjective experience that can be compared with an external world of objective truth (Shotter, 1990). Psychology has, for the most part, not conceptualized memory in terms of a relational dimension, or considered group or collective memory. These emphases would require the incorporation of social psychology and anthropology to socialize memory (Middleton & Brown, 2005).

To understand memory, we need to look critically at how it is constructed. We must account for the participants in a memory, and we must emphasize the social rather than just the

individual and we must focus on the social implications of what is being remembered. In citing Misztal's work on memory, Middleton and Brown (2005) address these all important points:

> …*who* is remembering *what* version of the past and to *which end*? The importance of such sociological concerns is its emphasis on the social organization and mediation of individual memory. Although it is the individual who is seen as the agent of remembering, the nature of what is remembered is proudly shaped by 'what has been shared with others'.
>
> (P. 14.)

This perspective has implications for psychology. We only need to look at the psychological diagnoses of mental wellness and at subsequent intervention techniques to note the impact of conceiving memory in modernist terms. For instance, since the 1980's, much has written about "recovered memories" for clients who suspected they had been abused in childhood (Geraerts, McNally & Jelicic, 2008; McNally, 2005). The theory assumes that, in situations of trauma, the psyche buries the horrific memory. The assumption is that the defense mechanism of repression is employed to cope with trauma. The unattended memory has the ability to haunt the client with a host of symptoms, including eating disorders, disturbed sleep, dissociative experiences, and unsuccessful relationships. Therapeutic practice "retrieves" memories to free clients from these ghosts. Practices that promotes memory recovery is built upon a modern definition of memory in which memory operates like a camera recording the events of one's life. Such recordings are stored as if they are files in a computer. Memories are assumed to be individual commodities and remembering is the solitary practice of discovering what was stored on the hard drive of one's mind. The memories are thus accessible through proper access to the hard drive of stored data. Much of modern counseling practice has been built on these assumptions. Through insight and introspection, a person can free one's self from whatever the painful memory of childhood might be. Memory has been considered solely an individual neurological and biological product that can be trained to benefit its owner. The *who*, as noted above, becomes the individual client, the *what* has been the freedom from a troubling event, and the *to which end* has been to fit the self within a cultural construction of happiness.

The postmodern alternative is to view memory as embedded in social networks, relationships and cultural processes (Bartlett, 1932; Middleton & Edwards, 1990; Middleton & Edwards, 1986, Middleton & Brown, 2005). "Social memory" is the collection of stories, processes, and relationships that shape the context and meaning of memory (Middleton & Brown, 2005; Middleton & Edwards, 1990). Remembered stories are not owned by one person, but are a creation and construction of a shared language that is not only relevant to the past but is constitutive of future stories.

> For example, when people reminisce about family photographs, or recount shared experiences of times of happiness and trauma at weddings and funerals, what is recalled and commemorated extends beyond the sum of the participants' individual perspectives: it becomes the basis of future reminiscence.
>
> (Middleton & Edwards, 1990, p. 7.)

Stories can be told in a communal environment and handed down through the generations, with variations made to fit the context. In the process, the stories can expand and contract. The fabric of a story is woven into what it is to become in the future when the memory is recounted in its story form. Each retelling connects to various other times when the memory will be again shared. It also connects each retelling of the memory with each person who was, at one point or another, a fellow teller of the story.

Frederic Bartlett was one of the first psychologists to highlight the social and cultural process of memory. In his research during the 1920's, participants were told a simple story and then asked to repeat what they had heard. As they repeated the story, they retold it with slight variations that reflected the participants' cultural background and emphasized knowledge that might be of particular interest to them. According to Bartlett (1932), the participant:

> … fills up the gap of his perception by the aid of what he has experienced before in similar situations, or, though this comes to much the same thing in the end, by describing what he takes to be 'fit', or suitable, to such a situation.
>
> (P. 14.)

Bartlett explained that personal interests would be underscored and would produce what filled the gaps. He also argued that what was considered to be of interest had a direct social origin. Memories and remembering, according to Bartlett, are not "fixed and lifeless", but are coordinated with other people in a way that responds to the context and shapes the content of what is being recalled.

> In perceiving, in imagining, in remembering proper, and in constructive work, the passing fashion of the group, the social catch-world, the prevailing approved general interest, the persistent social custom and institution set the stage and direct the action. (Bartlett, p. 244.)

Memories are conveyed, exchanged and constructed largely in language (Bartlett, 1932; Shotter, 1990, Middleton, & Edwards, 1990; Middleton & Brown 2005) and we cannot make sense of them outside of our linguistic traditions (Shotter, 1990). Memories are always a part of a larger collective, shaped by the cultural transmission of ritual, events, and images to negotiate shared meanings that transcend time.

> …collective remembering is a continuous dialogue between present and past, where what is recalled is used as a 'framework for meaning' for understanding the present without determining the direction of the future.
> (Middleton & Brown, 2005, p. 22.)

In grief psychology, if we use a postmodern definition, memories and their subsequent stories are not owned by the individual who has died. Another way of saying this is that the memories of a person do not necessarily die with the person's brain. Instead, memories have a home in "the prevailing approved general interest, the persistent social custom" (Bartlett, 1932, p.244). Memories of people thus remain available in the social customs, the tellings and retellings of the narratives of people's lives. Shared memories do not have to be "fixed and lifeless", but may remain vitally alive. They are not, as was once thought, an individual's internal recollection, but an event and a process that occurs in time and in relationship. Thus, according to Bartlett as referenced by Middleton and Brown (2005):

> …memory [is] not merely [viewed]as a faculty with which individuals are endowed – that is, a property or things (a 'noun') – but also as an activity – a set of social techniques or procedures (as a 'verb). (P. 20.)

It follows from this understanding that memory can be understood as a something that transcends death. It continues to live in the collective processes of shared meaning-making within communities. The deceased's stories, rituals, and images can, therefore, be revitalized in memory and be interwoven into the lives of the living.

## Power

Michel Foucault (1972, 1978, 1980, 2000) opened up a new way of understanding the role of power relations in the modern world. In developing his analytics of power Foucault added to the critique of modernism and cleared the path for the development of postmodern thought. According to Gergen (1994):

> It is perhaps the work of Michel Foucault (1978, 1979) that provides the most effective means of securing the necessary link between social and critical analysis. (P. 47.)

One important contribution Foucault made was his linking of power and knowledge. Power, according to Foucault, is not defined in traditional terms as something bestowed, conquered, stolen, or gained through war or the accumulation of money. It does not inhere in a hierarchical structure, as we have come to believe, but is all around us, acting to constrain, monitor and define people (Foucault, 1980). Power in Foucault's terms is not so much about repression but about the everyday production of who we are and how we define ourselves. His interpretation suggests that power is inescapable because it is interwoven in our language, our meanings, our institutions, and our actions. He argued for the examination of the role played by knowledge, including scientific knowledge, in the constitution of personhood. Modern psychology and social science therefore does not just neutrally and objectively study human

nature but actively produces its definition in its descriptions and explanations. Foucault called this the disciplinary function of power. Then Foucault argues that psychology acts to scrutinize people in relation to its knowledge and to subjugate individuals according to its norms.

> The archeology of the human sciences has to be established through studying the mechanisms of power which have invested human bodies, acts and forms of behaviour. (1980, p. 61.)

Foucault's definition of power as an internalized force that shapes people's actions, manifests itself for bereaved people through the way in which grief psychology defines and categorizes their feelings, actions and choices. As we saw in the preceding chapter, there is a generally agreed-upon dominant discourse for bereavement following the death of a loved one. Other ideas, including different cultural perspectives or more personal narratives, are pushed aside, or "subjugated" according to Foucault (1980):

> Subjugated knowledges one should understand as something else, a something which in a sense is altogether different, namely a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated…that it is through the re-appearance of this knowledge, of these local popular knowledges, these disqualified knowledges, that criticism performs its work. (P. 82.)

According to Foucault, modernism creates norms about what is considered right or correct about behavior and identity (1980). Then it subjects people to a diagnostic gaze to establish their normality or abnormality. We see this, for example, in the creation of psychological knowledges that define nuanced diagnostic categories of mental "illness". The elaborate systems of knowledge require laypersons to seek professional assistance to determine whether they are normal or abnormal, functional or dysfunctional, sane or crazy. Kenneth Gergen (1994) documents the exponential increase during the twentieth century in the deficit discourses that establish the norms against which people are assessed. This act of granting authority to a well developed system of psychological knowledge, and to the experts who apply

the know-how, creates a power differential in the relationship between the professional and the layperson. It is the person with the knowledge (and the key to the insane asylum) who has greater power.

Foucault elaborated how this disciplinary power exerts its control through acts of normalizing judgment about what is true and correct, or normal and abnormal. No longer does only the professional have the knowledge/power, but the discourse that is proliferated is picked up by the general population. Again, in modern psychology, it has become commonplace to define sadness as "depression" and to think of it as an episode resulting from a chemical imbalance in the brain. We are able to assess whether we are depressed -- or grieving appropriately for that matter -- through the internalized judgment of what is considered preferred knowledge. It is this normalized judgment that Foucault spoke of in referring to "the gaze" (1980). The gaze is the process of personal surveillance that requires us to constantly monitor our actions, policing them if you will, and editing behaviors and feelings to fit within the social norm.

This process of normalizing professional knowledge can be seen at work in the field of grief psychology. In the last chapter we saw the development of expert knowledges with scientific theories to substantiate them. As the professional discourse became a standard norm that permeated lay understanding people began to question themselves, or to scrutinize others, with regard to whether they were grieving properly achieving the accepted stages or tasks in the right order, or recovering stability within a normal timeframe. People who are living with grief internalize the professional conversation or knowledges, as we will see in the interview chapters, and measure their experiences against these benchmarks, often falling short of what might be considered "normal grief". Along with the possibility of a negative personal evaluation, the process of normalizing judgment introduced the possibility of 'failure' in the process of grieving (White, 2002).

## The Self, Identity, and Membership

As we saw repeatedly in the previous chapter, the self in modern psychology is a self that is internally focused. It satisfies the image of the person who is able to rely on his or her own resources and ingenuity once past childhood. The modern self strives towards individuation, self-

reliance and high self-esteem. He or she emerges through a series of developmental tasks blending autonomy, drive, thinking skills, internal locus of control, and emotional balance. The modern self may be influenced by his or her biological family but ideally he or she should individuate from "the family of origin".

This definition of the modern self has, in part, been shaped by a modern interest in science and biology. Identity has been strongly connected to essentialized ideas like IQ, genetic inheritance and developmental unfolding. The self can lack esteem or fulfill defeating prophecies. Within the modernist perspective, the self has been successfully externalized, objectified and subsequently reified in an internalized form (Berger & Luckmann, 1966). Successful selves are expected to "individuate" not only from their biological family, but also to be independent of one another in a modern world. This belief system has been established firmly in Western practice, particularly in the United States, and often romanticized in the image of the "rugged individual". The predilection to see life through this lens has dominated. Or as Gergen (1989) suggests, has established "conventions of warrant" (p. 74) that justify the superiority of individuality. This warrant influences and directs conversation for general psychological discourse as well as for bereaved people.

Contrast this with the postmodern version of the self. Here the self is largely defined through relationship. The postmodern self is constructed through language and discourse. Each self is made up of multiple selves, which are nuanced by subtle differences of context and of linguistic content. Our present and our future determine which stories from our past are told (Cottor & Cottor, 1999; Gergen, 1994). Our stories and identities are not fixed in one linear reality, but exist in a vibrant dialogical form (Bakhtin 1981; 1986). 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). It is in dialogue or conversation that our identities are shaped and reshaped, countless times, through story. As Gergen (1999) notes, there are:

> …no independent selves; we are each constituted by others (who are themselves similarly constituted). We are already related by virtue of shared constitutions of the self. (Pp. 11 – 12.)

Such postmodern views of the self have important implications for grief psychology and for conversations with the bereaved. Rather than encouraging someone to resume an individual life after the death of a loved one, we might encourage her or him to reconceptualize relationship. Rather than eliciting a singular story of loss, we might seek out multiple stories of relational change. Rather than supporting the restoration of a self-sufficient version of the self we might seek restoration in a relational context. In other words, we might pursue an understanding of the process of grieving that is not constructed at the expense of relationship.

Not surprisingly then, as postmodern psychology grew ideas began to appear that opened up a more relational dimension of grief. For example, in the 1990s this relational way of thinking led to the appearance of a book entitled "*Continuing Bonds*" (Klass, Silverman & Nickman, 1996). Like Michael White's (1989) article, "*Saying hullo again*," the title itself spoke to the emerging social constructionist difference in how we think of grief. It was a portent of what would follow. The suggestion of the continuance of the "bonds" of relationship after death was a direct implication of social constructionist thinking. The book was a compilation of chapters written by theoreticians and psychologists who describe various relational contexts in which loss takes place (including diverse cultural contexts). Each chapter illustrated how bereaved persons could benefit from an ongoing relationship with the deceased or lost. By implication, this book required a revision of conventional notions of grief counseling. However, *Continuing Bonds* did not venture far into the field of clinical practice.

One particular article that used the concept of continuing bonds needs to be mentioned here. As other writers began to pick up on the idea of continuing bonds an experimental study (Field, Gal-Oz & Bonanno, 2003) was mounted that sought to test out whether maintaining a sense of a continuing bond with a deceased spouse would prove helpful. They developed a "continuing bonds scale" to assess various aspects of ongoing attachment to the deceased. They were specifically interested in ascertaining whether long-term attachment was beneficial or detrimental. They put thirty-nine bereaved individuals through an experiment in which they were asked to complete an "empty-chair monologue task" (p. 112). The bereaved persons were isolated in a room and instructed to have an imagined conversation with his or her deceased spouse as if it were "one last time" (p. 112). They then analyzed the monologues for indicators of healthy psychological adjustment and followed up with a survey based on the continuing bonds scale some months later. What they found was that, "irrespective of type of expression,"

awareness of "continuing bonds were associated with more severe grief later on after the death" (p. 115).

On the surface, this article appears to contra-indicate the value of thinking in relational terms or of valuing continuing bonds. However, closer inspection reveals some problems with this conclusion. The operationalization of the concept of continuing bonds as inviting a spouse of a deceased loved one to talk to their dead spouse for a mere five minutes for "one last time" bears little resemblance to an ongoing sense of a relational bond, or to the concept of remembering that this study is focused on. I, therefore, place little weight on the conclusion that this study reached.

What the continuing bonds idea achieved was the theoretical account of a more relational version of grief. It meshed with the more relational idea of the self that was the subject of much postmodern writing. Postmodernism effectively stretches the concept of identity: it is neither the sole creation nor the property of the individual nor the production simply of the family unit. Rather, identity is assumed to be a by-product of multitudes of dialogues with others (McNamee & Gergen, 1999; Shotter & Gergen, 1989; Gergen, 1994; Gergen, 1999). On its own, the individual self cannot create meaning, as all meaning is language-based and language usage is subtly specific to contexts and historical circumstances. This argument explains in part the importance of relationship that we see in social constructionism. Lyotard (1984) reflects this sentiment in the following passage.

> A *self* does not amount to much, but no self is an island; each exists in a fabric of relations that is now more complex and mobile than ever before…even before he is born, if only by virtue of the name he is given, the human child is already positioned as the referent in the story recounted by those around him, in relation to which he will inevitably chart his course. (P. 15.)

The work of the anthropologist, Barbara Myerhoff (1978; 1982; 1986), contributed significantly to this new way of thinking about self and identity. Rather than referencing the self, family and generational cohorts, Myerhoff coined the terms "membership" and "membership club" when speaking about identity. A person's membership club serves as a major reference point for the construction of identity. We are all born into such clubs and along the way we add

to, and sometimes subtract from, the membership lists of our clubs. Immediate family members usually have places of significance in these membership clubs and we later add friends, colleagues, partners and children.

In the relationship between a person and the other members of his or her club, identity positions are offered, taken up and identifications are authenticated. From this perspective, a membership club is constituted by the aggregation of the reciprocal exchanges of such processes of authentication. A club forms a significant discursive community from which we draw resources to make sense of the events of life. Meanings are exchanged within this club. Hence the claim can be made that the meanings, stories and performative acts of a person's life exist substantially within clubs.

A person's membership is held in life, as in death, through the shared stories that live within the club. The identities and stories are not the sole property of an individual, as assumed in the modern definition of the self, but live within clubs. They are a collective remembrance of times, experiences, and shared histories.

> A life, then, is not envisioned as belonging to the individual who has lived it but it is regarded as belonging to the world, to progeny who are heirs to the embodied traditions, or to God. Such re-membered lives are moral documents and their function is salvific, inevitably implying, "All this has not been for nothing."
> (Myerhoff, 1982. P. 111.)

Also of interest in the discussion of identity is the work of Edwin Shneidman. While director of the National Institute for Mental Health and a professor at the University of California Los Angeles, he was known for his interest in suicidology. In *Deaths of Man* (1973) he documents his research into suicide notes and the forensic study of suicide. Shneidman introduces a useful concept of identity as outliving a person's life in his idea of the "postself".

> …we can examine our fears and hopes about our reputations and influence after death – about what we may call our "postselves." …few of us utterly abandon thoughts of survival in some form or other. They are our fragile hopes of escape from total annihilation. (P. 43.)

In effect, people who entertain ideas about dying imagine themselves to continue to feature in the stories of those who are still alive. They insert themselves into the stories of the people who outlive them. This is how the person who is about to die can make sense out of a future in which he or she is not alive. Shneidman states that these thoughts are of comfort to people who are facing death in that there is a legacy of sorts. Shneidman quotes Maslow to support his view:

> Sometimes I get the feeling of my writing being a communication to my great-great-grandchildren, who, of course, are not yet born. It's a kind of expression of love for them, leaving them not money but in effect affectionate notes, bits of counsel, lessons I have learned that might help them.
>
> (1970, p. 45.)

In Myerhoff's terms, we might say that the postself is held together by a membership club. The dying person wants to know that they will continue to feature in the lives of their membership club, and that their lives have mattered. In contrast to a modern view of identity as individually constructed and owned, the concepts of the postself and the membership club provide access to an identity that outlives one's corporeal life. Both counter the possibility that our lives are inconsequential. As Shneidman states:

> To cease as though one had never been, to exit life with no hope of living on in the memory of another, to be obliterated, to be expunged from history's record-that is a fate literally far worse than death. (P. 52.)

## The Construction of Meaning

When a person dies, the bereaved are called upon to make sense out of what has happened and what the death means for their lives. Death creates a pause that must be explained, whether or not the death was expected. The form of relationship, too, does not stop the bereaved from needing to make sense out of the death. They might need to adjust differently if the

deceased was a parent who died as opposed to a child. But in both circumstances, the pause still occurs. People also need to make meaning of death when a relationship enjoyed a substantial degree of closeness as well as when the relationship was fraught with challenge. Attig (2001) insists that that the bereaved "relearn their world".

> As we relearn the worlds of our experience, we reweave the fabric of our lives and come to a new wholeness. (P. 38.)

Neimeyer (1998, 2001) refers to the process of relearning the world as meaning reconstruction. The emphasis in such an expression moves away from a more passive process of suffering onto a more active process of constructing meaning. When a person dies, the living are often challenged in unpredictable ways. What we knew has irrevocably changed. According to Neimeyer (2001):

> …meaning reconstruction in response to a loss is the central process in grieving. (P. 4.)

In conventional modern grief psychology as was previously explained, meaning is to be reconstructed in relation to the concepts of attachment and detachment. Meaning then is constructed on the basis of how well a person is performing the culturally endorsed practices of "letting go" and "moving on". The bereaved could carry out these tasks this without forming meaning about death and about afterlife, whether these meanings are expressed or remain internalized.

Meaning reconstruction also encompasses some different possibilities. It can incorporate the ways in which the deceased loved one might continue to be a part of the lives of the bereaved. From a postmodern perspective, the meaning to be constructed is less fixed and more open to the making of deliberate choices. The meanings people develop might allay emotional distress or create more suffering. For example, when a young soldier dies the meaning surrounding the war influences the experiences of grief. A parent's sadness or anger might be palliated by believing their child died in a just cause. This same child's death would be viewed differently by a parent who felt the war was unjust. The meaning of the event of death might be

weighted by the context that pertains before, during and after the actual event. In both circumstances, too, the parent wants the soldier's death to count for something (Klass, 2001).

Meaning construction is not a singular, one-off event, but is a continuous process. I contend that the experience of grief has sometimes been made worse by the emphasis on the modern meaning of grief. The encouragement to let go, for example, flies in the face of a desire to simply find a way to hold on to some aspects of the relationship. The bereaved are called upon to find their way towards a new relationship with the deceased, one that is not like what they once had, and to construct meaning that is sustaining in this posthumous shift. When they are guided to reconnect and rebuild a new relationship, I believe the pain of grief is diminished. As Shapiro (1996) suggests:

> Grief is resolved through the creation of a loving, growing relationship with the dead that recognizes the new psychological or spiritual (rather than corporeal) dimensions of the relationship. (P. 552.)

## Language

The study of language is not new to psychology, anthropology and sociology. What has changed with the development of postmodernism is the emphasis on the relation of language to meaning. Rather than thinking of language as a system representing of an independent truth, language has begun to be examined for the role it plays in the construction of truth.

Earlier, reality or truth was assumed to be stable and reliable, waiting for us to understand it and represent it in language (more or less accurately). The role of language in the process of representation is therefore neutral, as long as we can free it from bias. Scientific language attempted full transparency so as not to distort the truth of the reality under study.

One result was that meanings about the psychology of personhood in positivist or structuralist psychology were indelibly static. That which was described was assumed to be an aspect of a timeless, culture-free human nature. By contrast, emerging postmodern ideas, shifted the focus on language: the realities studied are considered describable -- and given meaning -- only through the mediation of a culturally specific linguistic context. Secondly, the language which is utilized assumedly effects the shape of the realties so described. So language looses its

innocence. It becomes implicated in the construction of meaning, rather than simply reporting on its independent existence. To speak about how something is constructed socially is to suggest that its meaning in language is shaped by the language in which it is talked about. Meanings thus formed in language are not fixed or impermeable. Postmodern thinkers understand meaning as constantly changing (Burr, 1995, pp 32 – 45). We are constructed in language and our personal meanings are generated within relationships shaped by cultural references. (Gergen, 1994; McNamee & Gergen, 1999).

> Any language purporting to describe the mental world of the individual – the language of perceptions, memory, emotion, desire and so forth – is a by-product of culturally and historically located traditions.
>
> (McNamee & Gergen, 1999, p. 21.)

Or, said another way, according to Burr (1995):

> The person cannot pre-date language because it is language which brings the person into being in the first place. (P. 33.)

How we come to understand ourselves can only take place through language. Language forms our experiences in relationship with others. In psychology emotions are reified as things that exist within a person, such as, anger, sadness, hatred, love or grief. These terms, however, are simply annotations in language. To quote again from Burr (1995):

> They [the emotions] are part of the way human beings are 'programmed', and the words we have attached to them are simply the labels we have chosen to refer to these emotional entities. (P. 34.)

Accordingly, our learning the world involves understanding the "labels" in the contexts of relationships. Some would say that nothing happens outside of this as we have no way to

understand meaning without language. Or, as the controversial statement by Derrida (1976) has it:

> There is nothing outside of the text. (P.158.)

A postmodern definition of grief would encompass the above perspectives on language. The labels (words) given and the meanings ascribed bring to being an experience of grief. Grief cannot be experienced in its essence without being informed by the language that we call on to make sense of it. The text/language is thus at the apex of meaning and relationship. The sociologists Berger and Luckmann, (1966), in *The Social Construction of Reality*, underscored the importance of language that shapes meaning.

> Language is capable of 'making present' a variety of objects that are spatially, temporally and socially absent from the 'here and now'… Put simply, through language an entire world can be actualized at any moment.
> (P. 54.)

This construction opens the door to the possibility of relationship between the person who has died and the living. Such a relationship can be actualized or spirited away by the choice of language games in which we choose to participate (Wittgenstein, 1953). Maintaining communication with deceased loved ones can be thought of as an "imaginal relationship" (Dannebaum & Kinnier, 2009). Or we use the term "social ghosts" (Stroebe, Gergen, Gergen, & Stroebe, 1996) to refer to:

> …real or fictitious persons with whom individuals conduct imaginal interactions over time; they are a cast of characters with whom we engage in imaginal dialogues. (P. 41.)

Klass (2001) notes this experience of developing an "inner representation" following the death of a child. While he explains that the term inner is not to be confused with inner-psychic, the relationship between the living parent and deceased child has a voice of sorts.

> …as part of the self actualized in the bond with the person, characterizations and thematic memories of the person, and the emotional states connected with the characterizations and memories. (P. 78.)

Karl Tomm (1993) refers to this process of actualization as conversing with the "internalized other". There, the speaker gives voice to his or her internalized version of the other person's voice, regardless of whether that voice belongs to a living or a dead person. In this process, what is given voice is not owned by an individual but is produced through a dance that is always performed between two or more people. This relational dialogue gives way to a multiplicity of selves, which are with an individual at any given time, each self being a composite of the voices one has internalized and the dialogues in which they partake. No one part is more essentially true to the person than any other but exists within a larger landscape of interactions between self and other. Inner conversations provide a person with a range of nuances of meaning that combine together to make up a social world and out of which individuals fashion personal meaning in their lives. As Sampson (2008) notes:

> Without the other, our selves would be not only invisible to us but incomprehensible and unutilizable. The other endows us with meaning and clothes us in comprehensibility; the other engenders a self that we can utilize to function in our social world. (P. 106.)

The "other" Sampson is speaking of is not limited to those whom we know, nor to those who are living. The other also may be the voice of those who have long since died, or it may be the voice of those whom we have never met (Epston, 1998). It may be the internalized voice of a person who was quite significant in our lives, like a parent, for example, or it may be the voice of a favored pet from one's youth. In a wide range of circumstances, these multiple selves generate multiple possible stories of identity.

## Narrative

The way we interpret what we know has shifted as modernism segued into postmodernism. Modern knowledge has been strongly tied to the "regimes of truths" established in the physical science (Seidman, 1994). Knowledge is treated as more true and valuable if it can be quantified. For example, "evidence based" practice is believed to have proved its worthiness through numerical evaluation. Knowledge that can mark improvement, assign value to change, and quantify evidence to support theories is viewed as superior.

This model of ratings, measuring, and proving by reference to "objective" facts has bled through to the human sciences, such as sociology and psychology. Perhaps in an effort to compete with the dominant discourses of science, psychology has readily partnered with these truth metaphors. It has given birth to a world of diagnostic codes and categories, and even numerical assessments of feelings. For example, a Vitas bereavement assessment asks, "On a scale from one to ten, how sad are you feeling about the death of your husband?" Quantifiable measures are commonly used for third-party reimbursement of services. As this kind of knowledge is left in the hands of experts (sometimes this means the medical insurance company) who design the measures that assign value, important knowledges are removed from those who are at the center of the experience. The threads of the local story at the center are not sewn into the fabric, but replaced by more "true", expert knowledges.

The modern model of knowing what we know leaves us with gaps. Knowledges that live outside of the mainstream are often excluded and diminished. They are branded as "folk psychology" or "colloquial", and as such, are viewed as less than desirable (White, 2001). Narratives are excluded or included through processes of power rather than merit. For example, the narratives of non-dominant social and racial groups are discounted (Belenky, Clinchy, Goldberger & Tarule, 1986; Gilligan, 1982; Hare-Mustin & Marechek, 1990) and narratives of the powerful are heralded as more truthful and meaningful.

The term "narrative", like the term "language", is not a term exclusively owned by psychology nor does it have its roots there. Psychology, specifically social constructionism, has benefited from the evolution of "narrative", but the term's historical traces and influences result from cross-pollination. "Narrative" certainly derives in part from the field of literature. In literary

analysis, stories told or written are evaluated for content and context. After Aristotle, a narrative, including a spoken narrative, might be described as a plot that contains a beginning, middle and end. The term narrative can also be found in the communications field. Fisher was the first to introduce the term "narrative paradigm" to communications (Mumby, 1993; Roberts, 2004) as an alternative to the modern "rational world paradigm" (Roberts, 2004, P. 130). Roberts explains what Fisher meant by a narrative paradigm:

> The reality of a narrative can only be created – told- by people who have freedom to move within it and also to test its "good reasons"…The narrative paradigm offers a model for community life… (P. 131.)

Narrative knowledge is not then best understood through the application of objective means of evaluation. The postmodern construction of narrative shifts to include stories, and the people connected to them, that exist outside the mainstream. The way in which people make sense of their lives is not only be found in quantifiable facts and figures, but in the meanings of experiences (Geertz, 1983). Driven by an interest in meaning, postmodern psychology shifted the focus of social inquiry (White, 2001).

> With meaning making now at the heart of social inquiry, the very processes by which people rendered their experiences of their lives sensible to themselves and to each other began to receive significant attention.
> (White, 2001, p. 12.)

The terms "narrative" and "story" have been used interchangeably by some (for example, Bruner, J. 1986; 1990), while others (Bruner, E., 1986; and Roberts, 2004) distinguish between them as having different meanings. Edward Bruner (1986) argues that a narrative is comprised of story, discourse and telling. The story is the sequence of events and the narrative is the structure of meaning (p. 144 - 145). In this study, however, I will use these terms interchangeably because I am dealing largely with spoken narratives, but the participants in the research are more likely to refer to them as stories.

Stories are linked together in a nonlinear fashion and recounted similarly. They are performed in the telling and the retelling. A story is told with an audience in mind. The perceived audience is, in fact, part of what shapes the telling. And a story told is always told within structures of power. What gets told and by whom and what gets edited -- is often sanctioned, both explicitly and implicitly, by power relationships.

Stories moreover, are routinely edited to fit the dominant discourse. In any social context, while there may be multiple possible narratives available, they are not all accorded equal value. Some stories dominate, while others take on lesser importance. The bereaved, and the professionals who assist them, come to believe there is an order to grief and a singular dominant discourse directing it. The stories that fall outside of what is considered acceptable are not shared. For example, bereaved people who routinely "speak" with the person who has died often do not tell of these experiences for fear of being seen as crazy (Dannebaum & Kinnier, 2009; Taylor, 2005).

## Narrative Therapy & Grief

The emerging field of narrative therapy has its philosophical roots in the theories of social constructionism. As a postmodern theory, much of the practice has been guided by new ideas about the self, relationships, identity, memory, power, knowledge, language, and story. Having been originally introduced to the counseling field by Michael White and David Epston (1990), Narrative therapy has been widely developed throughout the world and applied to a variety of personal, social and political problems. Narrative therapy provides counselors with a means to use the premises of social constructionism in conversations that construct changes in peoples' lives. Narrative therapy supports the assumption that people live their lives by stories and that these stories are constitutive of their lives. According to White, (1991),

> …The narrative metaphor proposes that persons live their lives by stories-that these stories are shaping of life, and that they have real, not imagined, effects- and that these stories provide the structure of life. (P. 28.)

Narrative therapy has become a worldwide model for counseling and serves as an alternative to modern psychological approaches. The focus on story and meaning for a therapeutic model has been found useful in many settings and with many types of problems. Narrative therapy has been successfully used in various settings, such as family therapy (White, 2007), prisons (Denborough, 1996), schools (Winslade & Monk, 2007), and communities dealing with HIV/AIDS (Ncube, 2006) to name a few. Equally varied have been the topics and problem areas to which narrative practices have been applied. For example, narratives practices have been successfully being used with disordered eating (Maisel, Epston, & Borden, 2004; Gremillion, 2003), childhood abuse (Mann, 2006), mediation (Winslade & Monk, 2000), working with children, (Nylund, 2000), and trauma (Denborough, 2006).

The Dulwich Centre, in Adelaide, Australia, has been at the hub of narrative information since 1983. They have not only been instrumental in the development of narrative ideas and practices, but additionally have offered extensive worldwide training. Their publishing house has been a mainstay of narrative books and professional journals. There are thousands of therapists and community organizers around the world associated with narrative practices.

For the purposes of this research, I have focused on a single element of the exciting new field of narrative work, having to do with remembering conversations and practices. This area was born out of narrative ideas, and specifically introduced to the field by Michael White (1989). Remembering conversations can be used in relation to a host of varying concerns. I have limited my focus to the use of remembering conversations for the dying and bereaved. As a way of beginning the conversation, let me explain the history and meaning of remembering.

Michael White's article, *Saying Hullo Again* (1989), introduced a new approach to conversations with bereaved people. White had been influenced by Myerhoff's work, and specifically the idea of membership and remembering. In *Saying Hullo Again*, he does not expressly use this metaphor, but references Myerhoff's work. Though he again discussed her words in later work (White & Epston, 1992; White, 1997; White, 2007), he did not expressly use the term "remembering" until 1997. The concept was later developed for use in many contexts besides death and grief (Russell & Carey, 2002). In White's seminal article, *Saying Hullo Again*, White refers to "reincorporation" of the person who has died when speaking with a client whose partner had died six years previously.

In the title of the article, White confronts the assumption in modern grief counseling that the bereaved must say goodbye to those who have died. White (1989) found that approach created distress for clients:

> Without prompting, they [the clients] put therapists in touch with their loss and its subsequent effect on their life, freely relating the details of their sense of emptiness, worthlessness, and feelings of depression. Such is their despair that I have often felt quite overwhelmed at the outset of therapy.
>
> (P. 29.)

Rather than pursuing further conversations of completion, White explained how he endeavored through the "Saying Hullo" metaphor to guide a new line of inquiry. He hoped to open up possibilities where the relationship between the deceased and the living could be reclaimed. He proposed a series of questions to his client, Mary, about her partner Ron to assist this process, questions which challenge the cultural assumptions prescribing emotional distance between the living and the deceased. By remembering and reaffirming Ron's belief in Mary, and his stories about their relationship strength, Ron became linguistically accessible to her "here and now". This line of inquiry gave Mary respite from the pain she had encountered in her attempts to say goodbye to him. She stated:

> … when I discovered that Ron didn't have to die for me, that I didn't have to separate from him, I became less preoccupied with him and life was richer.
>
> (P. 31.)

White concluded in the article (1989) that the careful reincorporation of the lost relationship resolves what has been thought of as "pathological mourning" or "delayed grief". And in so doing, the bereaved person – here, Mary – gains the opportunity for a new relationship with her own self, one that engages in a re-authoring of her life to include the hopes and dreams and stories of the deceased.

White's 1997 book expanded on remembering ideas and practices. The connection between the concept of membership and the act of reincorporation to strengthen preferred stories of identity became clearer. The membership metaphor moved a therapeutic conversation

gracefully around the conundrum that had fixated on identity as defined in its biological connection to a family. Incorporating the new idea of membership affords clients the possibility of actively engaging in the reconstruction of identity conclusions through the remembering of stories. The preferred membership constellations that embody the connections between people result from agentic choice by the client, rather than being formed exclusively on the basis of birthright. White borrowed from Myerhoff who named these conversations and acts as "re-membering practices". Myerhoff (1982) explained the importance of the phrase:

> To signify this special type of recollection, the term 're-membering' may be used, calling attention to the reaggregation of members, the figures who belong to one's life story, one's own prior selves, as well as significant others who are part of the story. Re-membering, then, is a purposive, significant unification, quite different from the passive, continuous fragmentary flickerings of images and feelings that accompany other activities in the normal flow of consciousness. (P. 111.)

Myerhoff and White both employ the use of the hyphen for "re-membering" to set this word, and the act, apart from reminiscence. It is intended to connect the story and the person and embed the connection in the membered status. According to Russell and Carey (2002),

> The hyphen is all important in thinking about the distinctions between re-membering and remembering, as it draws attention to this notion of membership rather than to a simple recalling of history. (P. 24.)

Re-membering has therapeutic value in many contexts as was previously mentioned, but the guiding thinking remains consistent. Re-authoring the membership status of key figures in one's life increases agency for the person at the center. For example, a client who was abused by a biological parent can create intentional distance by reconfiguring membered status of those in his or her life. This process of reaggregation affords the client opportunity to have a greater say about the status of particular relationships in their life. White (1997) referred to the aggregate groups of one's membership using the metaphor of a club.

> The image of membered lives brings into play the metaphor of a 'club'- a club of life is evoked. This metaphor opens up options for the exploration of how a person's club of life is membered – of how this club of life is constituted through its membership, and of how the membership of this club is arranged in terms of rank or status. (P. 22.)

We are all born into such a club and along the way we add to, and sometimes subtract from, its membership list. Immediate family members usually have a place of significance in the membership club, and we then add friends, colleagues, partners and children. In the relationships between a person and the other club members in his or her life, identity positions are offered and taken up and identifications are authenticated. From this perspective, 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 meanings, stories, and performative acts of a person's life exist substantially within this club.

A person's membership is, held in life, as in death, through the shared stories that live within the club. The identities and stories are not the sole property of an individual, as thought of in a modern definition of self, but live within the club. In this sense they are a social construction. They are a collective remembrance, of times, experiences, of shared historical moments.

In a sense, membership and narrative have the ability to transcend death. If the stories exist within a group of people, when one member dies, the stories can remain alive in the membership club. This idea frees grief psychology to think differently about relationship after a loved one has died. Those facing death can charge the membership club with the task of maintaining of their stories among the shared stories of the club. They can bestow their legacy through stories that will live on in others' tellings. The bereaved can take comfort in knowing their loved one continues on in a storied form, in the shared membership club. The need for a tidy ending before death is thus removed. Myerhoff notes (1992):

> Completeness is sacrificed for moral and aesthetic purposes. (P. 240.)

There is no need for a dying person to be finished with his or her stories before he or she is ready to reach the end of life. The continued telling of stories creates an ongoing relationship, and in fact, may encourage a new appreciation of relationship. The task for the living is to find place for the voice and the stories of the dead to live and to reverberate in the club. Others have suggested that maintaining a connection with the deceased is comforting and helpful (Klass, Silverman, & Nickman, 1996; Attig, 1996, 2000; Neimeyer, 2001), but the concept of ongoing membership invigorates this connection with much stronger purpose. The connection is not dissolved simply because the person has died, and bereaved people who look for avenues to continue the bond and affirm the relationship can create an ongoing relationship rather than simply preserving what was in the past.

## Storytelling and Definitional Ceremony

The telling and recalling of memories is key for ongoing relationship. Stories, and the lives attached to them, can live on most effectively in the rituals of storytelling. In these rituals persons and communities create and define themselves and as is elaborated below Barbara Myerhoff (1992) coined the term "definitional ceremonies" to describe the work done within them. Story telling might happen around a family holiday dinner table where reminiscence spontaneously erupts. It may also become an avocation, as with the mother whose daughter had died on a slippery highway just following the completion of her driver's test. The mother, in her grief, reached out to racecar drivers and developed a successful defensive driving course for teen-aged drivers. Each time a driving class is taught, the origins of the program are shared. And each time, this deceased young girl is introduced to new people. The sharing of the stories of her life, and of her death amounts to an active restoration of her life and, in the process, her life may be said to have ongoing impact upon the living. To quote from Myerhoff (1992):

> A story told aloud to progeny or peers is, of course, more than a text. It is an event. When it is done properly, presentationally, its effect on the listener is profound, and the latter is more than a mere passive receiver or validator. The listener is changed. (P. 245.)

We can hope that the teens who meet the deceased girl are changed in a way that improves their driving skills. We might even say that her meeting new people is life saving for the teens as well as for the deceased girl's mother.

The stories of a person who has died need to have an outlet. Stories substantiate the meanings of a life for the benefit those who continue in the membership club. As Myerhoff (2007) noted, stories can even take on a salvific function:

> That means we have to reincorporate them; it means we have to pay attention to what it is they tell us about who we are. We have to find out how to feed them back to ourselves, and how to be nourished by them, and how to tell the people who give them to us that we are nourished by them.
>
> (P. 25.)

In this way the ongoing stream of narrative repeatedly constructs a new audience; a new place for the story to be told and heard. The occasions created by the ritual of story-telling are what Myerhoff (1982) referred to as "Definitional Ceremonies."

> When cultures are fragmented and in serious disarray, proper audience may be hard to find. Natural occasions may not be offered and then they must be artificially invented. I have called such performances 'Definitional Ceremonies', understanding them to be collective self definitions specifically intended to proclaim an interpretation to an audience not otherwise available. (P. 105.)

While she was researching a community of Jewish elders in Venice Beach, California, she watched as community members would meet periodically in "forums" for the express purpose of story-telling. In the forums members told stories that connected them to their shared Jewish heritage and the events that brought them to California, many during World War II. The tellings were told and retold and became performances that re-visibilized people's lives, while at the same time connecting them to a shared community (Myerhoff, 1982).

Myerhoff became particularly interested in the storytelling that occurred following the death of one of the members of the community. She observed as the elders continued to gather

and speak about person who had died; the elders also staged a protest which involved the larger community and demanded that it take notice of the deceased woman. The latter effort Myerhoff argued, gave the "definitional ceremonies" the dual purpose of honoring the dead person as a member of their larger immediate group and strengthening the survivors' sense of belonging to that community, or "membership club". Myerhoff explains (1986):

> Definitional ceremonies are likely to develop when within a group there is a crisis of invisibility and disdain by a more powerful outside society.
> (P. 266.)

The elders gathered as a result of the death, formed a community protest and made a mural depicting important events in their lives. Myerhoff and film producer, Lynne Littman, documented the community protests in an Academy Award winning documentary, *Number Our Days* (1976). The outcome of the gatherings and protests, according to Myerhoff, was that the members became more visible to themselves as well as to others in their lives:

> One of the most persistent but elusive ways that people make sense of themselves is to show themselves to themselves, through multiple forms: by telling themselves stories; by dramatizing claims in rituals and other collective enactments; by rendering visible actual and desired truths about themselves and the significance of their existence in imaginative and performative productions.
> (1986, p. 261.)

White elaborates on the therapeutic use of definitional ceremonies and uses them to create definitional moments in preferred stories. Originally White (1997) employed this concept for reflecting teams, and what later became known as "outsider-witness groups" (2007). The definitional ceremony was a structured event, or series of events, to authenticate a person's knowledge about themselves, to develop an alternative story-line more fully, and to engage in a series of telling and re-tellings. It was an intentional process with the express aim of developing the membership through carefully selected audiences of witnesses.

There are other metaphors that fit a description of the process of the telling and retelling. As mentioned above, Deleuze used the idea of the fold. The concept of a fold introduces a sense of depth and texture that provides richness to a relationship. A few years ago, I wrote an article (Hedtke, 2003) in the same vein, entitled *The Origami of re-membering*. The Japanese art of paper folding serves as yet an additional helpful metaphor in imagining the conversational engagement with our deceased loved ones and their ongoing importance in our lives.

> I have come to think of the re-introduction and ongoing re-inclusion of a person's membership following their death, as a deliberate craft similar to origami…With each retelling of the stories of someone's life, especially when these are being told to a new person, someone who never met the deceased, it is as if the deceased person's stories are being folded into seams and creases that give contour and texture to the lives of the living. As the stories of the deceased continue to influence our lives in the present, it is as if our folding and unfolding brings the person into three-dimensional life. (Hedtke, 2003, p. 58.)

Remembering practices create a conversation that not only folds the person's stories back into the experience of the living but also acts as a catalyst for those who are witnessing the stories. A reflexive layer is established for the story, for the teller of the story (usually the bereaved) and for those listening (the other group members and facilitators). This process of building an audience for the story, can create a new venue in which the deceased person's life can have meaning. It may even take on forms and meanings that the bereaved person had not intended or ever contemplated. As we will see in the words of the participants interviewed in this study, the therapeutic impact of the remembering in counseling groups often propelled their lives forward. The witnessing of story in the group shared in a ceremony which defined a new and important fold in their own identity stories.

Applying the concept of definitional ceremonies to grief psychology has particular requirements. There is a contrast between conventional conversations that might occur in grief counseling with conversations in narrative remembering practices. In conventional grief counseling the focus is on the individual bereaved person. Questions often center on emotional states and affective responses. The bereaved is urged to think about their inner experiences, the

stories of what they miss, and what was lost. They are encouraged to tell about the death and to have conversations that promote "closure" should they be feeling any emotional loose ends. These conversations may occur in individual counseling or in groups informed by conventional thinking.

By contrast, in narratively informed counseling, conversations might include not only the stories of traumatic events around a death, but also stories of ongoing relatedness to the person who has died. The counselor would intentionally promote audiences for the stories outside the domain of counseling places where the best of the stories could continue to have a life. These could be constructed quite easily in either a therapeutic group setting or through the building of a group of supportive individuals in a bereaved person's life. For example, it might be of interest to talk about rituals that will remain in place after a person's death and how a family can encourage one another to incorporate such rituals to affirm the connection between the deceased and the living. This kind of event would be a definitional ceremony. Additionally, counselors might speak about the ways in which other group members have been inspired by the stories of the deceased person whom they did not previously know, thus enabling the bereaved to learn about the ways in which their loved one would continue to take on new importance even in death.

## Remembering Conversations

Before addressing the way in which the groups in this study were formed, it might be helpful to sketch out several assumptions underlying a remembering conversation, hopefully to clarify the subtle distinctions between conventional grief psychology and a postmodern approach to grief. Very little has been written about the actual manner for constructing such a conversation. I will describe my own work, referencing articles and books to briefly illustrate these points.

1. A narrative approach to grief psychology keeps loved ones available for relationship after death. While we certainly know that when a person dies, their body will no longer be "here" in the same manner as before, I assume that through memory the deceased person is still accessible to the living (Hedtke, 2000). Conversation can, therefore, continue to reference this relationship

after a death. The event of death need not indicate an endpoint to relationship. From this perspective, there is no unnecessary pressure to complete all unfinished business in deathbed conversations before a person dies. The stories, remembrances of good times, relationship rituals, favorite sayings, cherished songs, shared connections with others, and accounts of how life challenges have been met all remain in memory. After someone dies remembering these narrative elements helps the living maintain a sense of connection with the deceased. As these elements continue to be folded into the memory of the living they can become a resource for the bereaved in the living of their own lives (for examples, see Hedtke & Yost, 2005).

2. A narrative approach to grief psychology keeps stories alive. There are many people I have met over the years who felt as though their loved one had died too soon. Perhaps they had been the parents of a young child or married to a beloved spouse. This sentiment about premature death was present in stories of young and old, even following what some might refer to as " a full life". Letting go of the treasured connections with the physical life of the deceased person felt unbearable to these bereaved persons. By maintaining that not everything has to die when a person dies, we can create conversations that give people something to hold on to. In the moments of crisis that often accompany grief, holding onto remembered stories can be comforting and reassuring (Hedtke, 2001a). There are many variations of what might be helpful to remember: such as a story of what a person loved, a story about his or her kindness, or something great he or she had done. Whatever a person selects to remember can serve to mark the deceased person's life as significant. Narratives can be re-written with new contextual significance as they are retold, but they do not have to die simply because a person's physical existence has come to an end (Hedtke & Winslade, 2004).

3. A narrative approach to grief psychology assumes that people prefer remembering over forgetting and would like to be remembered after they die rather than forgotten (Hedtke & Winslade, 2004). When a person is facing death, they find it comforting to know that they will continue to matter to those they love. This idea offers a source of peace. (Hedtke, 2002). I assume people want to have fore knowledge of how they will continue to feature in the lives of those they love even if they were not around physically to share in this recollection. Bereaved people, too, want their deceased loved ones to continue to matter. Even in relationships that are

challenging, they want to introduce their loved one to others (Hedtke & Winslade, 2004). I therefore find it personally and professionally helpful to work on the basis of the assumption that we continue to matter after we are dead.

4. A narrative approach to grief psychology invites hope. Stories of hope when one is facing death or for survivors trying to make sense out of their grief, are often left to religious belief and to clergy. If we assume that stories transcend death, regardless of whether or not we have a belief in a spiritual transcendence, then there is equal access to a narrative form of afterlife for people of all faiths (Hedtke, 2001a). We can inquire of a dying person about their beliefs with regard to the whereabouts of a person after they are dead, for example. We can also ask bereaved persons about where they imagine their loved one to be. Some might have a Christian belief in heaven or some might believe in a Hindu idea of reincarnation. In either instance, we can use these beliefs as launching pads, if you will, to access points of ongoing connection through story. Both provide narrative in-roads to where a sustaining relational connection might be found after death.

5. A narrative approach to grief psychology has the potential to write new chapters in a love story. Rather than dwelling on the stories of what has been lost and facilitating acceptance of the end of a relationship, I am interested in developing the stories of love. In 2002, I wrote about a woman whose death was a tremendous loss to her husband and family. She embodied life. Her heartbroken husband spoke to me the last time I visited her before her passing. With her death only hours away, he asked:

> "How do I write an end to a love story?"
>
> My response was quite simple: "You don't have to." I went on to invite him to promote their love story and connection. My hope is that their relationship will continue to grow over the years to come. (Hedtke, 2002, p. 290.)

In subsequent months he and I continued to discuss the ways in which he could hold their love dear for the next twenty-five years, as he had done over the twenty-five years of their lives together. Her death did not stop his loving her or prohibit him from carrying the love forward for

the rest of his life. Their family would also have lost out if their love had been tucked away and buried with her when she died or when he said goodbye to her.

6. As I practice it, a narrative approach to grief psychology introduces the deceased to new people. This has been a pivotal aspect of remembering practices (Hedtke, 2000; Hedtke & Winslade, 2004; Hedtke & Yost, 2005). Storytelling introduces those no longer alive to a living audience. Introduction rituals serve the purpose of establishing a membership club and can also expand it. In the process respect for the deceased and for the bereaved can grow. Storytelling acknowledges relationship and establishes significance. As we introduce our deceased loved ones, we edit in -- and edit out -- aspects of the story that resonate with what we value and with the audiences listening to the story. This is true even when the audience is only an imaginal audience. The audience need not be more than the thought of who might carry a bequeathed story or bear witness for the joys and struggles in a life. This was so for example, of a man who out lived his family. Upon his death he gave his considerable art collection that had brought him such joy to a local museum. In preparation for this eventuality he and I wrote stories about the joy he felt when looking at each painting in hopes that a future viewer of the artwork might come to share his joy even if they might never meet.

The act of introduction, both real and virtual introduction, stands in sharp contrast to remaining silent about the deceased for fear of upsetting the bereaved, as has often been the approach in conventional models. The "introduction" tells the stories, reminds about funny times, or shared hardships. It allows for the name of the deceased to be spoken and old rituals to be honored and new rituals to be created. It is the handing of legacies from generation to generation and celebrating what this particular person meant in our shared histories. It is finding a place for the deceased to live after they have died.

7. A narrative approach to grief psychology invites other stories besides tragic accounts of death. Conventional methods have focused primarily on what is lost and in the process have promoted experiences of despair, sadness and anger. This emphasis has limited the opportunities for positive stories to flourish. While there is often sadness, or even tragedy, in some aspects of death, there may also be feelings of joy and pride (Hagman, 2001). Stories are polysemic and both sadness and joy can simultaneously co-exist in them. We can punctuate stories to emphasize

either loss or gain if we are mindful of the implications of how we recount events. From this perspective we might want to question the therapeutic value recounting stories of loss. Discussion of loss alone is of dubious merit and potentially painful for the bereaved. Dwelling on loss in grief counseling does not produce positive benefit for the bereaved person (Stroebe & Schut, 2001; Hedtke & Winslade, 2004).

I contend that when we focus on stories of benefit, while acknowledging the painful aspects as well, we construct more useful ways of living with the experiences of death and grief (Hedtke, 2000; Hedtke & Winslade, 2004; Hedtke & Yost, 2005). Drawing on the field of appreciative inquiry (Cooperrider & Whitney, 1999; 2005; Cooperrider, Whitney, & Stavros, 2008; Hammond 1996; 1998), we can construct conversations that bring forward the positive stories of relationship, strength and love. We can review, and even revise, stories that grow the connection with the deceased person in positive ways.

8. A narrative approach to grief psychology creates linguistic freedom in how we speak about the dead. Modern language assigns indicative verbs to the deceased, banishing them to the past tense. This culturally sanctioned practice distances the dead from the lives of the living. For example, when we speak about a person who has died, we reference them as further away, "he was my husband" or, "she was a leader in her field". The past tense of the verb "was" sets off an avalanche of modern meaning that buries the relationship. It certainly might cast aspersions on the spouse who continues to talk with her past tense husband or make it harder to imagine a person's life as continuing to be important.

When we operate narratively, we are freed to "traffic in the world of possibilities" (Hedtke & Winslade, 2005; Hedtke & Winslade, 2004) and to employ the subjunctive mood when referencing those who have died. We can invoke the voice of the dead through the use of subjunctive verbs as we reference what a deceased person "would" have said, "might" have responded and "could" have done if he or she "were" to be present. We can speak "as if" they are still available to us, available to tell the stories, weigh in on important decisions, and impact upon our lives.

> …the relationship of the dead with the living is invoked grammatically in a way that can continue and need not be marked by a harsh distinction between the

> indicative present and past. The moment of death thus takes on linguistically a less definitional significance for the relationship… the subjunctive possibilities for how a relationship might be continued in a new form are opened up and membership can be re-introduced.
>
> (Hedtke & Winslade, 2004 - 2005, p. 203)

Speaking subjunctively opens up the connection between the living and the deceased. The living become the ventriloquists for the voices of their loved ones, speaking their preferences and words of encouragement. In the subjunctive, stories can continue to find venues for their performance and remain accessible for the rest of our lives.

Throughout this chapter a new paradigm has been introduced, one that awakens fresh conversations about death, dying and grief. The bereaved can find solace in knowing that the relationship with the deceased person does not die when the physical body dies, but can be restored in narrative form. The conversations in which such relationships are expressed, aptly referred to as remembering conversations, can be elicited in individual and family counseling. In the bereavement groups that serve as the basis for this research, the principles of remembering conversation informed and guided the exercises and counseling content. In the next chapters, the data will be presented. Through the use of transcribed in-depth interviews with bereaved people, we will examine ways in which a narrative approach to bereavement groups might be helpful and in what ways it might not.

## CHAPTER FIVE

## REMEMBERING OUR LOVED ONES: AN OVERVIEW

*Remembering Our Loved Ones* is a structured, six-week support group for people who were living with grief, offered through Vitas Innovative Hospice Care®[2]. The group, developed in late 2004, first met the fall of 2005. The therapeutic content of the group was driven by narrative practices and informed by a social constructionist model for explaining change. As mentioned in the previous chapter, the goal of the group was to build opportunities for people living with grief to form a posthumous storied relationship with their loved one. In this chapter, I will provide an historical overview of the group's origins and development since that time.

The Tax Equity and Fiscal Responsibility Act of 1982 established certified hospices as legitimate recipients of federal funding in the United States to meet the needs of terminally ill patients and their families. This government benefit was designed to save money from high medical costs often at the end of life, while improving the dignity of those receiving care. In order for hospices to receive federal funds, they must include some standard services as part of a comprehensive hospice program to meet the criteria of this law. Included would be physician services, nursing care, medical equipment and supplies, pain and symptom relief medications, respite care, volunteer services, home health services, social work services, and bereavement services for the patient and the family. The Medicare Conditions for Participation (CoP's) have been revised many times, with the most recent update in June 5, 2008[3]. Bereavement services continue to be required by hospices in order to receive third party insurance payment and government funds. Regarding bereavement programs, The United States Department of Health

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[2] Vitas Innovative Hospice Care®, a pioneer and leader in the hospice movement since 1978, is the nation's largest provider of end-of-life care. Headquartered in Miami, Florida, VITAS (pronounced VEE-tahs) operates 45 hospice programs in 16 states (California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Kansas, Michigan, Missouri, new jersey, Ohio, Pennsylvania, Texas, Virginia, and Wisconsin).

[3] The CoP's can be located, in their entirety, through a variety of on line searches and US Government Internet sites. For this paper, I have referenced the report prepared by The US government website centers for Medicare and Medicaid Services; Medicare Conditions of Participation, Subparts B, F, G (11/22/05 and Medicare Hospice Conditions of Participations, Subparts C and D (6/5/08).

and Human Services (2008) published the US Government's Medicare conditions for participation. Section 418.64 of the Conditions for Participation: Core Services states:

> ***(d)*** **Standard: Counseling services.** Counseling services must be available to the patient and family to assist the patient and family in minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process. Counseling services must include, but are not limited to, the following:
>
> (1) **Bereavement counseling.** The hospice must:
>
> (i) Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.
>
> (ii) Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. (P. 21.)

The express purpose of the bereavement programs is to provide support to families, friends and community members, following the death of their loved ones. All hospices in the United States are bound by this agreement with the government in order to receive payment for their hospice services. Vitas Innovative Hospice Care® is the oldest and largest hospice in the US established in 1978. There are presently (2009) forty-five Vitas hospices located across the country. Each location serves a population of terminally ill persons and following their deaths provides their loved ones with direct counseling, memorialization, educational newsletters and support groups. According to the Vitas website (July 14, 2008), bereavement services offer the following:

> Quarterly bereavement support letters, newsletters and educational materials.
>
> Bereavement support groups led by professional VITAS staff.
>
> Memorial Services provided in different locations.
>
> Bereavement support telephone calls and visits by professional staff and

volunteers.

Community resource referral: grief therapists, community support groups, legal services, etc.

Hospice bereavement programs generally are not intended to offer intensive or long term counseling, but rather to act as a triage referral agency when longer, and more acute, care is needed. The literature about bereavement care assumes that hospices will provide some guidance, education and support to encourage people to locate sources of strength within their communities and within themselves that will sustain them for the longer duration following the death of a loved one. Professional tools of assessment and the way in which bereavement programs are organized reinforce the emphasis that hospice bereavement programs provide short-term intervention, with readjustment or referral as the program goal. Marcia Lattanzi-Licht (2001) reflects this way of storying bereavement care when she writes:

The bereavement services hospices offer may vary, but typically include:

- Initial contact by hospice staff to assess the individual's needs
- Written information about grief
- Periodic bereavement newsletters
- Invitations to bereavement classes, courses, support groups…
- Referral to a mental health professional if indicated or desired.

(P. 28.)

## Local History

I began my employment with Vitas Innovative Hospice Care in 2004 as the Bereavement Services Manager for the Inland Counties in Southern California and remained in this position until April 2010. This particular hospice program is considered moderately-sized in comparison to other hospices, serving two large counties east of Los Angeles. Through dividing the areas covered into five geographically distinct treatment teams, Vitas Innovative Hospice Care of the Inland Empire, serves approximately 1200 patients yearly. Bereavement services are offered to

the families and friends of these patients. Similar to what is suggested by Lattanzi-Licht, the services consist of personalized mailings, a condolence card sent at the time a person dies, three letters over the course of fifteen months and three newsletters containing information about grief. In addition, family and friends are offered individual support from a team of approximately twenty social workers, chaplains and social work interns, should the family members or friends feel a need for individual or family counseling. The counseling offered is intended to be short term, offered as one, two or three sessions during the first few months following the death of the loved one. Should more counseling be desired, people are referred to the appropriate agencies. Family and friends are also offered the opportunity to attend bereavement support groups. Groups have been used for bereavement follow-up care across the country, both because it is seen as therapeutically helpful to be with others who are grieving and because groups are considered cost effective. The groups are additionally available to bereaved members of the community, but whose loved ones were not under the care of hospice services at the time of their death. All the services offered through the bereavement department that I manage are free to all participants.

Bereavement care, before my arrival, was predominantly managed through newsletter and letter mailings, occasional private meetings with bereaved family members, and one 'support group' that met weekly. A well-intentioned chaplain facilitated the group, along with a volunteer who had been attending the group for four years. The additional members were usually the same five or six people who had been in attendance for more than two years. The group was much more a social gathering in which members caught up on each others' lives and recounted the details of their loved one's deaths. The members in the group repeatedly retold the stories of their loss and the format precluded the emergence of new or different stories. When new members would occasionally attend, they often reported being put off by the conversations in the group. I received calls from the new group members stating that their one-time attendance in the support group left them feeling more hopeless. They asked if they would still be feeling such pain as they had witnessed in the meeting three or five years after their loved one's death. Clearly, the group had lost its edge as a therapeutic environment in relation to bereavement issues.

Soon after my arrival and my observation of this pattern, we disbanded the group and set forward to develop a group program that could better meet the needs of the population. A new

approach was in order. We needed a group program that would inspire, support and educate people who were in pain. I set out to tailor bereavement care for the friends, families and communities members of those who had died in a way that would befit their storied connection to the deceased.

Rather than using a model that sustained conventional ideas about death and grief, I set out to design a group that would be based in ideas drawn from social constructionism and narrative counseling. My hope was to provide people living with grief a new, and hopefully helpful, approach to navigate the days, weeks, months and even years following the death of a person they loved. As stated in previous chapters, I assumed conventional ideas to be limited with regard to the ways in which we speak about people who have died. Instead, I looked to the new field of narrative to inform the structure and process of the group that would become *Remembering Our Loved Ones*.

## Initial Development

As with many ideas, the birthplace of *Remembering Our Loved Ones* was conversing with colleagues who shared my therapeutic orientation. More than just meeting the governmental policy guidelines for support groups, I struggled to devise services that would be meaningful, connect bereaved people to their internal and external resources, and bolster, strengthen and construct new meanings for people living with grief. I asked myself what kind of format would provide new meaning for bereaved people? What kind of exercises would support a narrative practice in the development of such a group? Who might facilitate such a group – both with knowledge and available time? Should the group be ongoing with a drop-in membership, or should I limit the participants and time?

## Group Format

As I thought through possible options, I reviewed groups that were offered at other Vitas hospice programs. The other Vitas programs provided a ready-made opportunity for informal research. I could speak with others at my sister programs about the groups and services they

offered. Through email, I inquired about their groups. Were they long or short-term groups? Were they specific to kinds of grief (for example, groups for only bereaved spouses, or gender specific)? And was there a specific therapeutic orientation used to construct the groups? I learned that the other hospices did not offer long-term groups with closed membership, as they had not found these to be successful. Another issue reported was numbers of members during ebbs when membership might drop to one participant, and other bereavement counselors did not report positive impact for the participants without enough to consider it a group interaction. Many of my sister hospices were offering gender specific groups or groups that were specific to the relationship of the loss; for example, groups for daughters who had lost their mothers, or for children whose parents had died.

The conventional therapeutic styles were primary in the other locations, often following a model encouraging people to focus on their individual reactions to grief rather than on their relationship with the dead loved one. Literature used in the groups reinforced this approach. For example, in a widely distributed workbook for support groups at Vitas we find "The Mourner's Bill of Rights" by Alan Wolfelt (Wolfelt, 2007). "The bill of rights" established a directionality towards maintaining primacy of the bereaved individual at the center of the event, rather than the death of the person. This way of speaking and thinking privileged the individual stories of the bereaved often at the expense of relationship, and potentially, shaped the bereaved experiences from an egocentric perspective. This method could even encourage people to be alert to possible discounting or victimization about one's inner landscape and experiences by others, for example, not being allowed to experience their sadness or pain at having lost a loved one. Lastly, in the model utilized that is cited below, we note the goal and end result of the "rights" to offer a place of completion for the individual. This is clearly evident in the tenth right listed.

> Though you should reach out to others as you journey through grief, you should not feel obligated to accept the unhelpful responses you may receive from some people. You are the one who is grieving, and as such, you have certain 'rights' no one should try to take away from you.
>
> 1. You have the right to experience your own unique grief.
> 2. You have the right to talk about your grief.

3. You have the right to feel a multitude of emotions.

4. You have the right to be tolerant of your physical and emotional limits.

5. You have the right to experience 'griefbursts'.

6. You have the right to make use of ritual.

7. You have the right to embrace your spirituality.

8. You have the right to search for meaning.

9. You have the right to treasure your memories.

10. You have the right to move toward your grief and heal.

(Pp. 107 – 110.)

Research that affirmed a conventional approach to grief and bereavement was routinely circulated electronically to people in positions similar to mine at Vitas across the United States. The "intervention" model, focusing on the living and excluding the deceased, seemed widespread when I evaluated choices in the bereavement programs and support services for bereaved people through the hospice where I was employed. For example, we received an email on February 22, 2007, speaking about the importance of noticing the "stages of grief" and how we should ensure our programs take this into consideration when offering services. In the email, Yale research was cited from an article reproduced by the Chicago Tribune (Kotulak, February 21, 2007). The research taken from The Journal of American Medical Association, assuming that people experience grief in a series of stages, and offered "proof" of the stages. The suggestion was made that if the grieving persons did not properly complete the stages, they might be in need of professional interventions.

> When a loved one dies, people go through five stages of grieving, according to accepted wisdom: disbelief, yearning, anger, depression and acceptance. Now the first large-scale study to examine the five stages suggests that they are accurate, and that if a person has not moved through the negative stages in six months, he or she may need professional help dealing with the bereavement.
>
> (Kotulak, 2007)

Despite pockets of creative work at other Vitas programs, the bereavement support groups predominantly used a model derived from Wolfelt's ideas or the previously cited Yale

research. Innovative work that created a new path was mostly reserved for community events and personal memorialization. The Vitas company workbooks and exercises focused on the individual and encouraged letting go and accepting the loss of the person who died. One such book being commonly used at Vitas was, "*How to Design & Facilitate Grief Support Groups*" by Kim Logan (ND). The book offers reasons why people might want to join a support group after a death. The first and primary function of a group was that "Grieving people receive education" (p. 6). Logan establishes specifications for a six-week group structure as an educational model, and positions facilitators as instructors or experts. Group members are encouraged to speak about "what does grief feel like?" (p. 47) in the first session and about their experiences of "moving through grief" (p. 50). Referenced throughout her text are the stages of grief that people will experience. Logan's model assumes grief to be relieved by the identification and expression of feeling in an ordered way. The order is specified in part by handouts, such as, "Timetables for grief", that describe what a person will experience at one month and three month anniversaries, and two years post-death. This model presupposes an end point that involves "acceptance" as a healed and finished state. This presupposition is even evident in the suggested name, "Grief Recovery Group" (p. 64). The implication is that grief might be an illness we need to recover from.

As a result of the informal survey I was completing, it became clear that the therapeutic styles utilized limited what might be offered to those living with grief. Such therapy constructed grief as an issue for the bereaved to get over. The onus of responsibility for the pain that death had caused fell on those needing support. The deceased featured little in the conversations; the journal exercises encouraged people to write about their inner feelings, and to cut the lives off from their relationship with the deceased. The goals of this group model were to get over a loss.

This approach differed considerably from the narrative models I have come to prefer. These place a premium on stories, relational context, and resources of the people living with grief, rather than consigning them to live with deficits and losses. I established a group program built on the same postmodern ideas and principles I had been exploring in individual and family contexts and that I assumed might be helpful for those living with grief. From my years of consultation with bereaved people, I wanted to construct exercises that embodied narrative practices and fostered a sense of continuing relationship with the deceased.

Narrative practices had informed my work with clients over the years. The first and foremost of the assumptions underlying this work is that death does not end a relationship. People in many circumstances and many varying religious and cultural traditions could easily point to the impact of having an emotional connection with a relative who had been deceased, often for many years. I assumed that at the time a person dies, their role in life is not replaced; for example, when a father dies, the children are not awarded a new father. While they might subsequently acquire other men who are important in their lives, their mother may even remarry, but their original father will never be exchanged. Genealogy inherited personal items, and storied connections to the past all reflect the honor paid these connections.

I assumed that most people living with grief do not want to forget their lost loved ones. They might want to find a way to move forward from the pain in their lives, but not into an abyss where their loved one is forgotten. Nor do they want to be the only ones thinking about the person who has died. Many bereaved people[4] noted the distortion and challenge of both facing the physical death of their loved one, and a subsequent descent into an isolated club where they are the only person who thinks about the deceased person. Remembering the relationship and the times that have been shared provides a place for those still living to fold the deceased person into their continuing lives. Stories of relationship have an endurance that can be much more long lasting than time limited, corporeal realities.

In thinking about what might be helpful in a group counseling setting, I assumed that the stories of connection to our deceased friends and family members could be a source of strength and comfort, especially when facing the hardships that grief can bring. I speculated that if we continue to bring forward the positive aspects in relationships, they could become ballast in times of stormy weather. I was interested in shaping the conversations in the groups in ways that would actively construct a renewed storied relationship with those who had died. I wondered if the living could benefit from having a place of editorial privilege to mind the story of what had

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[4] Personal conversations with group members attending support groups at Vitas spoke of this sense of isolation that felt as a silencing effect following the death of a loved one. This was compounded by the perceived loss of the hospice workers who had tended to the their loved one before death. With the hospice's main job being complete, that being to care for the dying person, the staff no longer visited and spoke about the person who was ill. This created an additional vacuum in the bereaved person's life.

been and what would be. Would it be helpful for the living to shape a future incorporating the strengths and resources of those who have died into the stories of the living?

As I used these assumptions to form a support group to offer at Vitas, some useful themes and possible exercises emerged. Potential conversations and exercises were explored that might access new stories and open new doors for those living with grief. I wanted to develop a practice that, at a time of great need, could access strength, provide structure, and be highly interactive with participants. Included in the topic options for the weekly series were possible formats for speaking about the person who had died. I settled on five topic points of conversational focus. I will elaborate briefly on each topic which became the backbone of the remembering group series. Further information about specific topics of conversation outlined for the group's sessions can be found in later headings in this chapter and the in the research and methodology chapter.

## 1. Introducing Others to the Deceased Person

All group participants shared this as a starting point. Both facilitators and other group participants could not develop any kind of understanding or relationship with the deceased if they did not know who they had been and what position they had held in the living person's life. Initially, the facilitators spoke about the deceased as if they were in the past tense, for example, "What was his/her name?". We would ask questions that brought forward a sense of the person who had died. Questions might include, "What kind of person was the deceased?" "Did he have a particular profession and what did he like about work?" "What did she look like?" "What kind of hobbies did he enjoy?"

One intention of the introduction is to set the context of the relationship, thus constructing a sketch of the person. This enables group participants and the facilitators to have an idea about who the person was before proceeding with questions that deal with the caliber of the relationship. Often, in many other bereavement groups, a brief description of the relationship occurred during the first session, but without an additional description of the deceased person, the utility of the description would be limited. Describing the deceased person, as a starting point, is a departure from many grief groups that focus initial sessions on speaking about the loss, usually including conversations about how the person died. While talking about how a person died might be important in some circumstances, it starts the conversation from a very

different moment in time that will possibly shape other further conversations in the group. When we speak about the moment of death and the times since the death has occurred, we are prone to speak about the experience as it relates to the bereaved, potentially leaving the deceased out of the story, or only assigning them a limited role. However, by initially focusing the conversations on the person who died, we can recapture stories of their identity and later discuss what that means to the living relative.

## 2. Understanding the Impact of Discourse on Personal Experiences of Grief

It is important to look at some of the very simple ways in which stories of death are constructed in the participants' cultural settings. Group members are asked to speak about what the context and meaning that surrounds them in messages they receive about death from their cultural backgrounds. The intention behind this conversation is to offer participants a choice about what they find helpful in how they wish to speak about their deceased. As with speaking about dead persons in a past or present tense, these conversations are often determined for group participants by local cultural practices. The way in which images of the dead are commonly constructed, while appearing innocuous, could potentially generate dismissive and unchecked statements about relationships. Exercises were developed to learn what participants were told before, during and after the death of their loved one. Participants would literally list ideas, statements, and suggestions told to them, in all mediums, to ascertain if the ideas were helpful or not helpful. The group would unpack some of assumptions that they may have been taking for granted and the impact upon their lives.

## 3. Developing the Subjunctive Voice of the Deceased as a Resource for the Living

The group model was developed with the assumption that the deceased person's voice could continue to be accessible to the living person. As the living participants were well acquainted the manner in which the deceased spoke, or they were able to conjure the voice of the deceased without problems, it seemed only fitting to use this ability as a possible outlet for

"yearning". Therefore, the living persons were invited to speak in a subjunctive mood about what the deceased person "would" say. The group exercises routinely concentrated on developing this "voice" and bringing it to the forefront as potentially helpful to create meanings for sustaining the living person.

### 4. Constructing Pathways Towards Relationship

As participants begin to share the stories, context, and identities of the deceased, they were able to see possible points of connection that could outlive the physical relationship. Exercises were developed to affirm that a person's stories outlive their biology and these stories can be a place of comfort to the living. The conversations would expressly be developed from the past tense (in that the relationship "was") to that of present tense (the relationship "is"). The hope was that by the close of the group, the relationship could become rooted in the future (the relationship "will be").

### 5. Continuing the Life of the Deceased

By employing the deceased person's subjunctive voice, the living person is able to speak for the deceased as if in an act of ventriloquism. This "voicing" strengthens the position of the deceased as important in the living person's life, and in the lives of those who may have never met the deceased while alive. Grief literature does not usually focus on the possibility of ongoing introductions to a person who has died. Under the assumption that our stories will outlive us, however, a person can still be introduced to others after death in a storied form. This practice offers a new way of speaking about the dead and gives them an on-going agency that might be overlooked in a conventional model. It is possible, for example, to introduce a deceased father to his young son, even if the father died when the son was two years of age. The son can come to learn the father's hopes and dreams for him as he becomes an adult, marries, begins a career and has children of his own. Developing the subjunctive voice of the father can afford the son a place of knowing his father and having some sort of positive relationship with him.

These ideas were foundational for the conversations introduced in the group. They amounted to an effort to scaffold new meanings in group participants' experience of grief and new places

where the stories of the deceased could become positive resources. As a step in the development of my program, the ideas were discussed with two colleagues – both of whom are professors in counselor education and well-versed in narrative therapy and social constructionism. They both expressed interest in the group model and were supportive of the possible format, and specifically the thinking that underlay the group exercises. They provided worthy feedback to clarify some of the specifics for the group.

The next step was to devise a series of exercises or group practices built upon these organizing ideas. These exercises are described in more detail below under the heading of weekly structure.

## Group Logistics

With the overall therapeutic structure established, the task shifted to the logistics for developing groups of people who might benefit from such a support series and how best to recruit and screen participants. Many factors were relevant in discovering participants for the group including logistical and geographical needs to ensure the group's success. Issues important to developing any therapeutically oriented group, not just for people living with grief, need careful consideration for success. To sort through these issues and explain them for the reader, I will draw upon Gerald Corey's (2000) work. Corey suggests a series of structural issues are key to group formation. The following list, derived from Corey, provides descriptive organizational headings for the groups that I created: recruitment of participants; screening and selecting participants; open versus closed groups; voluntary versus involuntary membership; homogeneous versus heterogeneous groups; meeting place; frequency and length of meetings; short-term versus long-term groups; informed consent; leadership.

### Recruitment of Participants

The first issue in the development of a group was the question of how to publicize the program and secure participants. As an organizer and facilitator of groups, I needed to remain

mindful of the type of group we sought. There were concerns about how people would fit together in a particular group, and whether a group might have enough participants to maintain the interest of its members. I assumed that if we advertised to a large community, we might generate sufficient interest and we could subsequently screen for the right melding of participants in each group. It might be easier to have too many group members than not enough and I elected to advertise in a variety of places and media.

To advertise for the groups, fliers (see Appendix A) were prepared by the corporate marketing office of the hospice with the description of the group and the request for a six-week commitment by each participant. Fliers were both mailed directly to people whose loved ones had died while under the care of the hospice program and distributed to local counseling and medical offices. Initially, the fliers were mailed to all people whose loved ones had been on hospice in the previous year. Subsequently, fliers were mailed monthly to those on the hospice rolls and to newly bereaved persons. Fliers were distributed throughout the community in places that allowed posting of such materials, for example, public libraries and nursing homes. Public service advertising was solicited in local papers to extend participation to larger communities than those involved with hospice. These avenues each provided a potential source for recruitment for those in need of the services being offered.

I sought additional referrals for the support groups from the hospice staff since its personnel worked with the patient while he or she was dying and often knew the families and which families might be in need of the services of bereavement support. People receiving hospice care were assigned an interdisciplinary team to address their needs. Each patient had access to a social worker, physician, chaplain and nurse.

In order to utilize referrals from these professionals, I needed to educate them about the services that were being offered. Staff needed to know a bit about what could make this counseling group worthwhile and why they might want to refer a family member to the group. I was fortunate to meet with all of the hospice staff over a period of several months during the staff meetings. Staff were given a brief description of the groups and were provided with fliers to carry with them. They, in turn, routinely left fliers about the groups with family members and encouraged them to call the bereavement office to sign up for one of the free series.

As word got out that Vitas was offering groups, we received numerous calls from other agencies and community members at large who were interested in attending. All those who

inquired -- those whose loved ones were on hospice care, those whose loved ones had died but were not on hospice care, or perhaps those whose loved ones died while on another hospice's care -- were eligible for the group series should they meet some simple criteria.

## Screening and Selecting Members

The second issue that faces any therapeutically oriented group has to do with the composition of its members. It is important to know that the group members will approximate a fit and that they are attending the right type of group in terms of format, therapeutic style and logistics. Screening of potential members is necessary to ensure the group's success. I assumed that screening would best be handled by speaking with members personally which I did. Most people were eligible for groups and I could ascertain their potential fit within a short phone call. There were three circumstances that might rule a person out of the group, each determining that the individual would not be helpful or his participation would, potentially not benefit other group members.

One criterion, and perhaps the most obvious, that the inquirer must have had a loved one who had died. Surprisingly, some callers did not meet this stipulation. Some were interested in having a group experience or were interested in free counseling, but not because of death and grief. There were occasional calls from students who were interested in observing groups for school projects. As they did not meet the most basic of criteria, they were all refused the opportunity to attend the groups.

Another primary criterion that needed addressing in the original phone call was to establish whether a person could engage with others and be able to hear another's stories. There can be, in grief, a time when sharing the stage with others also living with grief is more difficult, and potentially not helpful. This could be true for those whose loved ones had recently died a traumatic death and their pain was so great that listening to others' stories might exacerbate their distress. While this was rare, those who called who were experiencing such paralyzing pain were referred to counselors for private work. We were fortunate to have available to us the same counselors who had been trained as group facilitators and were also connected to a low cost counseling clinic nearby. This ensured that bereaved people would get quality care, and that the counselors could monitor them for future groups when the time seemed more appropriate.

Finally, people were screened as to issues of mental health and history. I assumed that the groups were not appropriate for curtain people who had a strong history with mental health involvement. Although not a hard and fast rule, it did seem that for people who had a history of hallucinations or suicidality, the group could potentially make matters worse. People were screened by asking a few basic questions about these issues. For example, they might be asked whether they had a counselor or a psychiatrist whom they routinely saw, and if so, for what period of time. They might be asked if they were taking any psychiatric medicines or if they had ever been hospitalized for psychiatric reasons. Psychiatric history was more readily discernible with families that had been on hospice care when some psycho-social history had been obtained. For those who called from the community, we could not always discern if there was a challenging history with mental health issues and/or alcohol or drug use. When it occasionally became clear that a person in a group could potentially be disruptive, following the initial meeting, we would meet as a team and discuss how to manage the group in a way that was helpful for all involved.

## Open Versus Closed Groups

Another challenge in designing groups is knowing what structure they might assume and how this might impact on the participants. Some bereavement groups are long term, with no apparent ending, and accept members at any time. Members may come and go depending on their need, but there is not a required number of sessions that participants should commit to. This was the situation when I first arrived at Vitas. To me, this approach did not seem productive as some participants had attended for years and still continued to be challenged by the death of a loved one. New members were free to join the group as needed, and old members were free to leave the group without formal acknowledgment or in any specific time frame. This format presents problems for group continuity, and for creating a sense of cohesion among some members. I assumed that, for a group to be helpful, it needed some structure in terms of membership. I elected to have a six-week group series, making it possible for all members to start together and conclude at the same point.

During the initial screening, group members were told they would be committing to a series that was six weeks long and that the same people would start and end the group together.

The groups were conducted as closed groups, in that new members were not allowed to join once they started. As the group formed a strong connection amongst its members, it seemed disruptive to allow people to come and go at will. Groups were intentionally set to be sequential, with each session building upon the one previous. Members missing a group meeting or any attempt to fold in new members along the way would slow the progress of all involved, although on a few occasions due to unusual circumstances, members joined at the second session. Due to the brevity of the groups, the closed membership seemed most appropriate. There were separate open grief groups available in the community for those who did not want a closed group format.

## Voluntary Versus Involuntary Membership

The groups required that participants felt committed to the group and that they returned from week to week. Without such commitment, or with erratic attendance, the group cohesion would be threatened. The group participants, however, were there on a strictly voluntary basis. While we asked that they make a commitment to the group and to completing the series, their choice of group counseling was purely at their own volition. To be more demanding of people in a time of great change would have been counter productive, although members were asked to take their commitment seriously.

There were a few instances where group members did not want to complete the group series. After private discussions with them, they did, in fact, drop out. These were exceptions, but understandable when they did happened. One woman thought she was ready to be in a group after a couple of years of reflections since her son had passed. She decided, however, once in the group, that the topic was far too painful for her. She withdrew after the second week and we referred her into private counseling at that time.

To minimize problems for participants and group facilitators, it was important to initiate a consent process during screening calls. As participants were attending groups on a voluntary basis, transparency about consent was important. In addition to the medical discourse surrounding privacy it was important to let people know what would be expected and what they might gain as participants. If we assume that consent includes the acknowledgment of risk and benefit, then a pre-requisite for consent was receiving an explanation of the procedures. Time was further allotted during the screening interviews and the initial session for potential

participants to ask questions about the process to determine if they were indeed in the right place, and at the right time for themselves.

At the first meeting, additional information about the consent process was covered. This included a letter from myself that was read out to participants by the facilitators (see Appendix B) and a shared covenant that was read by the facilitators (see Appendix C) to which agreement was sought. Following both readings, time was given as needed to answer questions and to discuss. Participants were offered copies of HIPAA (The Health Insurance Portability and Accountability Act of 1996[5]) privacy laws and guidelines, but consistently declined to take them. As the group was completely voluntary, and the consent had been handled in an interactive manner, formal signed consents to participate were not seen as necessary. Information was collected for contact and emergency information. (See Appendix D). Consent to participate in this research study was a separate issue that is addressed in Chapter Six.

## Homogeneous Versus Heterogeneous Groups

Another question that needs to be decided in forming a group is whether to make the group homogeneous or heterogeneous. It may be argued, for example that the success of a group depends on group members being easily able to identify with each other by sharing some kind of demographic background (gender, age, socioeconomic lifestyle, social roles, and so on). Arguably on the other hand, people benefit by being exposed to a wide cross-section of people. Experiencing multiple possibilities in life may be accelerated by exposure to other group members from diverse backgrounds. How would these groups best be set up – as more homogeneous or as more heterogeneous?

[5] The Health Insurance Portability and Accountability Act of 1996, HIPAA, was enacted by the US Congress to ensure privacy to patients receiving medical care, as well as the confidential treatment of health care records. Since that time, Americans have become increasingly knowledgeable about these laws, having to sign acknowledgement of privacy policies and regulations at most doctor and dental appointments. While the groups were also regulated by these same rules, participants had already become well versed in medical privacy practices and declined the printed policies that governed issues of privacy and confidentiality.

There was one criterion that supported homogeneity, that group members all shared the experience of having had a loved one die. This shared experience, I reasoned, would often be enough to create enough shared identity to overcome the centrifugal pull of difference. As groups were free of charge and were open to any participants from the hospice rolls, following the death of their loved one, or from the community at large, homogeneity would be difficult to replicate without turning potential group members away.

On the other hand, there were reasons for leaning towards heterogeneity in the make up of groups. Some reasons were pragmatic and others were grounded in theoretical assumption. For practical reasons, staffing limits would not allow for a wide range of different groups made up from demographically different populations. We simply could not have facilitators available for simultaneously run groups to meet each potential demographic population of bereaved persons in Southern California. Limiting the group membership to narrow bands of homogeneous population would mean leaving many people without service. This option would create ethical problems of its own. As the hospice serves a diverse population (in terms of ethnicity, age, socioeconomic status), it was inevitable that candidates for group membership would come from equally diverse backgrounds.

Groups that were not role or gender specific seemed more likely to include possible multiple stories. Participants could benefit from other distinctly differing experiences told by others living in quite different life circumstances. In other words, heterogeneous group membership reflects the assumption that people's lives are always multi-storied and that this multiplicity can be utilized as a therapeutic resource. We feared that if we limited groups to specific kinds of deaths (for example, adult children of parents who died) that the conversations might miss out on important stories that could expand connection among the members. These arguments were persuasive enough to sway the decision toward greater heterogeneity of group membership.

The groups were not limited by social or ethnic or religious background, nor by gender or relation to the deceased. The length their loved one was under the care of the hospice services and the kind of terminal illness also did not affect the invitation process. All were invited into the groups and the group composition was intentionally left open rather than limiting participation to kinds of deaths. We saw some direct evidence of the advantage of heterogeneity when participants spoke about how much they had learned from other participants' stories.

## Meeting Place

Setting the stage for intimate conversations to occur took careful planning as well. The challenge was to ensure that the groups were situated in a place that was easily accessible and centrally located within a large geographical area. This challenge was compounded by the fact that the adjoining cities of greater Los Angeles do not have a centered downtown. Nor is there an adequate mass transit system. All of these factors were taken into consideration. Lastly, we wanted a space that would be neutral for many people. For example, we noted some groups were held in specific churches which might suggest a particular religious bias. Our challenge was to find spaces that were as neutral as possible.

We did have free access to the offices at Vitas for groups. This venue, however, posed yet another problem. The office at Vitas is very much set up as a working office for business as opposed to a counseling setting. The group rooms contained conference tables and chairs and bright florescent overhead lights which did not invite intimate conversation. The room was also used as a thoroughfare by staff on the way to the adjacent parking lot. Noise from others in the halls, and the prospect of occasionally bumping into staff in the waiting room was an additional consideration. While this space was free and easily available, we decided that during daylight hours most participants might be put off by the atmosphere. Instead, we opted to reserve the use of this room after hours, in the evening, and on weekends. When we did use the room, we would rearrange the furniture to set chairs in a circle and push aside the tables. People seemed comfortable with this setting as evidenced by the lack of complaints we received about the room.

We also held group meetings in a more conventional counseling setting. This was offered, free of charge, by the local University and was only a short distance from the Vitas office. The University operated a counseling clinic and provided rooms that were much like a traditional counseling room. They had comfortable chairs, small sofas, coffee tables and low lighting. It would be easy to put six to eight people in such a setting. The rooms were accessible for persons with disabilities and afforded a great deal of privacy, particularly with a private waiting area and receptionist. These rooms were in the same facility where the graduate students, who would be facilitating groups, trained. Again, we thought about the possible meaning participants might ascribe to meeting in a mental health counseling clinic and whether this was a

disadvantage. Would people think they were unstable or mentally ill, for example, in a clinic setting where people came for mental health counseling? As with the limitations of the physical space at the Vitas office, none of the participants seemed to share concerns about the groups being held at a clinic.

Both the Vitas office and the clinic were located in San Bernardino, California. We gave consideration to this locale for those traveling. Was this location central enough that people would be willing to drive? What we found was that people were ready to commute for a distance. This seemed common in Southern California, where people were familiar and comfortable with the freeway system. Participants accepted traveling twenty miles or so for a support group. Occasionally, people specifically requested a daytime group as they no longer drove at night. This request was easy to accommodate as we offered a variety of times and days on which we met.

## Short-term Versus Long-term Groups

In deciding the length of the groups, I grappled with notions of content, logistics and participants' commitment. I was uncertain if a time-limited series could impart enough information and support people effectively. I anticipated that some participants might find the six weeks period too short. To make a decision about these matters, I looked to the material I was developing to see if there were comfortable demarcations between each week. Was each topic clearly connected, but distinct from that of the previous week? I also reviewed the material to assess whether enough was being covered to make a difference in the lives of those who attended. At the time of development, I could only guess at the efficacy of the weekly segments, but later, in the research interviews, I found that some of my assumptions were affirmed, while others were not. Ultimately, I was satisfied with a six-week format and people who called to register were comfortable with this time commitment.

In addition to basing the duration on content, I sought out information about group length from other bereavement managers across the country. I was curious about what formats they had used and what they found helpful. From my informal research, I noticed some logistical problems with long term groups. This included changes in facilitators' availability, shifts in size of groups, and uncertainty when members should 'graduate'. I had witnessed some of the

challenges of long term groups wherein people remained for years, for example, but did not feel any better than when they started. Those using a short term, or a time limited model, were based in methods that were dramatically different from those I provided. What they saw as success (helping people to accept the death of a loved one, or finding places of closure, for example) where not goals I shared. It seemed that the two models were too different to use as a benchmark in developing the group I was hoping to create. The contrast they offered had effectively created my desire for a different kind of group.

*Remembering Our Loved Ones* was designed with a different pace in mind. It was intended as a short-term support and psycho-educational group rather than an in-depth therapy group that might require more time. The groups would need to cover material efficiently and effectively to provide people with new tools to assist them in making meaning out of their grief. By keeping the duration short, at six weeks, we would intentionally encourage participants to look towards their own communities (however they defined this) to strengthen and sustain their stories and the new tools they acquired. A short term duration for a group such as this, seemed appropriate to keep members focused on their communities as the primary resource for long-term sustenance rather than to replace those existing communities with the community of a group.

## Frequency and Length of Meetings

With the concerns above impacting on the group design, frequency and length of meetings remained important issues to decide upon. We again had to look at the matter of commitment. For example, participants would most likely not commit to four hour, weekly sessions and we would not have enough time to cover the material designed if we ran for only one hour each week. The questions were how to find enough time to cover the material, while offering a thread of continuity and encouraging commitment from participants. It was decided that we would meet for two hours weekly, giving the group a total of twelve hours of planned time.

All of the groups utilized the full six weeks, with the exception of two group series that were facilitated during holidays when the content was condensed to four weeks to accommodate schedules of participants and facilitators. All groups met on a weekly basis except when one of

the dates fell on a holiday. With mutual agreement, such meetings would be postponed until the following week. Each group meeting was set for two hours, although it was not uncommon for groups to run thirty minutes past the hour. Group days and times varied per series. We facilitated groups in the evenings and on weekends as well as during the working week. Each time setting carried with it different advantages and disadvantages for participants. By offering groups at various times instead of at one time only, we were able to serve more people who might otherwise have been unable to attend.

## Group Facilitation

In order to offer effective support services it was also essential to find excellent facilitators. They would need to be screened, trained, and required to make a substantial commitment, without pay. The success of the groups rested, in a large part, on the carefully selected and trained facilitators. Their job required them to understand narrative therapy as it relates to grief and the latitude to commit themselves to a six-week series. While the hospice where I worked employed approximately fifteen Masters-prepared social workers and chaplains, they generally could not be available to facilitate groups. I thus had to turn elsewhere for facilitators.

I had been developing an internship training program for graduate students in counseling and social work and it seemed that this program might be an appropriate source of group facilitators. They might be interested in learning to facilitate groups, and could potentially devote time to the project. The issue of payment would be less of an issue, as they could receive educational credit for their time. To sort out the logistics of this possibility, the students, their instructors and I met to discuss options. In the end, we agreed that the students, who had already been selected to participate in their internship programs on the basis of their outstanding academic and clinical ability, would receive approximately thirty hours of training from me and on-going supervision while they were facilitating groups. In exchange, students would have the opportunity to learn about bereavement groups, narrative family therapy, and accrue hours towards their graduating requirements in counseling practice. Over a two-year period, we accepted approximately twenty students out of approximately thirty-five applicants each year. Each student was screened according to grades, standing in the graduate program, counseling

skill, résumé, and interest in working with issues of death and grief. They had to be willing to participate in the training and supervision. In return for the specialized training, they were all required to pair with another student and facilitate at least one six-week series. None of the students received any money for their time commitment or group facilitation. As we had many eager and trained facilitators, we generally limited the size of the groups to six participants and two facilitators. The first *Remembering Our Loved Ones* group began in the fall of 2005. As of summer 2008, there have been approximately twenty-five groups serving approximately 125 participants. About one half of these groups were facilitated exclusively by the students and the other half, I facilitated with a student as co-facilitator.

## Weekly Structure Of *Remembering Our Loved Ones*

As was previously explained, remembering practices are predicated on Myerhoff's work and the therapeutic development of these ideas by Michael White. Remembering practices, as I utilize them, are intended to revitalize the membership of the dead in the survivor's club of life rather than diminishing their memory or importance. The group's focus brings the remembering stories forward for those living with grief. Each week was designed to highlight a different aspect of a storied relationship that transcends the physical dimension of death. I will first speak to the overall format of the sessions, followed by descriptions of each week's activities and the rationale behind the particular activity.

Each group meeting, except for the initial one, started with an opportunity for members to share how their weeks had unfolded. Rather than responding to specific questions or initially opening with an exercise, the members would share stories of challenges, moments of missing the deceased, times they noticed changes in life, and shifts in thoughts. Facilitators were trained to look for gaps in the stories told; to notice the small moments where the stories of connection between the living and the deceased could be developed. Often these story lines were subordinated to grief stories of missing their loved one. While missing is a part of some people's experience, it is not the only story that exists at this time. The participants' might also recount stories of joy or humor, for example, about their deceased loved one.

The facilitators carefully sought openings that could bring out the deceased person's voice. Creating credibility for subordinated stories can provide respite from the oppressive

feelings that grief brings. For example, during the opening a deceased person's birthday might be discussed; then dominant stories of grief would contain elements of the member's experiences of missing and sadness as they approached the date of the birthday. They might share the things they weren't able to do because their loved one was dead. These stories of what was lost and what was no longer available frequently took center stage for people, particularly at the onset of a group series. The facilitators were coached to think about and perhaps ask questions about what stories were not being told as well. For example they might be curious about what story lines were being left out in the telling of the dominant story of missing the person on their birthday anniversary. They would perhaps ask questions about previous birthdays and times of celebration as a possible entry point into an alternative story. Thus they folded the deceased person's life back into the shared stories of the living.

The group format was designed to scaffold the relationship between the deceased and the living person. There was an express intention to rebuild the relationship in a storied form, to give the living places and ways to construct meaning about their relationship with the deceased. Rather than being silently paralyzed by the experience of grief, the groups' structure was intended to bring the stories of the deceased to life. Following the open space at the onset of each group, there was an exercise designed to achieve this end. The initial meeting always focused on bringing the deceased person into the room. In order to form a newly constructed relationship with the person who had died, we needed first to have a sense of who that person was in life. We began with the member's own introduction. Who we were and placing our lives in a context that had meaning for us -- our work, our family, where we were geographically, the issues that compelled us into therapy and so on. In doing this, the facilitators keenly avoided a trap of constricting the story to tell only about those who died or only about members lives without the deceased person. The facilitators were mindful of possible expectations of participants about what they should speak concerning in a counseling or a grief group. For example, in traditional grief conversations, and grief counseling, the individual and 'their experiences' of grief had been the focus of conversation. Facilitators mindfully avoided dwelling on such one-sided conversations at the expense of the deceased person. The opportunities to reclaim cherished moments between the deceased and the living would be potentially narrowed by inviting a story of introduction through isolated individual identity. From the very first meeting, the groups were designed to undermine these practices by folding the deceased person in to the conversations.

## Week One: Introducing the Deceased Person

Following a brief explanation of the group structure, issues of consent, group confidentiality, and logistical details, as well as personal introductions, participants spoke about the person in their lives who had died. The starting point in all of the groups was to hear the stories about the deceased. For the facilitators to continue to build the relationship that would fold in aspects of the deceased person's stories into the life of the living, they needed to hear about the context and caliber of the relationship. The facilitators would listen, and they would ask occasional questions about the person during an exercise of "introduction". The facilitators would open the conversations by saying, as noted above, "Tell us about your loved one who died. 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?" The questions were asked throughout the conversations and provided prompts to further the introduction process. Participants would each have time to share – from ten to thirty minutes. No one ever attended a group who did not want to share about their loved one. While the sharing might sometimes be difficult and there might be tears, people overwhelmingly embraced the chance to speak about someone in their lives who was important to them.

Group members spoke comfortably about their loved ones, and often remarked with affirming comments like, "I don't have a place to talk about him anymore. My family is tired of hearing about him." Participants spoke about not having a place to talk about their loved one or to tell stories and some feared that they might forget them, or forget what their voices sounded like. Some shared how their families seemed to be actively trying to distract them when they showed sadness or when they started talking about their loved one. Spouses spoke about how they had met and what had attracted them to one another, while some spoke about the events that precipitated the death and how long it had been since the passing. Members also talked about their own current experiences, (for example, "I haven't been myself since my mom died", or "I feel at times like I am going crazy.")

The exercise of introducing their dead loved one stood in opposition to the kind of silencing experiences they might experience at home or in their communities. We wanted to define the group through these types of rituals as a place where the person who had died would

continue to have a home and their stories would be made welcome. In addition, the introduction allowed the participants and the facilitators to gain a sense of who each person -- living and dead -- was. The facilitators were trained to take note of the bridges between the living and the deceased, the places where meaning lived in the relationship, and in the small openings that were shared. Facilitators might notice, for example, how a person who had died enjoyed gardening and the group member spoke about the comfort they had when they sat in the garden at their home. These words would become points of entry into a richer storied connection between the living and the deceased in subsequent sessions. The facilitators would ask questions during the initial conversation to prompt different stories. Rather than only telling the stories of loss, participants were encouraged, for example, to speak about the stories of where the loved one's memory continued to live on.

In addition to the conversations during the two-hour sessions, participants were given an adjustable notebook during the first meeting and asked to bring the notebook to each meeting. The book contained a few articles about grief, resources and contact numbers should they be needed, the previously mentioned letter of introduction from me and sheets of colored paper to be used as a journal. Each week participants were given copies of what conversations were discussed in the meeting and an exercise for their journal. The facilitators reviewed the instructions of the journaling exercises at the end of each meeting.

Most participants felt comfortable writing at least short entries in response to the exercise questions, while others wrote many pages each week. Facilitators continued to explain the importance of reflexivity and the journaling exercises as they handed out the instructions. While participants were strongly encouraged to write, some felt uncomfortable in doing so. For them, the facilitators would explore other means of responding to the journal exercises. One participant shared that, as a graduate student, she felt capable of writing, but that her time was currently too limited to write more than what was already required of her. She offered instead to use the exercises to discuss with her husband each week what she had discussed in the group about her late father. This seemed both to offer a way to reflect on the conversations and include her husband in important aspects of her life.

The intent behind the journal was introduced both verbally in the group and in a letter explaining its purpose (see Appendix E). As the time in a group setting is limited, each participant could only begin to form a new story during the two-hour conversation, thus they

were asked to keep notes in their journal and reflect in a structured way each week about the conversations that we had. Many aspects might be left unsaid, or needed time to germinate in the participants' thinking. The journal was intended to present an individual from relinquishing memories and in fact, to sustain many of details of a life otherwise forgotten. The intention was to reinvigorate the relationship between the living person and the deceased.

In the first session, the journaling exercise was designed to further develop the story of introduction. As the dominant therapeutic thrust stressed "moving on" or "getting over" grief might limit the opportunities for conversations about the person who had died, the theme of *Remembering Our Loved Ones* group stood in opposition to these practices. The conversations in the group, and the conversations constructed in the journal exercises were intended to provide a place where the storied relationship between the living and the deceased could exist. The journal questions from the initial week's sessions attempted to bring this forward. This exercise was:

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 sayings in particular that remind you of this person and your connection with them?

## Week Two: The Effects of Conventional Discourse on Grief

The second meeting explored the impact of conventional discourse on one's personal experience of grief. While this session often tended to be more educational and didactic in tone,

it often proved to generate a powerful conversation. The intention was to provide group participants with a place of agency, to pick and choose aspects of the dominant story of their experiences. In designing the exercise for the session, I assumed that people were being told things about how they should feel, think, and act from the time their loved ones became ill, when they died, and following the deaths. These messages, while often presented in very subtle forms, position participants in limited places that shaped their experiences of grief. People would find these messages in well-intended comments from hospital workers, like, "They can still hear you even though they are in a coma if you want to say good-bye to them", or, "Your loved one is in a better place." Numerous condolence cards offer meanings that could emerge from grief, for example, "God needed your child in Heaven," or, "Weeping may endure for a night, but joy cometh in the morning, Psalm 30:5." At times, the messages were less subtle. The brochures provided by a hospice worker would instruct them, "This is becoming a time of withdrawing from everything outside of one's self and going inside" (Karnes, 1986). Or a family member might intervene, as did one step-daughter, who on a day when her step-mother was not home, packed up and disposed of the deceased grandfather's clothes believing this to be therapeutically valuable. Many times the effects of messages, subtle or not, would constrain people without their even knowing this was happening. They would feel silenced, and alone with their grief, without understanding the interplay between their experiences and the messages they were receiving. Participants were unaware of what informed their experiences, and needed a way in which to unpack the cultural assumptions of grief and to unpack the power of these messages upon their lives.

The structure of the second week's conversation provided a collective opportunity to speak to what participants were told overtly or subtly and how these messages shaped their experiences of death and grief. Following a brief description of discourse by the facilitators, group members were asked to list, "things they were told about how they should have acted, felt and behaved when their loved one was ill, dying, and since their death." In larger groups, or groups were there were people who seemingly hesitant to speak, the facilitators might first ask them to speak with a partner about these questions before speaking in the group. In smaller groups and groups that appeared more talkative, the facilitators immediately addressed the questions in a group format. These comments were listed on poster paper in the three separate time categories – when the person was ill (assuming their death wasn't a sudden death), at the

time they died, and the period following the death. They might say things like, “You’ll get over it” or, “Everything has a reason”, as the kind of comments that were made to them when their loved one died. Many such comments were intended to be helpful, but were also constraining.

The papers were posted throughout the room where the participants could speak about them. Each person was given the opportunity to evaluate the comments by listing which comments were helpful to them at the various times and which were not helpful. Some comments like, “Take your time” or, “I’m here for you”, would appear on both the helpful and not helpful list. Questions would be asked such as:

- What were the effects of these comments in your life?
- How have your experiences since your loved one died been shaped by these comments?
- How might your experiences be different if this comment has not been in your life since the death of your loved one?

The intention was to ask participants to evaluate the messages and the impact on their lives. At the end of the second session, participants were provided copies of the questions that they had been asked in the group that session. They would also be provided with an exercise for their journals to develop the ideas and to increase their sense of agency in their experiences of their grief through specific journal exercises. For example, participants were asked to respond to the following questions in their journals during the upcoming week.

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 a similar experience, knowing what you know now about what is helpful and what is not, what might you tell them?

The group participants were also asked to bring a photo or item the following week of their loved one. Following the group, facilitators typed the brainstorming comments from week two into a document that was provided to the participants the following week (see Appendix F).

## Week Three: Developing the Voice of the Deceased

The third week of the support group for many was often a notable turning point. The platform for the scaffold had been established through the introductions of the first week, and establishing one's authority over one's own experiences in the second week contributed further. Time was allotted at the start of the third group to follow up with the journal exercises from the week before. Before addressing the topic of the third session, as a part of checking in with group participants, the participants were given copies of their words from the week before. During a quick round they spoke to the advice they might offer another person from their experience. They shared words that reflected a knowledge gained by living through their own grief. They spoke, offering comments to potentially grieving people that were far more forgiving than the words they often heard: "I'd tell them to take their time" or another said, "Surround yourself with good friends or family -- people who don't care if you cry," or yet another, "Try and keep them close to your heart."

The facilitators endeavored to further position the participants as experts on their own experiences before moving to the next exercise. We did not want them to return to a position of self-limitation or judgment as they shared pictures and stories about their loved ones. We wanted again to create a context where participants could have a sense of agency. This care to underscore the words they might offer to a bereaved person was easily transparent in their offers to one another in the group and they granted these exchanges freely.

The rest of the group time was spent sharing the items and photos that had been brought in, thus bringing further into perspective the person who had died. The only instruction they had been given the week prior was, "Please bring an item or a picture that reminds you of your loved one to the next group." At the group they were asked to, "Please share with the group about your item and the photo that you brought." One by one, participants would share pictures of various sorts. They were eager to talk about when the picture was taken or the significance of the item brought in. Sometimes, people brought in numerous pictures and items reflecting times of importance in their shared lives. Other times, they might bring a single photo of a wedding day or a happier time. On more than one occasion, people brought in food to share – the special

recipe that their loved one prepared. On a few occasions, a spontaneous altar was built with all the items that people brought, carefully and lovingly placed on a table as we spoke.

With their pictures and their items present, the facilitators inquired about the people further. They expressed interest in their personalities or about the events in the photos. The facilitators helped develop the details of the relationship – what was important then and what continues to be important now. They were curious about the moments that continued to intersect between those alive and those who are dead. To seek for a moment where respite might be found from the grief, even in a small and embryonic form, we focused on continued connections rather than emphasize on loss. This exploration assisted in shaping a new relationship, as we will see in the upcoming interviews with former group participants. The facilitators sought out moments to strengthen these connections between the best parts of the relationship between living person and the deceased. These connections form the foundation for the future relationship between them.

Facilitators were taught to look for these opportunities to develop fuller stories and begin building structures on such platforms. During the training and during supervision, they were encouraged to ask questions to propel the conversations along and to give more meaning to the descriptions. They asked questions like, "What do you admire about how they (the deceased) faced challenges in life? What were their best moments? How did they live with adversities?" We were curious to learn more about the person's strengths and places where the relationship could persevere even in death. The questions assumed that there were reservoirs of strength to tap into, even in the most challenging of relationships. All of these questions can potentially construct a richer story of the deceased person and what they mean to the living person. We asked about these areas for future use, too – to selectively isolate aspects of the relationship that might be most beneficial in times of challenge.

To enhance further the aspects of their relationships that could provide a beneficial voice, the participants were given specific questions at the end of week three to strengthen their connections with the deceased. They were asked to reflect on the following questions and write about them in their journals:

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

While the journal questions fitted for most participants, there were some instances when the questions needed to be altered to address the particularities of the relationships. As will be demonstrated in one of the upcoming interviews, the relationship between Grace and her deceased husband was a difficult one that included physical and emotional abuse. In this situation, it might not have been helpful for her to have her husband's strengths brought forward or potentially reified. Rather, we were able to rewrite the questions to bring forward her own voices of strength. During the course of the group, we hand wrote the questions that we asked her to reflect on and write about in the subsequent weeks. For example, rather than asking about her deceased husband's moment of greatness, we asked her to respond to what her moments of greatness were in her life and how these moments continue to affect her life? We asked her about who else might notice this about her? With a simple shift in phrasing, we could continue to access Grace's stories of strength to give her more opportunities for agency following the death of her husband, but we did so by focusing the strength within her, rather than the strength of living with a person who didn't always treat her with gentleness and kindness. For more detailed description about how the conversations unfolded with Grace, see her interview.

Week Four: Utilizing the Subjunctive Voice to Reclaim the Stories of the Deceased

An important focus of the six-week series is to notice where the deceased's voice now endures with the living person. Facilitators looked for portals that could open up the stories, the love, and the active recollection of the person who had died. As bereaved persons began to build these conversations with a narrowly defined storyline or a thin description about the identity of the person who had died, the facilitators of the groups worked to help them scaffold richer descriptions in the conversations and in the journaling exercises. The questions that were handed to the participants for the journals focused on expanding points in the story. People coming to the groups with stories of missing the deceased or merely recounting events at the time of death often did so at the expense of larger stories describing the deceased and the relationship that was built over the years. The questions were designed to reclaim details left at the bedside of death.

Remembering conversations, as previously explained, stressed more than recollecting what had faded from the perspective of the still living person. Rather, such conversations were avenues to invoke the voices of the deceased among the living and to reinvigorate precious stories that might otherwise be left behind. Nor were the conversations a one-way street that runs from the living person towards the direction of the deceased, even though the conversations might appear monological. Remembering conversations always occurred as a dialogue between living and deceased persons, with the deceased person's life acting serving as an imagined audience to lived events. This process of continued exchange, provided in effect, a two way street for the living person to travel alongside the deceased for a lifetime.

Subjunctive Questioning

Participants in the groups, and in consultation, routinely reported a desire to call or speak with the person who had died. They secretly told stories about visiting clairvoyants hoping to receive and/or send messages to the dead. This motivating sense of absence created a disconnect, literally, that seemed to be at the center of great despair. In the aforementioned article from the Chicago Tribune, (Kotulak, 2007) people mention "yearning". One mother is cited:

> "She still misses her son Michael, who died in 1999 at age 5 after battling cancer for more than four years. 'It's his physical presence, the laughter, the jokes, the hugs, the kisses and things that you miss,' she said."

Although the reader may take issue with the newspaper's conclusions on the etiology of yearning and a dramatically different remedy might be suggested other than letting go of a deceased loved one's memory, a sense of yearning is reported by those in counseling and in groups at Vitas as well. We pondered about this strong need for connection with the deceased and what makes it better and what makes it worse. As I formulated the *Remembering Our Loved Ones* groups, this question was not far from my mind. "How can we decrease the pain, almost despair, that comes from yearning for connection?"

I speculated about the language we use to speak of the dead and wondered whether this generated artificial boundaries between the living and the dead. The discourse of death, as we

have come to know it in modern, Western conventions of conversation, linguistically consigns relationships to the past tense when someone dies. Did this way of speaking about the dead increase the longing people reported? People in medical settings, or in the self-help literature, routinely speak about the dead in the language of past tense; for example, "He was my husband," or, "The patient lost her battle with cancer." We speak of people as "no longer here" or "gone from my sight" (Karnes, 1986). Did this constant reminder make matters worse for bereaved people?

People are referenced in the indicative voice to speak about observable realities in the medical domain. While it might work well for diagnostic testing to speak about verifiable truth, this way of speaking has implications for relationships. Moreover, exclusive use of the indicative voice requires us to move rapidly from the present to the past tense after someone dies. They are no longer entitled to live in the world of 'what is' or 'will be.' Instead their lives and identities are assigned the past tense. The deceased immediately inhabits the world of 'was' in relation to those who are still living. This single, simple linguistic act also positions us distinctly from even the memories of those who were once breathing. The change of tense echoes a culturally practiced nullification, evident in other social practices in the modern world. Denying the present tense also places the connection somewhere that is always out of reach to the living. To speak otherwise about the dead would call into question a person's ability to grasp the reality (acceptance) of the death and the risk of being marginalized with pathologizing terminology. For example, on a routine survey for families after a death, one question asks, "Who are you in relation to the deceased?" I received a response from one family that amended the present tense "are" and wrote "were" in its stead. I found it curious that the dominant discourse compels one to write about their deceased only in the past tense. From this place of the past tense, we lack access to their voice or knowledge and have limited choice in how we would find relationship or connection.

I opted to look to subjunctive verbs as way of referencing the deceased, hopefully to avoid the binary problem of either embracing dismissal of the relationship or denial of the death of the person. Facilitators were trained to understand and use subjunctive verbs as an initial means to support a new relationship with the deceased. The facilitators were instructed that the subjunctive provides a different way of bringing forward the deceased person's voice and accessing their stories. It is a different language, if you will, to bring the dead to life. Since

deceased persons are no longer 'here' to actually speak, the way in which we refer to them can become cumbersome. As their physical voices and bodies are not here, it would seem inauthentic, if not delusional, to speak about them employing a present indicative tense. We have to be mindful of the way both the past and the present tense can limit our choices of how to include the dead in our storied lives.

To avoid the way the English language circumscribes our thinking, we can speak about people who have died using 'as if' language. The subjunctive verbs of possibility allow us to construct conversations in the liminal zone in-between past and present realities. In subjunctive verbs it is possible to speak about a person who is both here and not here. In this form, the deceased person's voice can continue to speak as the survivor imagines what the person "would say". Through the language of imagined possibility, dead persons can continue as gentle and loving guides, while we still also know that they are, in fact, dead.

To such end, week four's exercises opened the dialogue further between the living and the deceased and employed the subjunctive voice of the deceased. The facilitators asked for the input of the deceased by using subjunctive tense and phrasing in the conversations. To initiate such a conversation, the question might be posed, "If your loved one were here, what would they say that they value about you?" The question gave voice to the deceased through the hopeful eyes and stories of the living. Often people would respond with thin description so the facilitators would continue to ask questions to map out the path between the two. They asked questions that were more specific as well.

"What would she say she appreciated about how you were during her illness?"

"What would he say he appreciates about how you have been since he died?"

The intended impact of week four was to establish places where a stronger voice of the deceased could emerge. The assumption I made in developing the guidelines for the fourth week was that increasing a sense of connection would decrease "missing", or "loss" or "yearning". While it is noteworthy that relationships contained both elements that are cherished and those that are not, as facilitators we worked on the assumption that it would be more therapeutic to elicit stories providing positive elements. We wanted to support the telling of stories about strength and resources and to invite meaning-making that would make life easier to live. We specifically offered exercises and questions to propel the relationship towards a reciprocal

vantage point where the deceased person's voice would continue to be incorporated and utilized as a positive influence that the bereaved person could draw upon.

As noted in Chapter Four, the questions in the group occasionally drew from the field of Appreciative Inquiry, and Strength Based Counseling. The questions were designed to construct a present and future connection that could be life-sustaining and affirming of the best possibilities. At the same time should the facilitators insist on positive stories at the expense of glossing over the effects of harmful or abusive behaviors that had occurred, a relationship with a deceased person could actually be psychologically harmful.

Participants were asked to spend time between the end of one meeting and the start of the next responding to some questions. While they were encouraged to write about their reflections, but many would reflect in other ways besides in writing. The exercise for their journal for week four was reported by many to be the most difficult and often the most beneficial of the series. Its theme, as the whole tenor of week four, grew from the assumption that people's experiences of grief often dwell on the element of missing. Through the subjunctive voice, the pain of missing can be eased as the voice of the deceased is brought to life again and held close (as opposed to the common stress on letting go). The goal of the fourth week's journaling exercise was to bring the dialogue between the living and the deceased into focus. Participants were asked to:

> "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?"

Participants often wrote very touching letters from their loved one – letters that affirmed love and letters that were filled with stories of gratitude. As the participants wrote the letters, they acted as scribes for the deceased. They were able to write as if they were ventriloquists, speaking with a strong sense of what the dead persons might say if they could speak. One woman's letter from her deceased adult son gave her specific guidance about how he hoped she would be available for her daughter-in-law (his wife) and her grandson (his young son). These words could carry with them a moral authority that could construct purposeful actions; that is, whenever this woman acted toward her daughter-in-law or her grandson as the son had hoped,

she could feel she was carrying out her deceased son's will. The journal provided an opportunity to find legacy after a person has died and to build positive meaning into the legacy.

## Week Five: Confronting Challenges

During the fifth week, participants became familiar with the sound and texture of using the voice and stories of the deceased person. The conversations of the group were structured to fold more of the stories of the dead into the lives of the living. Where possible, we would look for a story of strength in the deceased person to harvest traits of courage and fortitude. These characteristics could be borrowed posthumously and linguistically folded into the survivor's stories as they faced difficult moments. It was my hope that this interplay between the living person's stories and the deceased person's life could meld opportunities into experience that could make the living person's future road less arduous.

We specifically spoke about some aspect of life the participants found difficult since the death of their loved one. Perhaps they were struggling with missing their deceased loved one or the practicalities of managing finance on their own. Facilitators asked participants to conjure forth their loved one's voices, stories and strengths to bring these resources to bear. For example, the facilitators would ask them questions like:

> "What did he see in you that let him know you would be capable of handling this?"
> "If your loved one were here, what advice would she give you about how to handle this?"
> "What did your loved one see in you, and believe about you, that would let him/her know you could handle this situation?"

The group conversation was intended to bring out a new kind of relationship. For some of the participants, it might have been a conversation they were already engaged in and for others it was novel. The goal was to underscore the ways in which the story and the influence of the deceased might have a positive influence on the living. How could they continue to build structure within this relationship? It was a new kind of connection between the living and the

recollections of the deceased, but one that could be vital and helpful during times of change. The facilitators and the participants selected out aspects of the relationship between the living and the deceased to give the best shape and texture to the on-going lived connections. The conversations flowed back and forth between moments of what had historically transpired between the living and deceased person and conversations that might continue to take place, with each direction creating a new fold into the texture to the relationship. Recollections from the past were explored for their ongoing impact upon the living person as were subjunctive conversations in the present so as to produce engagement with the deceased person's voice. Each week, the texture of the relationship between the living person and the deceased person's stories and legacies potentially developed greater complexity, and participants could glean satisfaction in knowing the relationship did not die when the person did. The living person could continue to find comfort by leaning on the strength of the person who had died. For example, a widow might have needed to make pragmatic decisions after her husband had died about where she was to live. Through actively recruiting and using her recollections of his belief in her during their shared years, she might find a strength and solace in which to place her future decision. Much like making cake batter, the ingredients were folded and stirred into the mixture to make a texture to bake the perfect cake for the living person. Facilitators asked questions to this end:

> "What might he want you to do in this instance?"
> "How had he hoped you would rise to this challenge?"

Participants were asked to develop these conversations when they wrote in their journals after the group session. The activity dovetailed with the questions in group that explored ways in which the deceased persons' voice continued to live. The journaling invited a conversation that looked to the future and expanded possible options for the living to develop a relationship with their loved one. This way of thinking invited participants to consider areas they might have neglected otherwise, such as places where their loved one's voice could continue to be accessible and helpful. Besides simply looking at the ways in which their dead loved one was helpful to them in the immediate crisis, as in the conversation that had taken place during the fourth week, the fifth week emphasized the ways in which the subjunctively constructed relationship could be of continuing assistance for the bereaved. Participants were asked to reflect on the ways in which

the introductory steps of the group, getting to know the voice of the deceased, could be magnified to create a future where their loved one's influence could more often remain with them. This future could be indefinite and the deceased might continue to feature in the life of the living. To access these stories, participants were asked to respond to questions, such as:

"What are your loved one's hopes for you now and in the future?
"If he wanted you to feel closer to him, how might he tell you to do this?"

Rather than producing only macabre thinking about the dead, participants told us they found this conversation hopeful. We would hear comments about their future life together, for example:

"I feel like I never have to lose him again."

Just as relationships change in life, the relationship with the deceased person can continue to take shape and form new and significant avenues. During the fifth week of the group, I hoped to set the stage for participants to have a sense about how their future relationship could be constructed to include the deceased in ways that befit the connections.

## Week Six: Who Shares Your Stories?

The sixth session provided both another opportunity to fold the deceased into the life of the living and an opportunity to invite the deceased person's importance into new places in the communities of the living. During this final session, participants were invited to speak about other people with whom they shared the deceased person's memory. In preparation, they were asked the week before to bring an item and/or photo of someone "who helps you keep your loved one's stories and memories alive". The group participants spent the first half of the group introducing the person whose mementos they had brought. They spoke about the connections they shared with the persons in the photos. Participants brought in pictures of children, cousins and extended family members. Stories were told that helped the listeners locate the connections and the meaning of the relationships. While the participants revealed these broader relationships

and connections to the others in the group, they also gained additional resources outside of the group in which to discover the deceased. The pictures provided an additional place where one could explore these relationships after the six-week series concluded. Particular importance was paid to relationships in which the deceased person had been embedded, for example with other family members, extended family, colleagues, and social networks. Participants were asked to introduce the others in their lives who also knew the deceased person. They would be asked questions, such as:

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

Facilitators were trained to be alert to the places where they might blend together these stories between the living and the deceased with those still living in the extended family and social networks. They would ask questions such as:

> "How does this person (the connection) assist you (the participant) to keep the memories alive of the deceased person?"
> "What kind of things does she do or say that help to keep your loved one's stories available to you?"

As a part of the final session, time was spent in reflection about the changes that had taken place during the previous weeks. The final hour was spent discussing the places where the participants noticed changes in their lives, but the facilitators continued to ask the questions using the subjunctive voice of the deceased. For example, they might ask for the deceased loved one's opinion about the changes that happened during the group.

> "What would your loved one say that he values about what you have done in the past six weeks in these groups?"
> "If there were one thing your loved one would want others to know about what it means that you have shared her stores here, what would she say?"

Not only were the facilitators vigilant about metaphorically giving the last word to the deceased, but this form of questioning invited people into a third person stance that allowed for reflections

about their own experiences. With this same rationale, group participants were asked if they would like to respond to the others in the room.

> "What has touched you about meeting other people who have died?"
> "What other stories of strength and love have you heard about in the past six weeks that have made a difference in your life?"

In response to these questions, one participant shared a surprising story. She explained she had attended the groups originally since her partner had died, but during the group sessions she "met" another participant's deceased father. She went on to explain that her own relationship with her own father had been abusive and she hadn't talked with him in many years. In hearing the other member speak lovingly about her deceased father, she said how she too felt transformed by the stories. She tearfully told the group how for the first time in a long time she learned that fathers didn't have to be mean. She went on to ask permission of the other member, "Next time I need a father in my life, is it OK if I call on your father?"

The significance of this brief conversation was immense. As a facilitator, I witnessed the healing property, if you will, of the deceased father. More specifically, in the telling of his stories by the daughter who loved him, this other member was able to reconstruct her stories with men (fathers) as being soft and loving rather than only being abusive. She was in fact, able to treat his subjunctive deceased voice as a living entity to draw from in the future. As a part of the reflection, I was able to inquire of the woman whose father had died:

> "What difference would that make to your dad knowing another daughter would borrow him for fatherly advice?"

She knew he would be thrilled and happily granted permission to the other group member to call on her dad whenever she might need.

# CHAPTER SIX
# RESEARCH DESIGN AND METHOD

Determining the methods for gathering information and understanding the significance of such data is a key responsibility of any researcher. In regard to the present case, deciding whether the project should be qualitative or quantitative was of critical importance to determine tenor and tone of the study and its findings. The method developed for this project needed to access content and complement extant research. Since the design rested upon assessing the impact of remembering stories on a bereaved person's life, it seemed appropriate to utilize methodologies that would value voice and stories rather than those requiring a posited scientific hypothesis or statistical analysis. The latter two, requiring a reductionism of unique personal relationships, also implicitly dehumanize the texture of such reality in sterilizing simplification. I thus wished to build a method that would honor the unique meanings fitting the context and content of a particular continuing link between a living person and a significant decedent.

Unlike a quantitative study, where a large sample is used so that information can be extrapolated and generalized, a study such as this needed to take a different approach: its base is a close focus upon actual bereavement counselling and extrapolated implications. As many of the ideas about bereavement groups and narratively structured groups have rested on minimal research, examining the inherent processes and their therapeutic implications might contribute significantly. This emphasis on close detail rather than breadth of sample is fundamental also to understanding the concept of the idea of remembering conversations, their importance for bereavement groups and their participants. These sweeping theoretical relatively new ideas are still not sufficiently understood to allow generalizations.

I was also interested in generative story expansion rather than reductive cause and effect links. How did the stories of connection come about? What had prompted the response or the thought that had been "exchanged" between the living person and their deceased loved one? How were these elaborated over time and how had participants explained the changes to themselves, and in what ways had the changes been maintained over time? I was looking for twists in their stories that affirmed a narrative connection between them and the deceased. It was their voices, those of the bereaved, and those of the dead as spoken through the bereaved, that

might suggest the efficacy of the remembering groups. Did the bereaved find their lives easier to live in the face of grief as a result of the bereavement groups? This was a pivotal question.

Qualitative research covers a broad spectrum that defies a singular definition (Denzin & Lincoln, 2005). Researchers have used a variety of qualitative methodologies including phenomenology, grounded theory, case studies and ethnography to understand meaning and story (Ibid). The methods are often the development and incorporation of a theory that generates the data collection and analysis process (Glaser & Strauss, 1967). Such research, however, is not without purpose and structure. Qualitative methods are developed and employed to fit with a rapidly changing world and to grasp information in a generative fashion.

The research that I embarked upon examined whether remembering practices were beneficial for bereaved people in a group setting. The research was a specifically intended to be generative as I was interested in knowing what was helpful and how was it helpful. Conversely, I was equally interested in knowing what was not helpful and why this was so. I sought not to confirm other studies or to verify data from previous research projects, similar or dissimilar. Rather, I needed to generate a new set of data in order to access multiple possible stories that could live with a particular relationships as well as possibilities found within relationships that take shape in differing contexts. The endeavor required designing both a data collection process as well as a process of analysis.

## Research Design

The study design was intentionally small scale and in depth rather than cross sectional and superficial. Only a few people were interviewed about their group experiences and the subsequent connections formed with their loved one. The substantial mount of detail from each interview was subjected to close scrutiny, and keeping the sample small produced considerable richness of text. Rather than amassing large numbers for generalized examination, I focused on the fine nuances of the individual participants' stories. I was interested in the flexible patterns of speech, subtle differences in meaning and the detail of remembering in the context of relational connections. A large number of participants would be of little value for the kind of detailed understanding that I sought.

The design was intentionally developed for a specific population: bereaved people who had attended a specific type of support group. As I was interested in ascertaining information about the narratively focused bereavement support groups, it was unnecessary to compare the participants in this study to those in a control group -- say a group of people who had been attending various support groups, or a control group of non-bereaved people. While this might be of interest in another project, it would distract from the stated goals of finding out whether a narratively oriented bereavement support group was helpful for bereaved people.

## Theories Informing the Design

The methodological theory that has been drawn upon for this research has a quasi-hybrid quality. Elements from grounded theory have been helpful as the project has unfolded, particularly in initial organizing the project and supporting the thinking that would launch the research. I wanted to have the data grounded in peoples' experiences (Gaddis, 2004) and to avoid colonizing practices that have often been associated with "research" and scientific inquiry (Denzin, & Lincoln, 2005). It was personally and professionally important to share in an exploration of knowledge and stories without exploitative practices. I did not want to use participants to provide data for my purposes which would have no value or interest for them. Nor was this a controlled study in a laboratory context. It was instead grounded in a service delivery context in a natural setting. The following passage from Denzin, & Lincoln (2005) informed the theory development for research.

> Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world…This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them.
>
> (P. 2.)

Grounded theory was developed as an alternative to the predominant scientific approach to data collection and analysis. At first glance, it flew in the face of conventional assumptions

about research because the generation of a hypothesis often followed the data collection rather than preceding it. As grounded theory turned upside down ideas about what constitutes research, a new set of practicalities came into play. Even words like "research" and "data" took on new meanings as the fundamental assumptions behind this new approach contrasted with the scientific methods of discovery and research. According to Glasser and Straus (1967),

> Generating a theory from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research. Generating a theory involves a process of research. (P. 6.)

What this suggested was that I might hold tentative ideas about the research method prior to the data collection. I engaged in the research interviews with potential thoughts about what we might find, but could allow the methods to develop as data was collected and understood. As I gathered the information through interviews and began transcribing, I began to rethink the design for the analysis. If I continued to use grounded theory it would mean accessing themes and developing a coding system across the interviews, potentially restricting the individual uniqueness. This could have limited the dramatically contrasting kinds of relationships that were found in the interviews if they were coded for common denominators. While some inadvertent themes might be discovered, I was interested in furthering a design that would showcase the contextual differences rather than the commonalities in the interviews. Therefore, I selected a form of narrative research to fold into the grounded theory for a more complete research design.

Narrative research is a hybrid methodology drawing on many research disciplines, including anthropology, sociology, psychology, history, and literature (Chase, 2005). Like grounded theory, it is a qualitatively oriented research method, designed to explain meaning and story. Unlike grounded theory however, narrative research often focuses on the stories after they are gathered: "Narrative research involves retrospective meaning making". (Chase, 2005, p. 656.)

Whether oral or written, stories need a way in which they can be studied, honored, and used for benefit. Narrative research often presents information from a very small "sample" and gives voice to the participants' meanings and interpretations (Chase, 2005). Similar to oral

history, narrative research is interested in how the events of life impact upon the individuals who experience them. It is the relational space between the experience and the meaning that is of interest, not just the event itself or the outcome.

## Why Narrative Research

Bereavement groups using narrative practices lend themselves to be studied and researched in a fashion that showcases the stories. The group practices are intended to bring out many stories that might have otherwise gone unnoticed, forgotten or silenced following a death. It is only fitting that a research design to understand the efficacy of such a group would continue to place story at the center of the investigation. A methodology that values process, people and the richness of oral history was thus developed for this undertaking.

Narrative research is not about the discovery of "findings" (Epston, 2004) which assumes the objective observation of behavior. Narrative research also differs from classical ethnography which is also interested in people's stories. Ethnography has traditionally collected stories with a positivist orientation, believing objective observation garners accurate information about people and cultures (Foley & Valenzuela, 2005). While there have been recent shifts in this thinking in what is being labeled "critical ethnography" (Foley & Valenzuela, 2005; Holstein & Gubruim, 2005), there remains an interest in the subjective inner experiences and discourse of those observed in the ethnography field (ibid).

Narrative research makes explicit the role of the researcher in the process. Not only an observer of experience, the interviewer/researcher become the co-generator of the outcome. According to Epston (2004),

> Unlike conventional research, the process of co-research does not claim to be objective, nor does it aspire to objectivity. The process itself is inextricably entwined with its purpose, which is to generate knowledge that can influence in preferred ways a person's relationship with the particular issue for which they have sought counseling. (P. 31.)

While Epston referred to the therapy sessions as being a process of "co-research" between the client and the counselor, the act of interviewing participants about their group experiences shares this collaborative bent. The influence of the questioning process was mutually generative between the interviewer and participant as the conversations developed. The interviews were intended to be helpful, if not therapeutic; they offered a reflexive moment in a chapter in a person's life. The interview might even bring about what Bill O'Hanlon (1993) refers to as "iatrogenic healing".

> Iatrogenic healing refers to those methods, techniques, assessments, procedures, explanations or interventions that encourage, are respectful and open up the possibilities for change. (P. 4.)

Although uncertain about the outcomes of the interviews, I was hopeful to create an environment that would foster participants reflections about their experiences in the remembering groups, and a willingness to share some examples from their lives. The participants were the experts and I was there to listen to their expertise. They knew what their experiences were like before the group, during and since the group's completion. My job was to provide a semi-structured environment that could help shape these stories and memories in usable language.

## Research Methods

Here I briefly address the bereavement support groups, how information was gathered for this project, information about the people who participated, and the data collection process.

### Bereavement Support Groups

*Remembering our Loved Ones* is a six-week bereavement support group developed by myself in the fall of 2004. It was offered for people who are living with grief as a part of the

bereavement support services at Vitas Innovative Hospice Care®. Groups were offered both to people whose loved ones had received hospice care and to people from the community at large, regardless of whether or not their loved ones had died while receiving hospice services. In both circumstances the groups were free of charge. All groups were facilitated or co-facilitated by myself or by graduate students trained by me; they were often co-facilitated. Since the first group in the fall of 2005, there have been approximately twenty-five group series, each with between three and eight members who completed the six-week program. The group design, format and structure is discussed in more detail in other chapters.

## Participants

Participants in the research project were required to have completed the six-week series support group. Those for whom there were valid, legible addresses who "graduated" from the groups between approximately January 2006 and June 2007 received letters of invitation (see Appendix G). This demarcation of the research span facilitated story collection and examination of the possible impact the group experience had on participants' lives.

## Exclusions

Some obvious factors that could disqualify a person from participating in the research. The first was a concern that the interview might cause emotional distress to them or to another person. Care was taken to explain the research, and the process, during the screening phone call. Additionally, questions were asked during the informed consent process that will be explained below.

As I was interested in learning about the impact of the group on people's lives, it was necessary to ensure that participants had not participated in other bereavement support groups subsequent to the remembering group. As there are no other bereavement groups incorporating a narrative approach, participants might have received conflicting information about how to manage grief and from differing counseling support. Participants who had been involved in

additional group counseling needed to be excluded as it would be impossible to discern what change was generated by which groups. Further excluded were those whose letters of invitation were undeliverable and returned by the post office.

## Recruitment

The letter of invitation (Appendix G), dated November 9, 2007, was sent to fifty –six participants who were eligible for interviews. Seven people called after receiving the letters to ask further questions or to express interest in the interviews. Of these, three met the criteria that they had not been in other bereavement support counseling and were interested in pursuing an interview with the researcher. Appointments were set with them. Of the other four calls, three explained they had been receiving further bereavement counseling and understood that this factor disqualified them from an interview. One person elected to not pursue being interviewed after further information was shared about the process. She did not express why she was not interested in an interview.

Over the next month, calls were placed to others who had received the invitation letters. In many cases, messages were left requesting a call back. Some telephone numbers were no longer valid, thus eliminating another six possible participants. Out of concern for intruding on people's privacy, only one phone call was placed to potential participants. If they were not available to speak, a message was left requesting they call back should they be interested. Of the thirty-two calls made, the researcher spoke with nine people who expressed interest in being interviewed. Of these nine, six were actually interviewed. Two people of the nine were also disqualified, during the phone call, as they had had additional bereavement counseling. One person never came to the interview that was set and did not return an inquiry call.

Ultimately, nine interviews were completed for the research. The nine interviews resulted in three further disqualifications due to involvement in other bereavement support groups. Six interviews were in the end used for this research, four of which are used in depth and two are used in synopsis and supplementary commentary. All interviews occurred from December 2007 through February 2008.

## Informed Consent

At the beginning of the interview, the purpose of the research was again discussed as part of the informed consent. Time was allotted to speak about the project, its purpose, the audience who might see their words, and the safeguards provided for anonymity in answer to any questions. Formal consent forms (See Appendix H) were signed and all participants were given copies.

Participants were given the opportunity to share their names, and the names of their loved ones, or to remain anonymous. Some (including all four of the in depth interviews detailed in this project), expressly wanted their names and their loved one's names included. It seemed fitting as a part of remembering research interview that they would elect to be so public. As this seemed a big step in traditionally anonymous research methods, their preference for public declaration was reconfirmed following their review of their transcripts.

## Description of Participants

There were four in depth interviews. These were selected so as to represent maximal variation in the participants' different experiences with death and grief. The absence of uniformity in their experiences and in their demographic profile added to the richness of the stories. I will briefly introduce them here as their stories will be shared in more detail in subsequent chapters.

Donna was one of the first to contact me and was interviewed in the November 2007. She was eager to share her experiences with the group and to have an opportunity to speak about her father who had passed after a long illness. He had been receiving hospice services in the months before his death. Donna is partnered in a long-term relationship, in her late sixties, and is Caucasian. She had not been formally educated in a trade or profession and held a variety of jobs in her life, many very successfully, but outside of mainstream pathways. She was, for example, a sailor for a period in her life. She continues to work as an author. Donna's relationship with her father was very close and she was his caregiver during his illness. When she was interviewed, it

had been almost a year and a half since her father had died and had been a little over one year since she attended the bereavement support group.

Grace came to the support group more than a year following the death of her husband. Grace did not work and supported herself through her husband's pension and government funds. Money was limited. She was in her mid-sixties and she did not drive. She was dependent on her grown children and others for transportation, including attendance of the bereavement support meetings. She described herself as a "recovering alcoholic" and had been sober for many years. Her relationship with her husband had been extremely challenging, in part because he continued to drink for the years after her sobriety. Their relationship included physical, emotional and verbal abuse and infidelities. The abuses continued during his illness when he was receiving hospice care. When she was interviewed in February of 2008, she had completed the group series four months prior. Grace's first language is Spanish and she is of Mexican descent.

Deborah was referred to the bereavement support groups following the deaths of her mother and aunt during Hurricane Katrina. She attended the support groups more than a year following their deaths and was interviewed in January 2008. Deborah was a professional woman with a graduate level degree and is in her mid-fifties. She came to the group to discuss the personal pain she felt at the loss of her mother and aunt and expressed many accounts of frustration with the way in which they died. Her anger was compounded by the extreme bureaucratic challenges she encountered following their deaths. Deborah is African-American and single. She did not have siblings and as the survivor in her matriarchal family, the burden to manage the business matters fell to her.

Martha attended the bereavement support group in the fall of 2007 and her interview for the research project was in January 2008. Martha was a young woman in her mid-twenties and of Latina descent, with her parents being from Central America. She was a college student and pursuing a graduate professional degree. Martha attended the group to talk about her father who had been murdered almost twenty years previously. She was interested in getting to know about him and was hopeful the group would be beneficial.

There were two other participants whose words will be utilized in the data and the analysis. They include a Caucasian woman in her early forties whose father died following a long illness and a woman whose adult son died unexpectedly from a heart attack. Each of their

interviews offered insight and were useful for the research, but it was unnecessary to include the same in-depth interviews as they repeated themes developed elsewhere by other participants.

## Data Collection Methods

All six interviews took place in a confidential setting of the participants' choice. For four this occurred at their homes and for others at my office. They had the option of having tapes destroyed or returned to the participants following the completion of the dissertation, and all tapes were transcribed by the researcher. All participants were given the opportunity to review their written words following the transcriptions. Four of the tapes were transcribed verbatim in full and, two were partially transcribed and supported with the use of field notes; and three were not used. All transcriptions included comments about inflection and verbal pauses where it appeared to alter the quality of the responses.

### The Interview and Questions

In order to collect people's stories, in-depth interviews were completed. The interview forms the hub of the research process and informs the issues central to the unfolding project, as well as setting forth exciting new ideas. The interview questions were designed to yield information about remembering groups. The context of the interviews had to be carefully thought through to access information that would maximize results.

First, it was determined that a broad, open-ended, semi-structured interview process would be the best possible for the task at hand; too rigid or closed-ended questions might constrain the participants creative process or limit their answers. Either of these extremes would prevent story development. Conversely, the stories needed a context for their meaning and the interview also needed some structure. Ideally, the interview would have therapeutic as well as reflexive value.

Interview questions all started with brief demographic information so as to create the context with structure for the person interviewed and their deceased loved one. Additional

questions were added if needed at the time of the interview for demographic purposes, and for factual purposes some closed-ended questions were asked including:

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?

Following the introductory aspects, open-ended questions were asked to get a sense of what impact the group sessions had had for the participant. These questions were initially retrospective about their group experiences. Additional questions were added for clarification and to follow the natural pace of the conversation. Questions that reflected on participants' experience included the following:

1. What was it like for you to go through the support groups?
2. What aspects of it were helpful at the time?
3. Where there aspects of the group at the time that were not helpful to you?
4. Did you come to think differently about your loved one during the course of the group?
5. What difference did it make to have others hear stories about your loved one?
6. What difference did it makes to hear stories about other people and their loved ones?
7. Where there ideas in the group that were different from how you thought about death and grief?
8. If so, in what ways?

A final grouping of questions was asked to gather data about the impact of the bereavement groups in the respondents' current lives. Had there been any long lasting shifts or

changes that they understood to result from attending the group? Like the other questions, this template only served as starting point. More questions were added if needed to clarify or expand the conversation. These questions included the following:

1. What has stayed with your since the completion of the group that was helpful?
2. What has stayed with you since the completion of the group that was not helpful?
3. Have you come to think differently about your loved one since the completion of the group?
4. How do you notice your loved one in your life now? Is that different from how you noticed them before attending the group?
5. Are there things you do that help you to reinforce these connections with your loved one? What difference does this make in your daily life?
6. Do you talk with your dead loved one? Has this changed as a result of the group experience?
7. If yes, what difference does it make to talk to your dead loved one?
8. Have you told anyone about your experiences in the group?
9. If so, what have you told them?
10. If you were to state the most important aspect that you took away from your group experience, what would that be?

The interviews took on a conversational tone. Not all questions were asked in an exact order with each interview. To help clarification and meaning, follow-up questions were included with one participant, though not with others. Some questions were altered or omitted, for specific reason. For example, in the interview with Grace, asking questions to reinforce her relationship with her abusive husband would have been inappropriate and potentially damaging to her. Questions were also tailored to be personally appropriate and respectful to honor the particular circumstances of the relationship and the context of the death. For instance, the deceased person's name or title was used whenever possible. Questions were sometimes added to enhance the therapeutic impact of the interview. This will be seen clearly in the interview with Deborah

when she spoke about feeling angry and frustrated that her mother and aunt died as a result of Hurricane Katrina.

## Potential Pitfalls

All research projects need to be designed with an eye towards possible problem areas. While some of these may be unforeseeable, it is helpful to be as alert as possible to them. There were some apparent areas in this research as well that I wish to note.

First is the role of researcher's bias. Research is not a value neutral process. According to Fontana and Frey (2005),

> …the interviewer is a person, historically, and contextually located, carrying unavoidable conscious motives, desires, feelings and biases – hardly a neutral tool. (P. 696.)

I carried with me, among other things, a bias about narrative counseling. I assumed that remembering groups were helpful to bereaved people, as I had found remembering conversations to be helpful for individuals and families (Hedtke, 2000; Hedtke & Winslade, 2004). While I had not previously explored the efficacy of remembering groups, I still felt a longtime professional kinship with the ideas. As I developed the content and structure of the remembering groups, I believed it was a credible assumption that the practice would be of assistance to the bereaved people who attended. These were assumptions, however, that needed further investigation and I needed to keep them in check so as not to overly influence the outcome of the conversations. While I entered into the research with the presupposition that remembering would be found helpful, I remained open to the various ways in which this might not be so. I maintained professional curiosity for instances in which I might hear it was not helpful as this would be important feedback and could ultimately positively impact upon future groups. Without this knowledge, I would not know if the bereavement groups at the hospice were worth continuing in their current form.

Additionally, I was aware of the potential pitfalls based on who was interviewed. A letter of invitation (explained below) was sent to all graduates of the groups. It was impossible to tell at

the onset who would be willing to be interviewed. People who had not been through a group that I facilitated might have had a positive, or negative, bias toward being interviewed by me. It is noteworthy that I received a larger proportion of calls from people who had been through a support series with me as opposed to groups led exclusively by the graduate students. This might be due to the participants already feeling joined with me, and consequently more willing to be interviewed. The link may also have impacted upon the quality of their answers as well. We can speculate that the participants who had been in one of my groups might feel more intimately connected and willing to share their stories. Or conversely, they might feel more beholden to me and have tailored their answers according to what they thought I wanted to know. In either event, the questions and the interviews were carefully set out with the idea of the researcher being in a position to follow the participant's lead and to ask open ended questions as well as to seek out points of clarification.

## Ethical Considerations

One of the initial considerations in this study was gaining access to possible participants through the bereavement program at Vitas Innovative Hospice Care. It was important to Vitas, as it was to me, that ethical safeguards were in place and that the project would not violate professional codes of ethics. I originally consulted with the Vice President of Bioethics and Research with our company, Dr. David Tanis. After explaining the project and submitting the proposal and an abstract to him, it was reviewed by him and by other members of the internal review board for research. As my project did not involve medications or medical treatments, and as it did not involve patient care, Dr. Tanis advised me that I could continue with the approval of the general manager, Mr. Steve Girod. Mr. Girod reviewed the research proposal. I met with him and answered questions about the project. He happily supported the project at this site in Southern California and provided a letter of support and approval. This letter can be found in Appendix I.

With permission granted, I turned my attention to issues of informed consents for the participants. The next ethical consideration was the ethical recruitment of possible participants for the research. It was important to find people who were interested in speaking about their experiences and to be willing to share sometimes painful stories about the bereavement group

and the person who had died. As this can be a sensitive topic for many, adding pressure to people's lives needed to be avoided. I did not want people to feel they had to respond or to feel obligated to participate. This was reinforced by the manner in which participants were invited into the study. The letter of invitation was engaging, but clearly spelled out the major aspects of the research. To avoid undue pressure, participants were not contacted more than once in a follow up call after the letter was sent. Because those interviewed had to initiate contact for the research interview to occur, it might be said that the research is biased towards those who had a particular story or stories that needed an audience. The sample was necessarily limited in that only those who had been through the support group and those who were interested in speaking, were eligible for a research interview.

In addition to the informed consent process for the living participants, I was concerned about how to create an equivalent to protect the deceased. I felt this was equally important as I wanted the research to respectfully and sensitively utilize the stories that I had been given and did not want secrets divulged or confidences broken, even for the dead. As it is hard to know who has the authority to give consent for a person who is no longer living, I had to ask questions of the participants about this aspect. The four individuals whose in depth interviews appear in this research, were asked about their loved ones' imagined responses to the inclusion of their stories. This was asked in many different ways throughout the conversation and in the reflections. This inquiry provided some degree of reflection and maintained a sense that their loved one's authority could continue to matter.

Part of the informed consent included a conversation about confidentiality. All participants were offered the opportunity for their tapes to be destroyed and for their contribution to the research to remain anonymous. For the four whose chapters appear in this research at length, they received the completed transcript and were asked to make corrections. For those whose interviews were included for only small portions of their conversation, they were not given the full transcript to review, only the small portions that were included for correction.

As with any research of a sensitive topic, it is important to collect data without creating harm or emotional distress to the participant. This was specifically discussed both in the invitational letter as well as the informed consent forms. During the research interview, time was taken to ensure that the participant was reassured and not pressured. Reflexive questions were asked throughout the interview to pause the conversation and to invite reflection upon the

emotional content of the conversation. In all cases, participants were given opportunity for follow up with myself and/or to be referred for additional counseling. None of the participants felt as though this was needed.

Lastly, ethical research involves a fair degree of transparency. Research has been conducted under a veil that invites the objectification of "subjects". Johnella Bird refers to this as "professional talk" (1994) in which a community of professionals objectifies clients through relegating them to a position as "the other". There is always the potential for speaking and writing about clients in pejorative terms as if they are not able to overhear or read what is written. Transparency avoids this problem by opening the research to public space and scrutiny. Transparency reveals what the researcher is thinking and what meanings are being assigned. An example of this is asking participants to review their chapters for content and characterization. Ensuring the transparency of the researcher's thoughts, actions and writing increases the voice of the participants and builds honesty into the research. In this study participants reviewed their chapters and returned them either via email or through subsequent follow up appointments. Each was asked for feedback about the impact the original research conversation had had in their lives. Additionally, they were asked to comment about what it had meant to review the chapters. A follow up face-to-face appointment occurred to discuss these matters. The participants' commentaries on the review process were included as a part of the research.

## Data Analysis Procedures

Analysis focused on the connections and developments the living maintained with the deceased, looking especially for any shifts in meaning that took place as a result of participating in the bereavement support group series. As mentioned, I could not be sure at the outset about what might be encountered during the interviews, but some hypothetical assumptions included the following:

- 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 telling stories about the deceased was comforting during times of grief.
- That hearing stories about other people who were also deceased helped strengthen the connections between the deceased and the living.

These assumptions were earmarked as possibilities, but were not an exclusive set of expectations of what the interviews might yield.

Data analysis actually began during the interviews. This included the creation of a reflexive curiosity in conversation that continually folds in moments of meaning making and assessment. It took place at points throughout the conversation when we would stop speaking about the questions at hand and ask for reflections. For example, I might inquire, "How is this conversation going for you?" to give the participant opportunity to reflect on whether the conversation was moving in a direction that was of interest. This built in mechanism developed immediate first level analysis of the stories that were being told and the experience the participant was having telling them. During the conversations there would be multiple clarifying questions. Along with the notes I made as we spoke, these reflections served as a starting basis for understanding the value of remembering.

I came to each interview with a print out of the questions listed in the previous section. Follow up questions were also used to expand a story or detail. As I listened, I made notes of themes that related to the above assumptions and field notes to ensure tidbits were not lost along the way.

Data analysis continued during the transcription of the tape. As I transcribed the interviews, I remained mindful of the purpose of the research and alert to new ideas and themes that were emerging. I listened for the nuances in voice and inflection and included these in the transcripts where appropriate. Rather than looking for commonalities, or trying to find themes that were consistent from one interview to the next, I was more interested in developing an in-depth understanding of each interview. My approach can thus be said to be more idiographic (concerned with unique particularities) than nomothetic (concerned with general dimensions of a phenomenon (Gibbs, 2007, p. 5). Narrative research values the uniqueness of stories in context. Narrative analysis, therefore, shifts away from traditional quantitative analysis that seeks to establish themes across interviews (Chase, 2005).

Some of the data analysis was completed by the participants themselves. I provided them each with a copy of the sections written about their interviews. This was only true for those who conversations appeared in depth in Chapters Seven through Ten. Each of these chapters included large sections from their transcripts, as well as commentary about the conversations and tentative meaning making. Each participant read through their chapters and checked for errors, typographical mistakes, or comments that did not reflect what they wanted to say. After reviewing the writing, they were asked to respond to a few questions. Their responses were subsequently included in their individual chapters, where they built another layer of analysis. There was also possible therapeutic benefit for the participants in further reflection on their experience. This process additionally demonstrated to participants transparency of research methods and my commitment to reflexive and ethical research. The questions that were asked of each participant as a part of reviewing their chapters included the following:

1. Do you feel as though you and your loved one were accurately represented?
2. Generally, what is like to read the words?
3. Where does reading this take you to--both in your life and in your ongoing connection with your loved one?
4. What has it meant for you to participate in this study?
5. Is there anything that I left out, or anything we didn't speak about at the interview that you want to make sure is included?

I personally met with each interviewee following this process to inquire about their written responses to the initial interview transcript, clarify where needed, and ask for any additional information. In effect this opportunity to comment further about what they had said constituted the next layer of analysis and again involved the participants in the process. It also created another layer of personal reflection on their experience for each person which contained potential added therapeutic value for the participants. Subsequent reflections and conversations were included in the data, where they enhanced an understanding of their experiences in the group.

Analysis continued through a careful combing of each transcript. John Seidel (1998) offers a straightforward description of the process of data analysis when he describes it as a

process of noticing, collecting and thinking. The exact words and phrases used by participants that addressed the central themes were noticed, selected out and collected together and then processed and thought about. While I held some initial assumptions about the information, the interviewees themselves provided clarity in the results. Gradually some threads of meaning started to emerge. To categorize the most salient threads, I color-coded the responses from each interview. The color-coding was not intended to homogenize responses so much as to identify and categorize patterns. The patterns and categories that could be identified in the data emerged gradually from a recursive movement back and forth between the data and the practice concepts.

What emerged in the end was a system of organizing the data in three tiers organized from the most immediate and particular to the most abstract and theoretical.

For the first tier, I was interested in simply learning how participants would describe their experience of remembering conversations. Comments that bore upon the questions of whether they found these conversations helpful or not were noticed, color-coded and collected together. Responses were further categorized in relation to different kinds of effects that participants described. The research interview questions that inquired into of the helpfulness of remembering conversations yielded most of this data, often in the form of stories. For example, relevant data referred to the personal changes that participants made as a result of their group attendance. As each participant took part in a different group, there were slightly differing group experiences that they were responding to. Additionally, the aspects that resonated with them and led to personal changes differed from one participant to another. As I reviewed the transcripts, I highlighted all responses that were descriptive about the actual process. While each person had unique answers, they all spoke about changes that the group made in their lives. Such descriptive data constituted the initial starting point for analysis.

The second tier of data analysis was focused on the therapeutic aspect of the changes that remembering conversations had produced in the participants. While people might report changes in their experience of grief during and after the group it would not necessarily follow that these changes would be therapeutically useful. I therefore went through the data again and searched for evidence of links between the changes participants described and the account of therapeutic change I have outlined in this study.

For the third tier of data analysis, a further level of abstraction was employed. The analytical inquiry drew back from the immediate description of what participants had noticed in

their experience and focused on the distinctions between different approaches to grief counseling. Data was categorized in terms of how it corroborated narrative remembering conversations at the points where this practice diverged specifically from conventional grief counseling. As the theory and practice of remembering conversations is so new, it is necessary to continue to distinguish these practices from what has been standard in the grief counseling field. Participants' responses in the interviews could help identify these distinctions and demonstrate the utility in conversation of the principles of social constructionism and narrative theory. Coding the responses in this way added to the contrasts that have been drawn above through the review of the literature. They lend empirical support to my assertions of how remembering conversations differ from conventional approaches to grief psychology.

The results that will be found in the discussion of the data are organized in these three tiers to allow for a focus on the particularities the participants' responses to be maintained and at the same time for a focus on higher level abstractions of meaning to be entertained and linked to the data. These groupings provide for the emergence of some commonalities but, overall, the structure provides for a generative recounting of the information. The intended outcome is for the articulation of what Clifford Geertz (1973) referred to as a "thick description" of remembering conversations in practice. At each level of this three-tiered structure of analysis it is necessary to look for evidence of what might not work in remembering conversations and what additional information is needed for follow up. Such data too was coded throughout the transcripts to ensure these emphases were included in the discussion.

I will now turn my attention to the data in the full form of the interviews. The upcoming four chapters will set the stage for the discussions at the end of this research project.

# CHAPTER SEVEN
# WHEN THE STORY OF DEATH HAS LIMITED LIFE

This chapter is the story of Martha and her deceased father. Reconciliation with the life of a deceased person can be complicated by socially difficult circumstances. Martha's story captures this dimension of social complexities when stories can transcend violent death.

*I still feel his love. Even though it had been so many years that I didn't feel his love. I feel his love now. (Martha, January 25, 2008)*

Martha was initially nervous when she attended the group series. Martha explained that she was nervous to speak of her father for many reasons. Martha had spoken little of him in the twelve years since his unexpected death and felt as though she might not have enough to say. She was concerned too for her father's reputation and felt responsible for selecting particular stories to tell. She was unsure what it might be like to speak about her father to people whom she did not know and was uncertain about how this would be, both for her and for the other people in the room. She wondered, "What if they didn't understand him or judged him?"

Martha had come to feel like she was a protector of her father's legacy and didn't want his memories tarnished by others' negative views about his life events. She was concerned that others might dismiss her connection with her father if they saw him in a negative light or that they might think poorly of her. Her concern stemmed from her father's troubled life – drug involvement, years in prison for drugs, and subsequent deportation. His ultimate tragedy was to be murdered under mysterious circumstances in his home country. While such a combination of concerns created hesitancy in Martha about attending groups, the needs Martha had were no less because of her father's tragedy.

Martha attended a support group series in the early fall of 2007 in spite of these questions, with had five members which I facilitated with the aid of an MFT (Master's of Family Therapy) Intern. Martha was interviewed on January 25, 2008 about her group experiences and how the conversations impacted on her life.

## Introducing The Deceased

*I had never shared the deep personal thoughts or stories about my father since he passed. So when I sat down with the other group members and they began to share, and just seeing their stories, and just even seeing some of them cry. When we were first there, we were strangers, but having*

*them open up just helped me to feel comfortable. It made a thing for me that encouraged me to talk about it.*

As was previously noted, the first group session was devoted to the introduction of the dead loved one. Questions prompted stories of the deceased, for example:

Who were they?
What kinds of things did they enjoy?
What hobbies or profession were they involved in?

The questions were designed to focus the conversation on the dead person and bring out more of who they were in life. Such emphasis contrasts with the stories of conventional support groups that encourage focus on the bereaved person's experiences of loss (Worden, 1991), often at the expense of the bereaved's relationship with the deceased. The facilitator's intent was to set the stage for the deceased to be prominently featured in all of the conversations during the subsequent six weeks. As each participant expounded, the remaining group members sat as audience to the story and could be asked questions by the facilitators as well about the impact of an introduction. For example, a facilitator might ask:

"In what ways are you touched by hearing this story?"

Asking simple and straightforward questions like this of group participants allowed for the retelling of the deceased person's stories in a larger community. The introductory stories did not require inordinate amounts of time and had the potential for further development over upcoming weeks. For Martha, her initial introduction of her father was a challenge.

*It was hard, but it was good. I think the first time was hard because I didn't really know what stories were going to come out. Because there were a lot of negative things that happened in his lifetime – things he was involved in, because* [of] *stuff like that. I don't want to focus on the negative things in his life. Because*

*especially like, you know, he passed away and he can't defend himself if I say something that's not right or wrong.*

Due to her concerns, her introduction presented her father in a way with which he would be pleased. Her choice of words bespoke to her desire to incorporate his voice of approval and his right to defend himself. She assigned him editorial authority with regard to the stories being told about him. This can be considered a statement of love and care from Martha twelve years after her father's death, and her father's image and voice continued to provide a basis for a conceptual relationship.

Martha spoke about the overall influence of the group as a "life-changing experience." She used this phrase repeatedly during the interview and was clearly moved by the impact of the six weeks. She talked about the importance of "*meeting*" her father again, and referred to "*having had him dead for so long.*" She explained that the reintegration took effort.

*I had to meet my dad again. He was kind of like a stranger for a while.*

She spoke clearly, however, about the positive effects of this effort through her choice of the phraseology "life-changing." The reintroduction allowed her to revitalize his voice and to start a new chapter in which she could construct a new kind of accessible relationship with her deceased father.

*I think just bringing him back to life because I had him dead for so long. I think bringing him back to life kind of allowed him, I guess, for his voice to be heard…I think that* [is] *the way I see it, it has been just amazing. That's why I say it was life-changing.*

## Understanding the Impact of Discourse on Personal Experiences of Grief

The intention of the second week was to invite participants to take a critical stance toward the conventions that shaped their experiences around the death of their loved one and around their subsequent grief. During this session, participants discussed messages they had

received about how they should be experiencing grief. Participants were asked to share what others had told them about how they were to act, behave, or feel following the death of their loved one. These messages could have been expressed as overt statements like, "Your loved one is in a better place" or more subtly through, for example, the notes written in a condolence card or through a comment made at a memorial that distanced the living from memories of the person who had died. Martha noted that she had been discouraged from speaking about her father for many years.

> *I had never shared the deep personal thoughts or stories about my father since he passed.*

She spoke too about the effect of this in her life; of how not speaking about her father created isolation.

> *I felt like I was the only one because everybody moved on with their life and nobody thinks about him and nobody cares and nobody talked about him.*

This particular exercise created a place for Martha to reflect on how she had learned to think this way, how she had come to know that silence was expected of her. She indicated the ideas the group expressed were novel for her: they introduced changes in how she thought of death and grief.

> *Martha:… before the group, I thought I really couldn't talk about it. My dad was dead and I couldn't talk about it. I was supposed to move on. The nine pictures that I had of him I had in a little box that I had in storage somewhere.*
> *Lorraine: Not close to you?*
> *Martha: Right, not close to me. So those were some of my ideas for the past twelve to thirteen years since he passed. That you cried at that moment when you found out, but after that you just get on with life. So the ideas of bringing him back, they were totally different from what I had been doing for the past years.*

It was important for her to look at the ways in which death and grief had been storied in her life and how such perception had developed. When we engaged in conversations about the construction of grief, Martha was able to position herself anew. Questions influenced her conception, like:

> Did she like the effect of the conversation, or not?
> Was it useful for her, or not?
> Were there other places where the exercise influenced her descriptions of grief or death?

Martha commented that this discussion increased her sense of empathy with others who were sharing about a loved one who had died. She spoke tenderly about an acquaintance who had recently learned that her mother was very ill. Martha credited the exercise with improving her ability to respond.

> *I think the most important thing that has stayed with me is that I have always had a lot of sympathy or empathy. But now, I have a lot more. Especially people who lost someone because I lost my father. We talked in the group about different comments that were not helpful. When we were sharing things that we did appreciate and things we didn't appreciate. That had stayed with me. Now when I meet someone who is going through similar situations, through illnesses or whatever, I think about those things. What impacted my life and what helped me and what didn't help me. It made me had more empathy.*

## Bringing the Deceased Person's Voice to the Group

Over the course of the six weeks, numerous exercises and conversations directly invited the deceased person's voice into the room and into the lives of the participants. As conversations were broached, people at first spoke tentatively, but grew comfortable about being an emissary for their deceased loved one. Martha noted:

*It's kind of odd how that happens when you are talking about a person and all of a sudden when you start sharing about them – it's bringing their voice back, kind of.*

In this case, her father's voice was first spoken of as someone who lived outside of her, or even perhaps alongside her. She spoke of him as being far away from her and as not having a large impact upon her life, except through his absence from her.

Over the six weeks, his voice moved closer to her and she formed his imprint in many places. Martha shared how she had not talked about him for many years, and had kept nine pictures of him stored in a box that was not easily accessed. It was because of these nine pictures that Martha had the desire to find out more about her father.

*We were going to bring a picture or something to share* (to the group). *I only had like nine pictures. It was all I had of the physical things I have of him. I started to feel like there was more to him that I wanted to know. So I thought, 'I have an auntie who's alive, his sister. I have an uncle who's alive, his brother.' There's a whole new world out there. Like more to him. So I actively went out, that was actually very hard too, 'cause I hadn't spoke to them in so many years.*

Initially, she was able to get a sense of her father in the pictures she gathered from relatives and through meeting with others, like her aunt, who could tell her father's stories. But as she was describing this, she reported that her father's voice had moved. No longer was she imagining him as outside of her, but her father became a person who accompanied her and his voice became constant and available, not far away.

*I think in the beginning* [of the group] *I did feel a sadness. I think 'cause* [sic] *I missed him and I wish I could have him physically. Like I could touch him. At the same time, it was just tears that 'I am so happy, Dad, to have you around. I am so happy that I don't have to give you up. I am so happy that I don't have to keep you in my box* [with my pictures]. *I am so happy that I can just talk to you*

*whenever I want. That I can pull you out whenever'* [sic]. *Those tears were good tears.*

The places in Martha's life where her father still lived grew dramatically during the group. She shared how, as a result of the conversations in the group, there were some places where she might "find" him, if she wanted to have a sense of him. For her, this might be on the tennis court. She spoke about the physicality of remembering as having a sense of their relationship connected through locality. For example, as she rediscovered her father, she felt pulled to visit the place where her parents had played tennis in her youth. As an adult, she too had taken up recreational tennis with her husband, but had not drawn the connection with her father in playing on the tennis courts where her parents had played. This became an easy entry point for her to connect with her father's memory.

*There are specific places where I want to meet him* [her father]. *One place that my husband and I have sometimes gone to is the park where we play tennis. My mom and dad played tennis there when we were little – it's like an hour away from here. My husband thought I was crazy because he would say there were tennis courts around here. But he knows why. It's just the fact--it's a good feeling being there.*

Martha actively sought ways to include her father's presence in her life in ways that were very ordinary, like on the tennis courts of her youth. She also recounted ways in which the reincorporation of her father's voice had a more profound and unexpected consequence. She shared how "bringing him back to life" gave her a place, for the first time, to entertain the idea of forgiving the people who had murdered her father. Through re-enlivening her father's presence, and placing the stories of his life as more central, Martha could reclaim her relationship with her father. It is a curious irony, perhaps, that the more she focused on the stories of his life, the less the dramatic story of his death dominated.

*But one thing that happened, as I was going to the group, and sharing -- once the group was over, something that I have never ever thought about was forgiveness.*

*I was thinking about the people who took his life and I had an epiphany. Something in my heart said, "Forgive the people who took his life." And I had never thought about that. I know my Dad. He was a forgiving person. He had a lot of strength and courage. And even if people talked behind his back he always had a willing heart. I think my Dad would never want for my sister and I to carry any burden in my heart. In the past it had never occurred until the groups.*

The therapeutic significance of this change in her thinking should be underlined. It is easy, in the case of violent death, for the image of the death itself to dominate people's remembering. It is important not to let the story of the violence be the only story that is told as too much gets lost in a singular story. To tell only the story of Ricky's murder, would limit the ways in which Martha could connect with her dad. To uphold Ricky's tragic end as the story that is told of his life, almost empowers the actions of her father's murderers and drowns out other possible significant aspects of Ricky's life. It would limit the availability of stories of his life before, and since, his death. The positive stories of Ricky's life deserved and needed voicing. The stories of his successes, his love for his family, how his hardship taught his daughter, for example, needed not to be overshadowed by the single act of his death. The re-telling and re-incorporation of the multitude of stories in his life opened new possibility for relationship with her father and created a shift in thinking in Martha's life. Not only was her father's voice closer to her in her daily events, but she described her thoughts of forgiveness as the removal of a burdened heart. This change, from the most ordinary to the profound, provided Martha with resources for a better life – to feel better about herself and about her connection with her dad. By finding forgiveness in her father's murder, she was not constrained to define his life, and their relationship only through an act of violence or to totalize his life as a failure. It was this shift that caused her to describe the group experience as "life-changing". The conversations Martha was able to construct with her dad allowed her to see herself through her father's eyes and words, thus creating a new, richer version of her own life.

*When I think about things like a struggle – like trying to keep a job, simple everyday things-- like now, for some reason, it was a big thing. When I am feeling discouraged, those little everyday things that I face, I am able to pull back from*

*those things. I see his* [my father's] *strength, his perseverance of not giving up. I see him now that these just weren't simple things, but they were big things.*

## How the Deceased Live On

As the group was time limited, it was important to establish places outside of the group for participants to share stories about the deceased. Group members were invited to look to immediate family and friends for openings where significant stories could continue to be woven into an enlivening account of life. Martha spoke of many people who had become witnesses for the awakening of her father's stories: her husband, sister, aunt and uncle, and cousins.

Martha spoke particularly about the importance of the group experience in opening the relationship with her younger sister. Her deceased father's new presence facilitated this new connectedness. As in the case of her cousins, Martha's exploring the connection with her father constructed new textures and closeness in her relationship with her only sister.

*I think I am getting closer with my sister. We were close when we were little girls. But then we grew up and kind of got separated for a while. Now that we are back, she is a part of this journey in a way. Even though she didn't attend the support group, I have taken her along.*

Martha's husband, who had only met his father-in –law through Martha's eyes also was a factor in the group experiences. He became an important ally in her remembering of her father. Martha shared how, at the onset of the group, her husband was concerned that she might be upset by talking about her dead dad. He thought attending a support group would make her feel "sad" all of the time. She explained his concern:

*"He didn't want me to be sad or to be in pain or to see me cry."*

Martha explained that her husband was uncertain about how she might benefit from such a group so many years since her father's death. She felt that she had "never shared with her

husband" about her father and that her husband too had not benefitted from the many stories that Martha's silence had kept from him. As her husband saw that Martha was, in fact, happy to reclaim her father's stories, her husband began engaging her in conversations about her father.

> *He is more supportive and I think he understands more. Like when I say, 'I remember walking there with my mom and my dad'. Before he would get quiet, but now he says, 'oh, how old were you?'.*

Remembering Martha's deceased father not only had an impact on her, but also on others. Through the retelling of her father's stories, others became acquainted with the strength and caliber of his life. The inclusion of his presence had the potential to establish new points of connection and viability between Martha and the other living people in her life. Martha's husband, having heard more about her father, might come to know her better or rely on his father-in-law for a moment of inspiration, or simply pass stories along should Martha and he have children. Martha's husband became another person who could keep a sense of legacy alive from his father-in-law's life.

During the group, Martha felt a strong desire to make contact with her father's family. She had not seen them in many years prior to the group, even though they lived only about fifty miles from her. Martha originally sought contact with father's living sister and brother in hope of getting more information about her father. She was welcomed warmly when she called, and in spite of being very nervous, she and her sister accepted their invitation to Thanksgiving dinner.

> *And so when I met them, and I saw my auntie again, that* [sic] *we just automatically kept bringing him* [her father] *up. It was kind of like reassuring for me. I thought, 'People do remember him.' And, 'He is remembered.' It was really nice to see that. The love that he --that they love him* [sic]. *When he was around physically he loved them and they had great memories of him. That love is there and it was really great.*

The act of remembering takes on a new dimension when it establishes other places of relationship where her father's presence could be shared. The stories that others

contributed were combined with Martha's own to create a multi-layered description of Ricky. Each story seemed to bring a piece of her father more fully into view. Martha explained:

*Besides feeling my dad closer. I felt like part of me is kind of like, full again.*

As Martha experienced that she was not the only keeper of her father's stories, new relational dimensions between Martha and her husband, aunt, uncle, sister and cousins were created. The acknowledgement of co-owning Ricky's life became a life-sustaining resources for Martha, allowing her father's words and presence to resonate for her in the years to come. Even if she and her relatives did not speak about her father every time they met, or if they only saw one another every so often, his memory and love had been invited in the family. Once done, there was no returning to silence or excluding Ricky from their lives. The stories, and his presence, were invoked in a shared place of witness and re-telling, even when they were being quiet about him. He had been given a place, one of liminal respite, where his influence could be incorporated, celebrated and shared.

## Concluding Reflections

At many points during the interview, Martha remarked on how the group had been "life-changing" for her. The impact of remembering conversations with her father did not seem to be lessened by the fact that he had been dead for thirteen years. His voice and his stories were as fresh to her as were the voices for participants whose loved ones had died recently. Martha herself reflected upon this.

*I felt like my circumstances were different; because of a lot of my peers in the group had just lost their loved one – maybe a couple of months. And a lot of their experience was so recent, I wondered how am I going to relate. But I felt really, really connected to the group. And in some way the difference didn't matter. It touched me and amazed me that the people in the group were able to connect with*

*me. I was there sharing and pouring out my heart, but I was wondering how is this going to help other people? I wondered how I was going to continue to help them. Even though there was a difference in years and in circumstances, we were able to connect and we were able to help each other. That is kind of what touched me, too.*

The act of remembering did not appear, in Martha's life, to be negatively affected by the passage of time. Martha was able to conjure her father's presence in her life in a way that she experienced as genuine. There did not appear to be a time frame, in this instance, where her father had been dead for too long and thus ineligible for resuscitation.

The potential impact of the stories upon the other group members was also important. The groups were facilitated in such a way as to look for overlap in the stories shared by participants. It was hoped, for example, that the introduction of Martha's father might have significance for other group members and that this might provide another place where Martha could see the seed of stories planted on behalf of her father. She was asked at the close of the interview:

"What do you hope they took away from meeting you and meeting your dad?"

Her response reiterates the stories of hope that transcend time when death is present and is a fitting final comment.

*I hope that they will just have like when they think about Martha or Ricky that it will be a comfort to them. They will know that even through going through the bad situations because we miss them* [the dead loved ones] *physically, we miss their presence. But no matter what, the person is still there with us. I hope they will take away that even though this young girl lost her dad years ago, that she still talks about him as if he's alive. I hope they will come up feeling more hopeful.*

## Further Reflections

Following the writing of the above material, Martha was provided with this chapter. She was asked to respond with specific questions to what she read and to comment if any information was inaccurate and in need of correction. Her responses, as well as the original questions, appear below.

1. Do you feel as though you and your dad were accurately represented?

> *Definitely. I am very happy to read the words and recognize the stories that I shared while attending group. I feel as if those stories were just told yesterday. I am thankful that my reunification with my dad is being shared and portrayed in a real honest way. I also feel joy that our experience has depth and richness and that it's important and that it matters. As I read, I am reminded of how empowered I felt at that time and how the experience changed my life.*

It is noteworthy that Martha mentions the contraction of time in her response. Martha speaks about events in the present through the use of the subjunctive "as if". She is able to re-call her father and summon the stories to her in a real time manner even though he had been dead for more than thirteen years. In the simple act of reading the stories she told more than one year ago when attending the support group series, Martha revisits "empowerment", recollecting and again scooping into a reservoir of strength that is timelessly brought forward when the memory of her father is close by.

2. Generally, what is like to read the words?

> *The words inspire me to continue finding those places that bring me closer to my dad. I am consciously aware of those moments and I grasp them. I am not afraid anymore. I am proud to have a strong voice that enables my father to be introduced to many other people in my life. I feel joy when I have the opportunity to share stories about him to those who want to listen. I am content and I feel peace knowing that my dad never died. He is still here and will always be with me. Reading the words encourages me and gives me affirmation of our love.*

As in the response to the first question, Martha speaks to the sense of comfort and strength gained by remembering her father. She is not telling a tragic story, but rather, she reclaims a relationship that has remained joyful in stories. "*I feel peace knowing that my dad never died*" is a remarkable thought. It contrasts with the usual conversations following a person's murder. Martha's views are not religious in origin nor allusion to Heaven, as such references are not primary in her stories; her conception of the stories simply have a longevity that her father's physicality could not.

*3.* Where does this take you to--both in your life and in your on-going connection with your father?

> *Recently, I met my uncle's (my Dad's brother) mother-in-law. She came down from Mexico to visit my uncle and his wife. Ms. T and I had a special connection. It was very touching because she is woman full of wisdom and I didn't know how much she would remind me of those special moments when we find our loved ones. Let me explain -- Ms. T's son, took his own life 5 years ago. It was very difficult for the whole family. Ms. T shared with me a picture that she wears on her necklace. She told me that everyday when she wakes up she looks at him and tells him, "Good morning." She shared that for any of his siblings it is difficult to talk about him. They get very sad and they would rather avoid the conversation. But she wishes to talk about him. She misses him very much but she said that he is not gone. She showed me a photo album of him when he was younger and she shared a couple of funny stories about him. One was about a time when he fell in love. He really liked a girl and he was so nervous to talk with her and when he finally had the courage he wore his best clothes and cologne and as he was walking towards her he slipped into some mud. She said that of course he was devastated and walked back home and when he arrived his siblings asked him what happen and when he told them they all laughed. Even he laughed so hard.*
>
> *I was touched by Ms T's sharing of her son with me. This allowed me to introduce my Dad to her. We had such a great conversation. This is where I am in my life. I am able to share my Dad with others and its okay. I am also able to*

*meet others along the way. There is a connection everywhere. My Dad and my relationship are not in a compartment anymore. Our love for each other permeates every area of life. When I am feeling strong, I talk with him. When I am feeling sad, I talk with him. My Dad is with me always. I am thankful and proud that I allowed myself to learn how to reconnect with my Dad. Most importantly I know that my Dad is proud.*

Martha has come to use the remembering conversations in a profound way. She is offering what she knows, through the introduction and the revitalization of the dead, to bring to life another person who has died in difficult circumstances. This story I find most touching to read because it speaks to the implications of remembering that are used to support others. There is perhaps an underlying suggestion in her words that it is her deceased father who is brokering the connection and introduction to her cousin. *I am also able to meet others along the way. There is a connection everywhere. My Dad and my relationship are not in a compartment anymore.* In noticing the connection between herself and her father, does this increase her sensitivity to others who have died? Is her reclaiming of her father's life and importance in own life impacting on her reaching out to Aunt whose son died? We don't often think of the deceased as being able to construct an introduction to another person, living or dead, but in this case, we may need to rethink this option.

*Thank you Lorraine for helping us get to know each other again. We are both grateful and thankful to you. Thank you for being a great audience. Thank you for your support.*

# CHAPTER EIGHT
# REMEMBERING IS SALVIFIC

Donna tells the story about how remembering was life saving. She introduces the reader to her father, Ernie, and candidly talks about how she felt as though she had "lost her mind" when he died. She was interviewed for this research on two separate occasions, on February 2, 2007 and again on December 10, 2007. The first occasion had been videotaped for use in The Hospice Foundation of America's annual teleconference. The latter was audio taped for this research. Her experiences reported on both occasions are significant to the remembering group. Consequently, to befit her explanations of "remembering", portions from both conversations are required for following material.

*When I get sad, I think of the things we did together. I remember his presence and that is different than focusing on 'he's gone'... My Dad is living inside me and I can share him with the world.*
*(Donna, December 10, 2007.)*

Donna attended a *Remembering Our Loved Ones* series approximately three months following the death of her father. She had been her father's caretaker during his illness, as she had been her mother's two years previously. When Donna first contacted me to inquire about support services, she explained that she "*felt as if she was going crazy*" from the grief she was experiencing. She attended all six of the sessions that were facilitated by myself and a Masters in Family Therapy (MFT) intern. There were five participants in this particular group.

Introducing the Deceased

During the first group, Donna spoke with honesty. She said she felt like she was "*losing my* [her] *mind*". She said that since her father had passed away three months prior, the structure in her life had changed. She sensed she was "*lost, bitter, angry and confused*". This state was affecting her ability to follow through with her normal routine. She provided examples to the group members: she couldn't remember if she had made her bed, or brushed her teeth and she felt aimless; there were times when she found herself driving on the freeway and wondering how she had gotten there. The reality that Donna had known as a caretaker had changed so dramatically when her father died that she herself had questioned her ability to function and feel sane. She described it as living in a "*black hole*".

She told the group about her father, Ernie.

*He was very friendly. Very outgoing. Everybody loved him. He was very handy. He would re-do every kitchen in every house we ever lived in. That was his hobby on the side.*

Donna herself was very animated and descriptive. As she spoke of her father, her emotions were always close – whether these were emotions of joy at telling humorous stories

that they had shared or the tenderness of the tears of missing – Donna's feelings were consistently present and clear. Donna introduced her father as a man who was vitally important in her life and without him she felt *"half nuts"*.

Donna told stories, too, about the rhythm of her life as her father's caretaker. She explained how her father had lived with her and together they had decided that she would look after his physical needs. Donna had felt that this was important rather than letting her father be cared for by another person. She shared stories with the group that reflected her devotion, love, and concern for her father's well-being. She was his companion and cheerleader.

> *I took my dad out to breakfast A LOT. Or get hotdogs in the park. We went to the same restaurants and everybody got to know him and called him grandpa… My sister and I went to the restaurant* [without their father] *and everybody asked, 'Where's grandpa?' And we told them he was in the hospital. And we were calling in hospice to bring him home. You could see everybody was grieving and they said, 'You know you two would always come in here* [Donna and her father] *and your dad would always be smiling. We could tell that you were here because of the giggling that went on.'*
>
> *A lot of times my dad would say to me, 'Oh Donna, I am too tired to go anywhere.'*
>
> *And I would tell him, 'Dad you'll be tired if you sit here and tired if you sit in a park. So let's go to the park. I have to go run errands and you can sit in the car. I want the company. You'll still be tired. You know it works – tired here, tired there. It's OK.'*

## Understanding the Impact of Discourse on Personal Experience of Grief

Throughout the group sessions, facilitators were alert to the effects of how grief is storied in the larger cultural and societal context and in particular, how this context shaped participant's experiences. It is not uncommon for people to participate in the groups with a set of ideas and rules or expectations about how they should behave in relation to their experiences with death and with grief. Participants come with ready-made ideas about what the correct thing to do might

be and they measure themselves against these benchmarks to assess whether they are doing all right or not. Donna clearly measured herself as falling below the benchmark. She was struggling against a discourse that specified what she should be and what might bring her comfort.

> *I thought it* [the relationship] *was over. And that was it. It was over. And I had to move on with it, being over, and I didn't want to. And I fought it and I went half-way nuts.*

We can see here the effects on Donna as she tries to make sense of the societal instruction to "move on", but not wanting her relationship with her father to come to an end.

The relationship with her father was far too important to simply "get over" him. She might lose out if she were to do this. Should she follow this particular instruction and actively disconnect from her father's memory, she might in fact go more than *"half way nuts",* as she described it. The conventional wisdom to "let go and move on" can potentiate, or even produce, feelings that people describe as crazy or insane. While Donna is a very sane, bright and functional woman, her comments speak to the strong influence of discourse upon her experiences to the point to undermining her sense of sanity. During the group, it was important to speak about how death is languaged, how this language shapes experiences, and then to examine the risks and benefits of this languaging so that she could decide which path might be the most helpful for her.

Donna commented on another noteworthy discursive element that shaped the stories of grief. She noticed how experiences of grief were being implicitly compared and ranked in the group. Her mention allowed the facilitators to speak to these constructions and asked the group to unpack ideas about the subtle ways in which grief can be ranked, privileged or dismissed. The ranking seemed to be based on the placement and context of the relationship with the person who died. For example, if a parent dies who has lived for ninety-five full years, the children may be told comments that could discount their grief. They might hear comments about how their loved one had a good life and lived for a long time. These kinds of messages leave little room for the expression of missing. As a result, when a parent who is a seventy-year old dies, their son or daughter might not feel as though they could share sadness about their parent's death without being discounted.

Conversely, if a child dies, the parent is expected to grieve and be told that they should not have "outlived their child"; it is seen as unnatural to outlive one's progeny. Parents might be told, as one group member was, about God's needing the child in heaven. The impact of such comments on a grieving parent or family member is to assimilate such rules and conventions about what should happen when a child dies. Once internalized, these rules become the standard against which people cannot help but measure themselves. The rules, both subtle and overt, therefore play a defining role in experiences of grief.

One of the ways such normative bias were manifest was that during sessions members would privately, and occasionally publicly, rank themselves and each other according to who had more or less grief as measured on a scale imagined from the kind of death and the nature of the relationship with the deceased. It was as if grief was a commodity of which one could have more. Group members had loved ones die in different contexts (for example, at home after a long illness, by suicide, the accidental death of a child, and so on). Implicitly, members compared and ranked their grief in relation to other group members or discounted their own experience as *"not as bad as others"*. Donna noticed this during the group and commented during her interview:

> *...some of their stories were so sad. For a few minutes I wondered why I was there because theirs were so tragic. And another of the women in the group vocalized what I was feeling. I remember, I turned and looked at her and I said, 'You need to be here. Their pain is different from our pain, but you need to be here. You're not less because of the circumstances of death. We're all in pain here. We're all grieving here. We are all grieving differently.'*

## Impact of Meeting Ernie

The introductions of the dead loved ones in the group were initially focused on telling the story of the person who had died, elaborating the details, and describing the context of death. These introductions were intentionally orchestrated to give substance to a disembodied voice.

"Who was he?"

"What did he like to do?"

"What kinds of hobbies or social activities did she engage in?"

The questions appear to focus looking backwards. But while past tense verbs were asked, in the act of selecting and speaking their stories, group members began to revitalize the persons who had died – inviting traces of the connection into the present and opening a door to future possibilities.

The stories were told at first without a great deal of emphasis on those who were audience to the story-telling--both from the other group members and from other people in the bereaved person's life--but the thought of who would become witnesses to the story was never far from the facilitator's mind. The audience, the listeners in the room, acted as witnesses to the telling of these stories and. The audience became the thickening agent for the stories that were selected by the teller and thus played an important role in their performance. Those who heard could appreciate, applaud, find points of resonance, underscore specific details, and recapitulate parts of a story. They could become mirrors for salient aspects of the story to be reflected back to the teller. Moreover, the story might not only assume a two dimensional form, the listeners might tell about the places elements that resonated with their own experiences or they could speak about what aspects had stood out as emotionally touching. In this fashion, the stories of the grieving persons were shared and heard, then shared and heard again from slightly different perspectives. The originator of the story had a chance to hear about the meanings others make from their words. They might hear about places that others saw as courageous, loving, or particularly difficult.

The facilitators asked questions to bring out the other group members' comments. For example they might ask, "What was it that you heard about how Donna's commitment to her father improved his life?"

Questions like this allowed the story to be re-told in its reflected form. As it was re-told and expanded, it took on a bigger context. The words flowed from teller to listener and back again to teller, each step along the way folding in new ideas and new points of strength. Experiences could be transformed by this process of reflecting the stories in a way that allowed them to take on new shape, new meaning, and sometimes even new text.

What got told and folded backward and forwards in the tellings positioned the participants as important audience members. They were not the only ones however, who were witnesses to the story development. The deceased person, in a storied form, became a kind of imagined posthumous listener. Group participants were mindful of the voice of the deceased as participants in the telling of the story and the facilitators sought to highlight this role. As the deceased person's voice was never far from the story, the facilitators could easily inquire about it. They could ask participants to add commentary from the vantage point of the deceased person.

For example, of Donna could be asked, "Would your father like the version of this story or might he want a different story told about his life?" "What aspect of his life would he want to make sure you tell the others in the room?" These questions kept Donna's father's voice close as an authenticator of the text and perhaps, as constructor of the present-tense story. His voice was called upon to weigh up which stories he might prefer, and how could we, the living, best look after him in death.

Donna had a clear vision of which stories she wanted to tell about her father and which stories she imagined he might want told:

> *Lorraine: What do you hope the other group members took away about Ernie?*
> *Donna: That he was a very kind and loving and giving man. Could be stubborn, headstrong…*
> *Lorraine: if he were here with you now what would he think about you telling his stories?*
> *Donna: He'd love it! He would tell the others, 'Fall in love with your life". <u>He lived!</u> That's what I want to do.*

This exchange gave Donna advice and instruction about which stories her father Ernie might want her to tell. In effect, his voice became a guide for her in the conversation in the group. His influence was relocated in Donna's life from the past to the present. He became an imagined active audience, if you will, to her conversation. Her recollections of his preferred stories could then be taken into consideration in her re-telling of his life.

Group members, too, served as audience to one another. While the stories of the deceased were being told, people in the room were listening and being affected by these stories. It was not

uncommon to be witness to tears or laughter by those listening, as loved ones were being introduced. The moment when a person listening was touched was also an opportunity for constructing richer meaning – both for the listener and the teller of the story. To quote from Barbara Myerhoff (1980):

> *A story told aloud…is of course more than a text. It is an event. When it is done properly, the listener is more than a mere passive receiver or validator, he* [sic] *is changed.* (P. 27.)

Donna spoke about how she was moved by hearing the stories of others who had died. This statement of hers is, in fact, not to be glossed over. If we assume that an introduction of sorts is taking place when we are telling the stories that have previously constituted a person's life, then we can say we are perhaps meeting a person who has died. Meeting a dead person has important implications for the bereaved person. It suggests that there might be places where the dead can continue to touch or inspire people whom they have never met before. In Donna's words:

> *It was fascinating* [being introduced to them]. *I get pictures in my head when they talk about someone who isn't there… And then I see different parts about what they're telling me about this person. I loved the stories. In fact, I think about some of them today.*

The accounts of the lives of other people who had died could become points of inspiration in Donna's life; she could continue to draw on them for support or strength. She recounted during the interview how often she thought of the others in her comment: i*n fact, I think about some of them today.* Just as her story of her father could inspire other people who heard about him for the first time in the group, she could be transported to new places by witnessing others' stories, and this effect lasted for her long after the group ended.

The Voice of the Deceased as a Resource for the Living

When Donna first attended the groups, she reported herself to have been struggling with the pain of grief. She had what she called "black hole moments" when she was despondent and felt as though her father's voice was distant. She joined easily however, with the other group members and began to reclaim the stories of her father's life and their connection, even though at times it was hard.

> *We all knew all of us were in horrible, horrible pain, and when you stressed to* [celebrate their lives] *everyone, even if it was just for a moment, lit up when they talked about them, instead of crying or instead of their throat closing, they started lighting up with all of the stories and all of the memories.*

Donna welcomed the opportunity to reestablish her father's presence in her life through the introductions and telling of stories. This trajectory brought her out of the *"black hole moments"* and she began to reclaim what the social conventions had attempted to take from her. The structure of the group provided participants time to reconstruct relationships with the deceased over the course of the six weeks.

To build this meaning we intentionally started the connection with more general information and filled in the specifics over time and with the exercises outside of the group. This filling-in process allowed more chance to explore important details and for participants to develop the all-important premise that the relationship could survive death, but in a very different form than when the person was alive. Donna, too, was invited to recollect her father's memories as well as events in a way that shifted the meaning for her and allowed her to take notice of it. It was noteworthy that Donna mentioned recollections initially created some sadness for her. She explained that, as she thought about her father and spoke of him, she was simultaneously aware of his absence, She had felt as though his voice had been far away from her at the outset, but this changed for her during the course of the group. Donna herself reflected upon this change and how she noticed herself remembering her father in a slightly different, but very important way.

*I got more aware. I got a little more sad, but that's OK. I got a lot more insight and understanding. And instead of that's what my dad would say, I remember, 'WOW. I remember my dad saying that!*

Donna wasn't short of places and ways where she felt she could connect with her father. She spoke about how she was reminded of him in their garden, and particularly around the hummingbirds and flowers. This context was an easy entry point to an ongoing story of relationship, because they had shared activities together in their garden. What had been pleasant shared activity between them historically became a point to recollect and an opportunity for Donna to reinvest in the relationship. It was also a possible site where she could construct something that would serve her in the future. For example, she said:

*Gardening. My dad liked to garden. In the summertime I have a gorgeous garden. That's a lot like him. When the flowers bloom. We would start from scratch, because I like to see them grow. My dad lives through me through the flowers.*

The garden became one of the places where Donna was reminded of her father. While this piece of remembering may appear on the surface to be superficial, it might also become a place that can be rich with description and meaning. The group facilitators could explore the strands within the statement that she made. We might be curious to learn more about who her father was to help her further expand the ways she could connect with his legacy. Facilitators could inquire about specific preferences he had, such as:

What brought your father joy?
How did he convey this to you?
What kinds of flowers did he like?
How did he learn to garden?
Was this something he always did?

Or facilitators might be interested to learn about the relational connection and what kind of activities they shared, for example:

What was it like when the two of you spent time together gardening?

Did you talk about anything in particular?

When did you and your father start to garden together?

Were there particular tasks that you were assigned?

What did your dad know about you that told him you were a good gardener?

Or facilitators might focus the conversation around the meaning Donna ascribed to the shared interest and inquire thusly:

What did it mean to him that his daughter appreciated a hobby that he also loved?

What is it like to be gardening in the garden he used to work in?

When you see the flowers bloom, do you notice seeing them differently as you look with his eyes as well as your own?

Are there other places where you and he share interests?

What difference does it make in your daily life to spend time gardening?

All of these questions further develop a story of relationship between Donna and her father and point to how the stories and activities of his life might continue to be a source of strength and resource. While a few simple exchanges about how he liked to garden might often be overlooked or thrown away as of little significance, facilitators interested in fostering re-membering conversations might intentionally seek to use these exchanges as entry points to a larger story of agency for the living.

Besides finding reminders of her father in their garden, Donna told of many places where she found comfort in recalling stories and moments with her father. She told a lovely story during the televised interview of how whenever she uses with Pam™ cooking spray, she remembers the many times she prepared food with her father.

*Some things sound silly. He liked to use Pam™ cooking spray to cook his eggs. And now when I do that, the minute I pick up that can, I get a soft feeling of 'hi Dad'. It's ordinary every day things like that.*

To bring the deceased person's stories forward into the present, offers very ordinary ways in which a person living with grief can notice the continuing relationship between them and the person who has died. As with the two examples above, these moments need not be moments of great catharsis, but rather might be found in the daily tasks of life. It is in these places where our dead loved ones' stories, memories and interests can take on new shape and offer gifts of love and strength as we find our way in grief. It is these stories that offer a counter-story to that of letting go or not thinking about a person who has died. While it might seem simple, actively seeking out the moments to connect with a story or to recall a pleasant time together, the bereaved can build a roadmap to find their way back to the relationship with the deceased person, albeit in a new and different form. These moments of noticing, or as Donna puts it, moments of "hi Dad," have the potential to produce a dramatically different emotional context for people who are bereaved than the intense focus on what has been loss. These moments are opportunities to notice how their loved one continues to have a place in their lives.

## How the Deceased Lives On

Participants who come to the groups, they may not have had a chance to speak about their deceased loved one for many months or years. They may found it awkward to talk at work, or people in their immediate families and social circles might have been trying to distract them from their grief by discouraging them from talking about the death. The groups serve as a practice space to introduce the loved one back in by the sharing of stories, the recounting of memories and through the bringing to life of a person in a storied form.

Perhaps because of their similar life experiences with the death of a person who is important to them, group participants often form a closeness amongst each other. The group almost becomes a kind of club that shares membership through death. As we previously noted (see Chapter Four on membership), the club can provide a sense of footing, or identity, when other parts of life are changing and uncertain. The members of this metaphorical club experiment with bringing to life the parts of relationship with those who have died. Donna told various bits and pieces about her father's life and the meaning of the events. She spoke about aspects of her relationship with her father that she found particularly tender on the assumption that the empathy

of her fellow group members would insure they would not judge her as "crazy" for thinking about her father. Such validation can be especially valuable when the stories shared outside of the group are not accorded the same credibility or context. Donna shared a poignant example of this special character of the group when she spoke of an unfortunate event that had occurred with her husband's daughter; Donna explained in one of the sessions how upset she had been with her step-daughter who had thrown out clothes that had belonged to Donna's father. Donna has set the clothes aside and had found comfort in owning her father's suits and shoes. She explained that she felt anger at her step-daughter's action, but also felt constrained to speak to her husband candidly about the depth of what she was feeling. The *Remembering Our Loved Ones Group* comforted Donna during this challenge and the others in the group seemed to understand the emotional value of the clothes. The groups often form a cohesive bond which members value because the effects of grief can be isolating.

Another way in which group members form a cohesive bond is through sharing of pictures of the person who has died. This sharing is often the first place outside of immediate family where pictures might be shared or it might be the first occasion to look again at pictures that were displayed at the memorial. Participants even bring to share with the groups the same posters that were designed for memorials to share with the group. For Donna, the other deceased people's pictures became a reference point that inspired her to continue introducing her father to people and to look for places where he might live on.

> *I keep going back to think about the people in our group and I started watching their loved ones reflected back to them. We brought pictures in, we talked about them. I started seeing that person* [the deceased] *come out in their mannerisms. The way they spoke or looked. It was fantastic. I thought to myself, 'I can't wait unit I get to that point'.*

Introductions continue throughout most people's lives. We are always meeting new people, some of whom will only pass through our lives briefly and others who might take on more pivotal roles. After a person dies, their stories need continued re-introduction in order to stay fresh. There are various cultural protocols about who does the introduction, in what context, and what is shared, and these patterns are shaped differently around the world.

The remembering conversations project builds a venue for the deceased to be introduced. While the dead might not always be spoken of or introduced at every meeting as if they were alive, they can still be folded into the conversations when fitting. Donna noticed in her own life, too, that she did not always think about her father, but that there were qualitative differences in how she lived with his memory.

> *It goes in waves. I can't say that I think about him every day, but I think about him so often it could have been everyday. But I think about him so differently now.*

Donna noticed places where her father's stories were connected to others beside herself. She became increasingly aware of this as she shared his stories. Her father's legacy was not only contingent on how she spoke of him or on her talk, thoughts and actions. Seeing his legacy being shared was significant for her as it opened the possibility of her father's stories quite possibly outliving even her own physical body. While this idea was not explicitly discussed with Donna, the sharing of legacy and on-going introductions, frees the bereaved from being the only keeper of the deceased. They can consequently benefit from seeing their loved one's life live on with other people.

> *Not only does my Dad live within me, but he lives with my children and my grandchildren. I miss his calm, charismatic personality. I see him living in my children and my grandchildren. I smile and say, 'That's just like your grandfather.' How lucky! What a gift to go to that bereavement group and learn how to see, and feel them forever, in all of us! And, to share that with someone else.*

It is important to mention one additional way in which Donna found solace by introducing her father after he died. Donna had a 'Memory bear" (see Appendix J) made from her father's shirts. A program offered at the hospice where the groups are facilitated is for anyone whose loved one has died while under hospice care. In it the hospice's volunteer services, collects fabric from the family of the deceased and sews teddy bears from old shirts,

blankets, bathrobes, etc. One or two months later, the families are then presented with the bear made from their loved one's clothes. Donna found it extremely helpful to have a teddy bear that was with her all the time. She said she liked having her bear with her when she worked and occasionally in her car when she was feeling shaky.

> *Donna: So now I have my little teddy bear. And it becomes real to me.*
> *Lorraine: Having the teddy bear, has been one of the things, since the group, that has made a difference for you?*
> *Donna: Invaluable that teddy bear. It's something you could touch …I hug my bear. I take my bear to the park. Or, I take the bear to the restaurant.*

The bear became another resource for Donna to assist her in recalling her father. While some may dismiss a teddy bear as sentimental, the therapeutic impact and comfort was consistent. In Donna's case, she introduced the bear to a nationally televised broadcast about grief and explained to thousands of people how she found it helpful to hug a bear made from her father's old favorite shirt when she missed his physical presence.

## Concluding Reflections

The change in Donna during the six-week group was significant. While Donna was always a woman of great strength and, in fact, had shared with the group many other experiences in her life that were harrowing, the death of her father shook her deeply. When she came to the group originally, she was questioning her ability to function as she was accustomed to. She had lost a sense of purpose and her ability to call on the resources she had enjoyed before her father had died. Donna felt lost and disconnected from her father. As she reacquainted herself with her father's voice, she discovered many new ways in which she could see herself and the world. She explains the impact of this change thus:

> *I am a lot more forgiving now than I ever was before – forgiving myself for not knowing things. And. I've started to see people differently. We all*

*are human. We all make mistakes. We all have our ups and downs. It made me stronger. It's made me happier. It's made me much more at peace than I ever was before.*

Donna's Responses

Shortly after Donna had read the interview and commentary about her and her father, she emailed me requesting we meet. In her email, she commented on the reading and where it had taken her.

*Good morning*

*I read the attachment you sent me yesterday. And as I was reading, I became flooded with memories; there were parts of it that made me cry, a good cry filled with emotion, as I relived the journey I took from feeling so very lost and alone into celebrating my Dad's life and all the wonderful things he had given me. The anniversary of my Dad's death was April 11, and I went back to one of the restaurants were my Dad and I went so often, some of the people there still remember me. (I haven't been there in a year.)*

*You were really able to capture the essence of what I was going through, and who I am, and how important my relationship with my Dad was and still is. My memory Bear sits on my desk, and we still chat. I have grown so much, and have a much better way of seeing the world. I couldn't have done that without your help. And I still think about the other people in the group, and wonder how they are getting along…*

When she and I had coffee, I interviewed her further about her response to the reading. I asked her five questions, as I had the other people I had interviewed, and wrote her responses.

1. Do you feel as though you and your dad were accurately represented?

*Oh yes, you brought out the essence of what I was saying. I read parts of this to Bill* [her partner] *and as I was reading, I kept telling him how you understood*

*what I was saying about the relationship between my dad and me. You captured what I was feeling and our captured the bond between us.*

2. Generally, what is like to read the words?

*It was emotional but not in a bad way. It refreshed my memory and was thought-provoking. It brought me back to the wonderful memories to our group – the importance of not forgetting and remembering my dad. It reminded me how important this is to keep remembering him.*

3. Where does this take you to--both in your life and in your on-going connection with your father?

*It brought back some things. Like how my dad was curious about people and how I have learned from this. We want to know what makes them tick. It lets me keep a part of dad as a part of me. The other thing too that I thought about is how when we were in the group, I could see the others in the group and how their loved one shined through them. Even though the death was different in each of the circumstances, I could see their loved one in them. Reading what you wrote reminded me of this – that I am still working on letting my dad shine through me. It's been a long time since I have thought about him everyday, and that's OK. But I think of him in the ordinary things without even thinking of him. Like reading the story of the Pam cooking spray again.*

4. What has it meant for you to participate in this study?

*I think I have a better understanding. Without it, I think I'd be wallowing in self-pity. Without the group and without remembering my Dad, I felt like I had 'lost it'. Participating in the group, and in the study, had helped me to understand my dad and my special bond* [with him].

*To be in this particular type of group – to be able to express our pain – and to talk about remembering without people making disqualifying comments- like he lived a long time- gave space for this new understanding.*

5. Is there anything that I left out, or anything we didn't speak about at the interview that you want to make sure is included?

*Yes, we didn't talk about it very much at the interview, but it is something I have been thinking about. My dad was very abused as a child. He was raised by a stepmother who was very mean to him after his mother died in childbirth. His stepmother used to make him sleep in the barn with the animals in the wintertime in Canada. When my dad grew up and had us, everything was about family. He was right there with everything we wanted to do. If there was a function for the girl scouts, he was right there. If we wanted green food coloring in our breakfasts, my dad was the first one to make us green eggs and ham. I have been understanding his commitment to relationship and thinking about honoring this knowing what he went though and know how committed he was to us. I like this.*

# CHAPTER NINE

## CONNECTION THAT LIVES BEYOND UNEXPECTED DEATH

This chapter will introduce you to Deborah. Despite terribly chaotic circumstances surrounding death, Deborah was able to utilize remembering practices following the death of her mother and her aunt as a result of Hurricane Katrina.

*Because my mother and my aunt had been so huge in my life, that I still want to share them with people. And the group was the right place to start that. (Deborah, January 28, 2008.)*

Deborah was referred to a support group by her medical insurance company. She explained that "I was pushed over the edge" with not only the deaths of her mother and her aunt, but the drama surrounding their deaths. Her mother and aunt had both died as a result of exposure and neglect during Hurricane Katrina that struck New Orleans on August 29, 2005. On September 5, 2005, Deborah was notified that her mother was dead in New Orleans and her aunt, who had lived with her mother, was in still alive, but had been evacuated to San Antonio, Texas. Deborah was actually called by a friend of her aunt's following the hurricane. Her aunt died a few days later in Texas.

Deborah's health insurance carrier had originally referred her to a support group within their system offered by their mental health department. As they did not have a bereavement support group, they had referred her to a support group for people who were having stress on the job. The medical company had offered this as it met three or four times a week and she could see the therapist at the health center simultaneously. Not surprisingly, Deborah was not able to find a fit with the group about work issues and consequently sought out support groups as well as individual therapy and groups through her church for bereaved people. Deborah had made attempts on her own by calling different local agencies to find "*survivor therapy*", but never got help. She explained, "*I was told not to say it was Katrina related because it might 'freak them out'*." Deborah attended a support group at Vitas Innovative Hospice Care approximately one year following the death of her mother and aunt. She attended five out of the six sessions, missing one to travel to New Orleans. There were five participants in the group she attended.

## Different Ways to Introduce the Deceased

There were numerous circumstances in which Deborah spoke about both her mother and her aunt before attending the support group at Vitas. Due to the circumstances around their

deaths, Deborah had become mired in dealings with government agencies to gain information during the time of Hurricane Katrina. She needed to speak to officials (people from FEMA - Federal Emergency Management Agency, DMORT - the Disaster Mortuary Operational Response Team, the Red Cross, American Coast Guard, and the Louisiana's Governors office) to locate her family and to sort the news of what she was being told. She was given misleading and conflicting information at the time which was very difficult for her emotionally. She filled in details to her story to the group members explaining that her Aunt Bodie, whom she had been named for, had been rescued from their family home just following the hurricane, leaving her mother behind. Bodie was flown to Texas where Deborah met her and was with her when she died days later. She was under the impression that her mother was already dead at this point.

In the group, Deborah explained that it had not been until two weeks after the hurricane that she had received confirmation of her mother's death. Even then, it was only by the most bizarre of mishaps. She explained a person who was looking for abandoned animals discovered her mother's body in their home and was able to reach Deborah. This was highly distressing for her as she assumed that the rescuers had come back for her mother's body. FEMA and DMORT, the national governmental agencies managing the disaster relief, had led her to believe, that they were in possession of her mother's body and she would need to provide a DNA sample to confirm her mother's identity. To further identity her mother's body, the governmental agencies had asked for, and received, a photo of her mother and asked Deborah to describe her mother's jewelry. All of this led her to believe her mother's body had been safely collected and identified. Deborah explained, however, that the mortuary failed to check the identities of the body bags they possessed, and in fact did not know they did not have her mother's body, even though she had already provided a DNA sample for confirmation. It was not for an additional two months that her mother's body would be rediscovered, where it was originally discovered by first responders and the animal rescuer, in her bedroom in the family home.

After their deaths, Deborah had to contact various agencies to obtain death certificates. Little roadblocks along the way would exponentially increase to cumbersome points of aggravation and frustration. For example, she needed to have her aunt's body returned from Texas, where she died, to New Orleans, for burial and each step would take weeks. Each time Deborah would talk to an agency person, she would be assigned a new worker to re-tell the story and "rarely talked to the same person twice". She was struggling to find her way in the abyss of

inefficiency that the disaster and the governmental agencies created in order to create the simplest of tasks towards burying her mother and her aunt. The media for interviews contacted Deborah. Deborah's stories about her challenges in finding her mother and about the miscommunication ordeal she had experienced were written in newspaper articles appearing both in the *Los Angeles Times* and in England's *The Guardian* (See Appendix J). Deborah was not lacking for people to hear her story about the tragic circumstances life had placed upon her.

While it was not the same kind of introduction that took place in the group, Deborah, nonetheless, was speaking about her deceased loved ones on a daily basis for more than a year before she attended the *Remembering Our Loved Ones* group.

> *I could not stop talking. I told the telephone operator. I told someone at Macy's. If there was someone standing in front of me, they heard about the deaths.*

Unlike death that happens following an illness or an accident, larger communities knew in general terms about the suffering of those during the 2005 hurricane in New Orleans that took more than 1800 lives (www.hhs.gov). Additionally, Deborah and other families whose loved ones died in Katrina had been bogged down by bureaucratic gyrations that gave both a fair share of frustration following the death of a family member and, perhaps, a platform to talk about their deceased loved ones. The deaths that happened during the hurricane were not anonymous. Larger communities knew of the problems taking place in New Orleans and the aftermath of the storm. People across the country, and around the world, whose immediate family members had not directly suffered, shared feelings of empathy and frustration with the problems taking place there.

Deborah explained that she had told the stories of frustration as much as she had told stories about who her mother and her aunt were before their death. She spoke about the anger she felt at the U.S. Government for the poor handling of the situation. She was mad at the coroner's who made matters worse by insisting on physical verifications and identification from Deborah not knowing he was not in possession of her mother's body. She also explained she was angered by the recovery people who left her mother's body in the house assuming it would be taken care of by others who followed. In telling her stories of the circumstances, her descriptions often

resorted to the better known stories of the difficulties and extreme challenges surrounding their deaths.

> *I lost my family in Katrina. I wore a locket - I found a lady who made these medallions with pictures transferred onto metal using a computer* [holding her necklace]. *I wanted them close to my heart. And a conversation would start – 'Do you have any family?' … I liked having a soapbox to stand on.*

The group however, offered a different kind of introduction that focused on specific times and stories that participants wanted to be brought to life. Here was opportunity to speak about the challenges and hardships and here was a place where the stories moved beyond accounts of frustration. People were encouraged to respond to specific questions and to journal about stories that might not yet have developed a voice or a familiarity. In Deborah's situation, these stories had simply been dormant, or perhaps eclipsed by the other difficult stories, for a year before attending the group. Deborah spoke to the difference between telling stories about the challenges and developing a new way of making sense out of what had happened.

> *The group wasn't just a soapbox. It was an actual healing and the processing of feelings.*

Occasionally, people can be caught in a singular story of how a person died which limits the way in which the relational future story might be told. While it is not uncommon, and in fact, important in many circumstances, to account for the story of how and when a person dies, it is not the only defining moment of the relationship or of the person's life. The structure of the group seemed to focus Deborah, and the others, on the stories that went beyond the cause of death. The re-telling of the taken-for-granted stories that happen over a lifetime are brought into view during the course of the group. Focusing on this account of the relationship while the person was alive can give rise to a new story of identity, one that moves past the drama of the death, collecting together other stories that mattered in life.

*I didn't want Katrina to define them or me… This is what happened. This was so poorly handled. That was real. And it's not just that they died – that's bad enough, but I had this whole other layer on top of that. I had to get that part out. At that same time, that was just one thing. My friends knew my mother. They all knew Delia, whether they had met her or not. Same thing with my aunt. They had heard* [how] *I admired these two. I wanted to be like them. I want to carry myself through this in the manner they would have. I knew that was their 'voice'.*

Participants were asked to look for the stories beyond the stories of death itself. They were encouraged in the conversations and in the journaling exercises to reconnect with the stories that they had shared while their loved ones were alive. "Who were they?" "What kinds of things did they enjoy?" "What did they admire about you?" These were the kinds of questions that would be asked to expand the story beyond the monochrome stories that death constructs.

Consistently, group participants warmed to the sharing of photos of the loved ones during the third week of the series. While participants were describing the events around the picture, stories and lighter moments were recounted. They brought into focus a multistoried life that featured vibrant times that contrasted with the moments of death. These stories seemed to give flesh to the bones of a story. Deborah spoke about how sharing pictures was a comfort for her.

*Well, we brought in pictures. I thought, 'I can bring in an album of pictures. You want pictures, I can bring in pictures'. I could share who they were and I liked that a lot.*

After the initial verbal introductions of those who had died, the group participants in Deborah's group filled in details about the deceased person. This bringing of more details provided a new way to describe the deceased, and new points of entry into their stories. Stories and accounts of weddings or trips or turning points in a life, became points of reference for others in the room. People brought in jewelry that was passed down, or a picture of the yard that they had landscaped together. One gentleman brought in Mexican pastry breads for everyone; the same kind of pastries that his deceased wife had once baked. The pictures and the items became the details that lent nuance to the stories of the deceased and served as entry points to

relationship for those listening. In response, the stories of the dead shifted beyond how they had died to who they had been, and to who they still were. Deborah spoke of a particular picture she had shared with the group and how this had significant meaning for her.

> *I could sit and talk till I am blue in the face, but until you see a photo, you might not know my mom and my aunt and see all these pieces put together. The 'Bonnie and Clyde' picture I just love* [a picture Deborah brought to the group] – *with them on the side of their car with little striped sox - when they are about seven years & ten years old. That was classic. They were in matching outfits – sweaters, tams, skirts. All they needed were Tommy* [sic] *guns and violin cases. That was perfect. I had that picture at the memorial service.*

This process of bringing the deceased into the conversation, while seemingly quite simple, was an important way in which the deceased could be acknowledged. The sharing often prompted rich conversations with group members asking questions of one another about the photographs and the items. Deborah shared a handful of photos of her mother and her aunt, both separate and together. She shared the necklace mentioned during the interview (see the above quote) that had their photographs imprinted on the medallion. For Deborah, the sharing added meaning to the stories and helped her make sense of the loss. Telling these stories helped her embrace what she held dear and refresh tender moments in her connection with her mother and her aunt before they died.

> *I have all of these feelings, all this loss, but I wanted to explain. I wanted to tell people about my mother and my aunt. That was my arena. That was my avenue to do it. 'Let me show you these pictures and tell you this story'.*

### Understanding the Impact of Discourse on Personal Experiences of Grief

Conventional discourse has the potential to not only shape experiences, but to place experiences within a context. In and of itself, this is neither good nor bad. Grief is not free from these influences – good, bad and otherwise. The experience of grief is influenced by the context

of the kind of death, the caliber of the relationship, the behaviors of the grieving people, and the rituals and beliefs of the larger community. This was compounded for Deborah as she was two thousand miles away from the place where her family had died. As Deborah explained, *"many people in California don't know or understand how enormous Katrina was and what the long term effect were."* The effects of discourse, convention and meanings ascribed to them are always interwoven with lived experiences and the geography of the hurricane being far from where she lived impacted on the resources, the kind of conversations available, and the shared knowledge with neighbors and friends. Conversations, histories and practices come together to form influence about the way in which we think about death and grief and the way in which we perform rituals and experience emotions that shape death and grief.

Deborah's experiences were profoundly impacted by the context in which her loved ones had died. Had they died peacefully in their sleep, her experiences of grief would have been very different. As her mother and aunt had died unexpectedly and dramatically, the stories describing her experiences had taken on a different tone. For example, there might have been expectations about how she should grieve. Professional conversations and knowledges were employed to treat this particular kind of death as traumatic. Many Katrina survivors were being treated as if they had experienced significant psychological trauma that could lead to future post traumatic stress disorder (Coker, Hanks, Eggleston, Risser, Tee, Chronister, Troisi, Arafat, Franzini, 2006). In other words, their struggles with grief were assigned to be dealt with from within a psychological discourse that focused on an individual condition of deficit. Any sense of a collective response or of deficits in the official discourse were easily occluded by an emphasis on individual traumatic stress. Deborah herself noted that the way in which she was expected to grieve was compounded by the subsequent problems with the government which made her situation more challenging.

> *There were all these concentric circles around it because it was New Orleans. Because it was this, that or the other. Layers of frustration. I could vent and people would be validating.*

The conventions governing what one is expected to do with the "layers of frustration", however, are interesting. One possibility I would support is for the bereaved to tell stories about how they untangled these layers, and to tell stories of their personal strength, or of the support of the

community. Another possibility, and one more common convention in the face of grief, is to tell stories and feelings in order to feel better. Conventional support groups are designed around the cathartic expression of feelings of loss.

While "venting", as Deborah suggests, is a legitimate experience for most, in itself it may not produce a new story. The same is true for validation. It might feel comforting to be affirmed or noticed, or to be listened to, but I do not assume that this affirmation or listening constructs a new story. The group has been designed to build a new way of connecting with the stories, meanings and legacies of the person who has passed. In order to do this, participants may need to examine the conventions that exert influence on their grief experiences. They are asked to speak about the messages they have been given, the discourses to which they have been exposed. People are asked to reflect on which aspects of these messages are helpful and which are not helpful so that they might be able to choose which stories promote strength and agency. When the death has been part of a well publicized and much discussed event, the discourse that family members have been exposed to is voluminous. Deborah needed to sort which meanings were helpful for her and which were dismissive of her experiences.

During the interview, Deborah wrestled with these influences. She spoke about feeling at times like she had bifurcated paths, but was aware that the two separate directions also would influence how she thought of her mother and aunt and how she approached events connected to them. She described these separate paths as being sometimes side by side and sometimes very separate, and as two directions that influenced one another and even occasionally crossed over each other. They were not fixed roads that were distinctly different, but paths that could twist and turn and change.

> *And I think that maybe they did have --- they were very different things, but some times they* [the paths] *would cross. Sometimes they would actually touch depending on what the situation was.*

One pathway, she called her 'frustration story'. It was located in conversations about what had happened, for example, how she had not been able to get into her aunt's safety deposit box at the bank to find her life insurance polices and will, as her aunt's social security number had been accidently transposed. Or how difficult it was to obtain accurate information from

governmental agencies that were supposedly trying to help her. Each story had layers and layers of frustration.

> *I will tell you why. I had to go, "grr, grr, grr, grr, grr!"* [she makes growling sounds]*, when I had to make phone calls. Every single phone call I had to make, I had to retell the story every time because that person whomever I was talking to needed to know that* [to complete the transactions]… *I needed to be a certain way to get things accomplished.*

The other path that Deborah spoke of is what she called the "soft underbelly story." This story housed the tender places that Deborah felt, the years of connection, the ways in which her life had been made better by having this particular mom and this particular aunt. The underbelly story was from the daughter/niece who could show pictures of her mom and aunt and talk about who they were, like the picture of them dressed like gangsters and the accounts of mischief they would get into as little girls. These stories seemed to be occluded at times by the stories of frustration.

> *I had so much 'frustrating story' and that got told everyplace – that was out in the world. I didn't get to tell the warm fuzzy stories. And I was always telling 'the warm fuzzy story' about mom* [when she was alive]. *There was never – I used to say to people, I am going to knock her in the head and bury her in the back yard* [jokingly]. *And they'd look at me, and I would say, no, I am joking. We would make each other crazy, but not a bad crazy. I knew the things she was doing there was a reason for it and vice versa.*

The dance between Deborah's "frustration story" and the "soft underbelly story" are influenced by the conventions of what she should do and what might be expected of her as a "survivor" of Hurricane Katrina. We see her thinking she should express her frustrations and anger before the softer story could be told. Deborah herself wrestled with the implications of these positions and how they might limit access to her remembering her mother and her aunt. She spoke about how important it was to her to not let her mother's and her aunt's memories be

dismissed by being lumped into a category of victims who died during the hurricane. In Deborah's words:

> *I so wanted others to know the stories of my mother and my aunt. I didn't want to tell the New Orleans story. But I didn't want them to be victims. I didn't want them to be a name on a list. One day at church, the minister was talking about something else, about a disaster like in an earthquake with the loss of life. He said that when you see a list of one hundred people hurt or killed, that each one has a face, each one has a name, each one has a family, each one has history, each one has a story. It's not that list. It's not just a death toll number. It was important to pull out my mother and my aunt* [from that of the number].

As Deborah explored the messages and discourses within each possible path, she could see which circumstances might be beneficial for which kind of story. The examination of conventional influences ultimately could provide her with further choice about when and where to employ which story and in what form. Deborah spoke about the importance of growling periodically to get done what was needed. She noted though, that had she only employed a frustration story, she would have lost out in reclaiming her mother's and her aunt's "warm and fuzzy" story.

> *When there is a lot of anger and a lot of frustration and you're re-telling the story for the umpteenth time, it's like you're in it again. It's not like you've told it a hundred times, you're back literally in it. Your stomach churns, your head hurts, whatever physical things happen. That's all well and good. But when I am telling the warm underbelly story, the softening comes out.*

## Utilizing The Voice of the Deceased to Help with Missing

Deborah spoke about an interesting and noteworthy aspect of missing. Like many other bereaved people, she spoke about how much she missed having her mother accessible should she want to call. She struggled with missing the sound of her mother's voice and knowing that she

could simply pick up the phone to talk to her. Deborah explained that she had called her mother frequently, almost daily and that they were close confidants.

> *My mother was the person I called when I had a problem. She was my best friend, my therapist, advise giver, my cookbook and dictionary and grammar expert. And she was the only person I could vent to. My mother was the person I called to ask how do you spell this word. What would I do about 'blah, blah, blah'. Or, guess what, 'I saw so and so'…She was the first person that I talked to. And I don't have that anymore.*

People often speak to this sense of yearning; of a strong desire to hear their loved one's voice on the other end of the line. While the group cannot actually provide their loved one's voice in real time, we could explore places where the participants might find ways to manage the yearning. Developing the voice that would have spoken on the other end of the telephone line, or imagining the words that the deceased loved one might say gives access to a new form of connection. For Deborah, another way to handle the yearning, was what she described as her experiences of a particular story, one she called "the soft underbelly story".

> *Deborah: Telling the underbelly story or the frustration story you time travel there and have visceral experiences. And I need that 'cause I can't pick up the phone anymore.*
> *Lorraine: Is it as if you're picking up the phone or is it different from that?*
> *Deborah: It is almost as if I am picking up the phone. I hadn't really thought of it that way.*

While telling a warm story about the connection with her mother was very different than Deborah calling her mother, it could produce a similar effect. Deborah, for a moment, felt as if her mother might be with her in the real time story. When such small moments are developed, the impact is magnified. It was an effect of comfort she reported, of placing her mother and her aunt close to her. It was almost as if the deceased person's imagined voices became a salve to soothe her when she was craving connection with her mother.

*Lorraine: Having those recollections of warm underbelly stories, does it have similar texture to the phone calls?*
*Deborah: Similar, yeah. It's when I can laugh. It's when you're all tense and your stomach is tight and your shoulders are up here with the frustration story and then you finally start realizing you don't have to wear your shoulders as earrings. And you can actually take a breath that's like a real breath. And again, I don't want to remember them in the frustration stories. I want to remember them in the underbelly stories AND I want people to know them in the underbelly stories.*
*Lorraine: So introducing those stories makes a difference.*
*Deborah: Yes, definitely.*

## Establishing Longer Connections to the Deceased

It was a goal of the group to establish a ready-made community of sorts for participants. In previous chapters, the aspect of having other group members serve as an audience to their stories was mentioned. Participants reported regularly on the experiences of what it was like to tell the stories and have their loved one's voices heard, often after many months, or even years, of silence. For Deborah, it was important to draw distinctions between the stories she needed to tell to the rest of the world about her mother and her aunt and the softer stories.

*Lorraine: What was it about bringing her personhood into the group that was helpful to you?*
*Deborah: Just that I knew it was a place where people would listen.*

*Lorraine: Were there qualities of her's* [her mother] *that when you shared them that you were reminded of her?*

*Deborah: Oh, yeah. All the time. Anytime I tell a 'warm underbelly story', she's right there with me. That's why I like telling those.*

The long-term goal of the group however, was to anchor this experience for participants; to be able to recreate a sense of having the loved one "right there with me" when they were no

longer in the group. The aim was to build on what was started in the group and to encourage participants to take this sharing to others whom they trusted. We hoped the loved one's voice and positive influence could continue to be available in the participants' larger communities. Since the group was time limited, we wanted to establish these connections for participants to ensure the benefits of being witnessed would not be a fleeting and momentary experience that ended with the group's completion. We wanted to see the group as a starting point for rich future story telling about the deceased.

While Deborah found joy in telling the stories of her mother and aunt in the group, she also needed other places where she could do this outside the support group. One such opportunity came with some of her mother's and aunt's women friends whom she had known since she was a young child. She explained that since her mother's and aunt's deaths, many of their friends had reconnected with her some of whom she had only heard of but had never met. She noted that this was particularly true with her mother's friends calling and writing her. She had grown up as a young child with her mother's friends being a part of her life. They came forward after her mother's death and provided a new place for her and them to reminisce together. Deborah explained this connection was comforting. She enjoyed having a revitalized club of members who all knew Delia and Bodie. In this context, Deborah had both the opportunity to share the stories of her dead relatives and to have her stories affirmed by those who had known her mother and her aunt.

## Political Implications

As Deborah made sense out of the two storylines that surrounded her stories of grief, she found new outlets for both the stories. Three years following the death of her mother and aunt, Deborah was invited to speak to a class of elementary school children about her experiences with Hurricane Katrina. She recounted how her mother and aunt had died in the hurricane and how she had found the governmental agencies frustrating following their death. She shared with the young students about "*hurricanes in general, how Katrina was different, how Bodie was rescued and got to Texas, and how my mom's body was left for two months*". She tells about what she needed to do to gather information following the death of her mother and her aunt as she was being given misinformation by the authorities. Then Deborah also spoke about her feelings of

anger and her strong hopes that what happened to her, her mother and her aunt, would not have to happen to another family. The children in the classes asked her questions, some of which she reported were very candid and curious and she found herself feeling comfortable in being able to answer.

> *I was inspired by their questions. I was surprised by how little they knew and it was good to talk about my mom and aunt.*

While seemingly obvious, the opportunities to speak to schools provided Deborah with a venue to continue telling stories about her mother and her aunt. It was, however, far more than a soapbox to recount their stories. In her telling, she perhaps is building a community of concern for her mother and her aunt, a future group of people who might be moved by the stories they heard. She is actively constructing a membership club that folds into it the past (the event of the hurricane, her mother's and her aunt's death, and the drama that followed) with the present (the children learning about the effects of the weather in their social studies classes) with the future (children's future career choices or lives being influenced by the stories, increased compassion for the children's future understanding of suffering, etc). Her mother's and her aunt's deaths are thus being folded into a future for others that they did not have access to while they were alive. Ultimately, for Deborah, this was a political act. Through making public her personal life, she was able to create an added meaning that her mother's and aunt's deaths had not been inconsequential.

## Concluding Reflections

When Deborah first attended the support groups at Vitas, she had a strong familiarity with a story of how difficult her mother's and aunt's death had been. This story was not only about the hardships they personally suffered, but about the extreme challenges she had faced fighting through layers of confusion within the governing agencies to discover what had happened, where her mother and aunt had been, and subsequently about her property. She had

felt at times worn down, but had also struggled with the desire to move beyond that which was painful and to reclaim what was hers, her mother's and her aunt's. While it is not essential for people to be in a group whose members share experiences, these can be advantageous. Ideally, it might have been a better fit for Deborah to have a group experience with others who had had loved ones die in Hurricane Katrina. Deborah said as much herself:

> *If I could have found specific group or therapy specific to Katrina, I would have jumped on it. But there wasn't stuff in this part of the country.*

We do not know what might have happened had she attended a group of others in a similar predicament. It might have provided further chances for the 'frustration story' to find a political and/or personal outlet, and this may have had beneficial outcome akin to what Deborah experienced when speaking to young students. On the other hand a group composed of people with similar experiences may have left Deborah feeling like she needed to focus on the stories of loss. It is impossible to tell where she may have found the most support.

The *Remembering our Loved Ones Group* did generally explore stories that bumped up against the politics of the events (both with Hurricane Katrina and with other deaths as well), but the change that occurred during the groups and the meanings Deborah constructed were perhaps secondary to the conversations that took place in the group. She was able to shift away from stories that limited her ability to remember her aunt and her mother in a fashion that opened the relationship to new possibilities. The group did not require her to relinquish her stories of frustration but she was able instead to develop new meanings from the 'soft underbelly' stories. Additionally, the stories that were creating such pain for her at the onset seemed to undergo a change. The stories of loss and missing appeared to have lessened their grip on her. Deborah was able to recollect more of the positive stories, and stories about triumph in the face of adversity in a way that mattered to her. This began in the group, and more importantly set Deborah on a different path, one that strongly affirmed the stories she preferred. In her words:

> *OK, here's how it changed. <u>I stopped</u>. I needed to tell the frustrating stories. I needed to growl and snarl and say, "How could you let this happen?" Who do I talk to to get this straight? I had to do that for a while, but that wasn't me. I really*

*had to put on my tough coat with spikes on it to keep things away from me. To do like that* [makes gesture of poking her arm] – *to barely touch me and it would hurt so badly and I would bruise. That's not me. To be able to pull away from that to go into my warm underbelly fuzzy stories. That's how I want people to remember.*

## Deborah's Reflections

Following the original writing of this interview, I met with Deborah and provided her a copy of this chapter. She was asked to review it and respond to a few questions. Deborah took this very seriously and actually mailed the chapter back to me complete with red pen marks where details were incorrect and her additional comments. All of her details regarding dates or sequencing of events have been corrected and now appear in the text. In providing her with opportunity to review the writing, it provided a place to reflect on the events, the groups and how Deborah described these experiences. It was my hope was to again increase a sense of personal agency that she is the author of her stories.

In her reading of the chapter she wrote a handful of comments that speak to the importance of story and remembering conversations. The words seemed to give the shift in stories she had experienced further rich meaning. For example, Deborah explained the change in her speaking about the "frustration story":

*I had to tell the ugly story over and over, then I could talk about*
*the soft stuff. I wanted people to know. I wanted them to be incensed.*
*No one knew what was really going on. I was the 'spokesperson'.*
*I was the visual reminder.*

Deborah was asked specifically to respond to the question, "what if any, new thoughts, avenues, stories are opened as a result of reading this?" Her answers are powerful and need no additional commentary.

*Through church, work, charities, etc., Mom and Bodie touched many lives and I want to also by sharing their story. The story needs to be told and heard by others. And this is yet another way their stories are being told…. The building of a new community by talking to the students and others, and seeing the impact upon them, I wonder if maybe this is my calling…*[reading the transcript of the interview] *encourages me to get back to writing my book on my experience and family history…I want to be the advocate for those without voices.*

# CHAPTER TEN
# A TROUBLED RELATIONSHIP REMEMBERED

Grace's stories will speak to the ways in which remembering practices are useful when physical and emotional abuse has occurred. While a variation of technique is in order, the practice remains – how to posthumously establish a membership club that has value for the bereaved.

*I tried to erase him. I don't feel anything. (Grace, May 3, 2008.)*

Charlie died March 8, 2007. Grace came to support groups almost one year after her husband's death. During the months between, Grace had called me on many occasions inquiring about the support groups, both about the content and the logistics of the group. She had wanted to attend, but had been uncertain whether she could speak about some aspects of her relationship with her husband. She had signed up for many of our groups, but had ended up canceling days before each one started. She shared with me that she was frightened to attend, but wasn't able to explain further about what was frightening.

I was pleased when she decided in the Spring of 2008 to attend the group, knowing it had been a difficult decision for her. Charlie's birthday had been the day before the day of the first session. She took this as a good time to initiate attendance. From the very first meeting, the stories surrounding her marriage to Charlie made it clear as to why Grace had been hesitant. She said theirs had been a "rocky relationship". They had met at a bar and she had been attracted to him, describing him as "handsome". Grace shared only a few details at the first meeting about the quality of the thirty-eight year marriage, but noted only that Charlie was "negative and critical" with her. Grace did speak about how she had faithfully cared for him while he was ill for five years and how this had been draining on her physically.

Interestingly, Grace never mentioned to me during our many phone conversations about a son of hers who died. On her registration for the group she only listed "husband" as the person who had died and she didn't tell the group about her son until the second meeting of the series and even then it was almost by happenstance. Grace noted, as if in passing, that her son had died fifteen years previously. This comment followed another group member's speaking about her adult son who died. Grace said only that she "knew what it was like" for the other group member in a moment of shared empathy. It had not been Grace's intent to talk about her son and his death when she decided to attend the group series.

When Grace spoke during the group, and subsequently in the interview, she often spoke with short answers and little elaboration. There was an inclination towards shyness that I noticed from Grace, partly due to her language skill. Grace would apologize when she spoke for not finding the right words at all times and noted that English was her second language after Spanish. She also struggled to explain that she had been diagnosed with Bell's Palsy fifteen years previously which had left part of her face paralyzed, further making her speech difficult. She would often wait for others to speak before adding

her experiences and comments. When she spoke I would try to draw out her words further, but would receive short responses even then.

In spite of Grace's initial reservations and difficulties in getting to a group series, she was determined to complete the six weeks. She was committed to the homework assignments and would fill out the journal exercises we provided, even if it was only a list of words, some in Spanish and some in English. She was a dedicated participant and wanted to make sense out of what had happened in her life both during her marriage and since her husband had died. In the interview she explained that she made an important decision:

> *I remember saying that I was going to be good to Grace - to be good to her – I made some decisions to be good to her. Even though there are some things I still do – like smoke – that isn't good, I still made some decisions to be good.*

## The Research Interview

The interview was slightly different from other interviews. Had Grace been interviewed in Spanish this might have been easier for her, but because we were speaking in English, at times her language was halting. Grace struggled with the open-ended questions, but could easily respond to more closed-ended questions and questions that offered bifurcated choices. The answers she provided, while rich with information, were short and often provided in response to my asking her to confirm her experiences in the group.

Due to the challenges with the language during the interview, and as it was important to include her exact words, there will be additional verbatim quotes from her group sessions. For example, it is important to note Grace's reason for attending the groups. At the very first session, she stated,

> *"I feel angry and guilty and don't know what to do."*

This statement sets the stage for our understanding about her marriage and the impact the group would have upon her. As such, it is vital to include some of these quotes to shape her otherwise halting narratives. To be clear in this account, I will annotate in the text when a quote is taken from the notes of the group sessions.

## Introducing The Deceased

As mentioned, Grace came to the group to discuss the death of her husband. While she shared little initially about her marriage with the other members in the group, she did explain that their relationship was very difficult. She spoke about her own life and how she had met her husband when they both were alcoholics. She and he had formed a life around drinking and going to bars for many years. Grace also was proud to share that she had stopped drinking many years before, even though her husband had continued to drink and had berated her for not drinking.

At first, Grace shared with the other members how she and Charlie had a *"very unhappy relationship"* and that "*he was a womanizer"*, but she did not elaborate. She spoke about how hard it had been to care for him for the last five years as illness had incapacitated him. Grace had provided total care for him, including bathing him, feeding him, and arranging his medical appointments. As she grew in comfort with the others in the group, she shared that her husband had been physically and mentally abusive to her for most of their marriage. His treatment of her had prompted her to leave him on several occasions, but she always returned after a short while, in part, she explained, because of finances. Grace explained as well that during the time he could no longer walk, the verbal abuse had escalated.

> *But the jabs got harder. They had to amputate his legs and he had to go to dialysis. That's when it got really hard…. When I would get really afraid, he was mentally abusive even when he was an invalid… I was getting paid from the agency to take care of him. I stopped to think … that he would throw it in my face that I was getting paid and I wasn't doing my job right. He was very negative.*

As Grace spoke about what happened, the group members were surprised to hear that in the face of abuse, Grace had continued to stay with her husband and to provide care. Many group members praised her for such an incredible job, but this wasn't where she defined her sense of pride. Rather, the most important thing to her was that in spite of the difficulties, she had maintained her sobriety. She shared an important story about what she valued in herself:

> *No matter how he treated me, I didn't go back to being an alcoholic. That made me feel good* [sic].

Grace spoke about her son in reference to another member's son dying. She told the

group that he had died under difficult circumstances. He had had an encounter with the police during what seemed to be a domestic violence assault. Grace shared that her son had faced many challenges in his life including gang activity and being arrested. When he died, he had a young son, Grace's grandson, who was now sixteen. During the third group, only the second time she spoke of her son Freddie, she identified her son's voice as a person who *"is proud of her for coming to the groups."*

During the interview, Grace explained she had not planned on speaking about her son in the group and in fact was almost caught off guard by her own words.

> *Lorraine: Before the group, how did you have your son in your life? Did you notice him, did you think about him?*
>
> *G: With my daughter, he and her were very close and we would talk about him once in a while.*
>
> *L: Were you surprised to talk about him in the group?*
>
> *G: I really was. I know you never forget what happened to him. But, I really was surprised how it turned out.*

Grace had only recollected her son occasionally over the years and these times were mostly when she spoke with her daughter. She shared that she felt like she had let her son down. She stated it succinctly during the interview:

> *I realized in the group that I was not there like I should be. I was…hum, I loved him. He was in a gang – he was carrying weapons and I would chase him because I didn't want him to get hurt and I didn't want him to hurt somebody else. I would chase him. I was always….telling him to get out of the gangs.*

By sharing with another member in the group about her son, an important opportunity was opened – for Grace potentially to re-organize her membership club (See section in Chapter Four on membership).

## Working with Troubled Relationships

When death enters a relationship, the survivors have places of pause during which they can take stock of the content and meaning of the connection. This can be true regardless of the whether the relationship has troubles or is mostly a happy connection. Death, and many of the rituals connected to death, seem to temporarily stop the stories, giving people the chance to reflect on the relationship. As most relationships include elements of complimentary fit mixed with aspects that might produce discord, it is often appropriate to reaffirm the places of positive fit following the death. We see this in many funerals and memorials which honor the best in when the best of the person who has died.

For relationships that have had significant hardship, reaffirming a positive fit may not be in order. This is especially true if the person who has died was guilty of verbal or physical aggression, or exhibited tyrannical and controlling behaviors; if we use remembering conversations following such a death to re-establish a person's presence, memory and voice in a positive incarnation, we may actually reify the position of power the deceased held over the bereaved person while they were alive. We do not wish to entrench a person who behaved abusively in the bereaved person's life. Nor would we wish to encourage the bereaved person to focus on their dead person's strengths and best moments. While this may be possible to accomplish with a skilled counselor, it is most likely not fitting in a group setting.

It is important to pay close attention to the way in which the group format and the journal exercises might continue to support tyrannization of the bereaved by the deceased. The conversations and exercises must be tailored to the specific circumstance. For example, it would not have been in Grace's best interest to insist that she maintain a close connection with the stories and events of her marriage, unless she felt that would personally benefit her. She was trying to make sense out of the complex feelings of guilt and love that haunted her.

> *Well, like I remember saying in the group that I felt love for him, but yet didn't know if there was always this guilt that I despised him.*

If we were to ask Grace to look for positive stories and overlook the confusion or the places where she felt hurt, we would potentially continue to subjugate her authority. It seems helpful

instead to examine how she could renegotiate the relationship in a way that invites more strength for her and a stronger sense of her own voice.

While remembering conversations are sometimes used for this purpose (for example, see White, 1995), the specific group of *Remembering Our Loved Ones*, was not formatted expressly for this purpose. Even the title for the group positions the deceased as a "loved one", which clearly favors a particular story. This could place people in an awkward or confusing position, when the relationship is an ambivalent one, or worse, one that was abusive. It potentially undermines the bereaved is finding a place for their voice following the death of a person who took advantage or stepped across a line of decency.

## Tailoring the Group Plans

When Grace presented information about her husband and the serious challenges their relationship faced, the goals of the group needed to be adapted to fit her circumstance. Recall the underlying goals and assumptions of the group for participants where abuse has not occurred:

1. Introduce the deceased person to the others in the group.
2. Explore the impact of discourse on the personal experiences of grief.
3. Developing the voice of the deceased loved one.
4. Establishing on-going introductions for the deceased to continue to live in the bereaved person's membership communities.
5. Confronting challenges in the life of the bereaved person.
6. Finding opportunities for on-going introductions and shared stories of the deceased to live on.

For someone in Grace's position the overall goal might be re-considered as to extract the best of the past relationship in order to build a new story relationship, one which produces strength and agency for the bereaved. When working with people who have suffered abuse such

objectives entail special challenges to construct remembering conversations that are marked along a different path.

In contrast to those recalled above, the group's goals might be revised when working with a person whose loved one was abusive. The revision adopted with Grace in particular, to discuss the death of husband and subsequently the death of her son took this form:

1. Introduce the deceased person to the others in the group.
2. Explore the impact of discourse on the personal experiences of grief.
3. Loosen the strength of the abusive story by locating stories of survival.
4. Downgrade the membership status of the person who abused in the bereaved persons life.
5. Build a new membership community with voices (dead and alive) and people who will support freedom from the abuse.

As we have already addressed the first element of introduction; what about the impact of discourse?

Understanding the Impact of Discourse on Personal Experiences of Grief

Grace repeatedly spoke in the group about feeling bad because her husband's family questioned the sincerity of her grief. She told of phone calls from her in-laws to check if she was feeling sad or behaving in a way they would expect. She encountered them during holidays and she found herself being judged and even confronted by his family. As this was happening, these messages had added to Grace's confusion. She concluded that there must be something wrong with her because she wasn't grieving enough.

> *I wonder what is wrong with me? After so many years* [of marriage] *that I don't feel anything…I think I was trying to force myself to feel grief. It* [the grief] *was always was there. In my life with him even before the meetings.*

Grace gained some clarity, through understanding the cultural norms that influenced how she was expected to behave following the death of her husband. The opening for this conversation came when another group member shared a photo of her own grandmother, whose stories resonated with Grace's experiences. The story told of a Mexican woman who had had a hard life, one of subservience and abuse, yet full of love for her children. Grace spoke about her identification with the stories of this deceased grandmother.

> *I remember the picture she brought of her grandmother. I really saw her grandmother had so many hard things thrown at her from life. Yes, it was like my life. Her husband was abusive too.*

The question was raised, "What were the expectations for a young Mexican bride in how she should behave with her husband and in the world." Grace was more forthcoming than usual and spoke about "being beat up by life." The point was made that they both (Grace and the grandmother) felt "beat up by life." We spoke about how the times and context had affected her choices. Grace explained, *"I believe the women from Mexico are more tolerant of their men."*

We wondered out loud with the group about how this rule came to be and if it were still true. This allowed Grace to reflect on the personal impact of these cultural expectations on her life. She spoke about the ways in which her in-laws continued to see her in limited manner. Like the stories of the Mexican grandmother which were shared with the group, her in-laws thought she should behave in a particular way. They thought she was not "behaving like a wife should" and they could not see what good she had done for her husband when he was ill. Another group member spoke about how she, as a granddaughter, and her cousins, all knew of the love their grandmother had provided. They knew Grandmom had suffered and appreciated her strength and the love that was passed to them over the generations. Grace was asked if this might be the case as well with her grandchildren. She was moved to tears and responded, '*I will have to think about that."*

Understanding discourse, as in this example, comes in many different forms. Therapeutic conversations always take place in a larger context of language and the shaping effects of power relations. Helping participants examine the effects of discourse on their lives illuminates this. Grace saw these effects play out in what was expected of her as she grieved. She felt harassed

and judged by her in-laws and this had added to her sense of confusion and guilt. She told the group, "There is nothing to grieve for with my husband," but others' expectations of her had instructed her otherwise. She even remarked that she felt "relieved" at times that her husband was dead, but she had no place to speak about her feelings besides in the group.

## Locating Stories of Survival

If we think of membership as a fluid construction that shapes identity, then we potentially have some freedom to shift, and reassign those who make up the membership club. Some people may be moved into a more prominent role while others may take on more ancillary or even tertiary position. This concept is of particular importance in creating a remembering conversation that frees a person from the storied legacy of the abuse. Even though Charlie was dead, the effects of years of physical and verbal abuse still echoed in Grace's head and affected how she saw herself and her world. The portent of "doom" she carried was never far from her. She described it, "*like the other shoe is going to drop.*" Even though the abuser had died, the effects of tyranny were always in the background imposing themselves upon her.

To reduce the power of the story, and thereby dilute the voice of the abuser, we needed to give the problematic stories less volume. We needed to symbolically move his membership status further away from Grace and reduce the power of the difficulties associated with his voice. One effective way to achieve this shift was to inquire about others who held different knowledge about Grace – knowledge that might serve as entry points to a counter-story. We hoped to develop an alternative to the story of a woman who was worthy of being abused. This inquiry allowed others' voices, people living and dead, who knew Grace to speak affirmingly of her abilities and life. Were are able to address Grace's multiple stories by folding in alternative ones, damaging stories that held her captive might begin to fall away. Should she hear and learn how others thought of her in a new light in the group and her future life, she could fold these stories into who she can be. In this way, the act of underscoring the taken-for-granted stories about her strengths and diminishing the stories of abuse would serve Grace to open into a new identity. Others have spoke about this process as reconstituting one's membership club.

During the group, Grace was routinely asked questions to access counter-stories. At the first group, in addition to hearing an introduction of her dead husband, Grace was asked

questions about the others in her life. She was asked about who in her life knew that she was kind to her husband when he was ill? She was easily able to recount that her two daughters knew of what she had offered – not only to her deceased husband, but to others as well. Grace said that they, "*recognized my abilities for goodness, kindness and strength.*"

"R*ecogniz*[ing] *my abilities for goodness, kindness and strength*" is a very different story than those about her husband's views of her. We encouraged her to adopt this story in a more prominent way and then to actually grow this story into a larger account – perhaps finding other stories along the way to support it and identifying others who might see her in a similar vein.

The questions in the group that brought forward counter-stories were supported by journaling exercises that were written specifically for Grace. At each group meeting, Grace would receive her own set of instructions for journaling between sessions. Rather than focusing on bringing forward the positive aspects of the relationship, as others were doing, Grace was asked about her own resources and about others who were supporting her. During the first week, Grace was sent home with questions that helped her to think and reflect on what she had done right over the years. The journaling questions were intended to develop a new alternative to the dominant story in which nothing she did had been good enough. While others were building a story about what and where they could gain from the dead loved one's ongoing inclusion in their membership club and from growing new nodes of connection, Grace was writing about times that she recalled doing something really well. What did she tell herself about how she had done this? Who might have noticed that she had done something really well?

After Grace spoke about her daughters as two people who saw good things in her, the journaling questions were developed to bring their voices out further. I specifically constructed hand written questions for her weekly journaling. For example, while others were writing letters from their dead loved ones, Grace was writing letters from her living daughters and was responding to specific questions. "What did they know about their mom and what she did right (during the time she was caring for her husband)?" "What difference does it make in Grace's life that they believe in you?"

When Grace began to share stories about her son, we found another positive voice who believed in her. Remembering her son's love of her was an important development which served to lessen the stranglehold that her deceased husband's stories held over her. While she had

originally mentioned that she did not often speak of her son, and had not come to the group with that as her intention, Grace volunteered stories about him and their relationship in the group. She spoke of the love she felt for her son and how she had wanted him to have a good life. When asked about his view of her, she responded by saying:

*"He'd be proud of me for coming to the group."*

Even though Grace felt guilt and felt she had failed her son, she was still able to connect with stories that were positive and hopeful for her about their connection. She spoke of how it was important for her to stay connected with her teenaged grandson and she could speak to him about his dead father. This allowed us, as facilitators, to develop questions specific to their relationship that would continue to possibly re-arrange her membership club, giving her son a more prominent voice, and her husband a more distant one, rather than vice versa. This story development also served to thicken the relationship between her son and herself – for Grace to get a better sense of who her son was and how he continued to be important in her life. Between the third and fourth week, Grace was asked to write a letter from her son. In it she was asked, "What does he know about forgiving his mother?" Again, the exercise was specifically formulated for Grace to develop a stronger connection with her son and one that explored aspects of which she might place value.

## Downgrading the Abuser

The impact of the discussion with others in Grace's life and the use of the journal created more distance from her husband. While he was still a deceased person in her life, and she continued to have occasionally disturbing involvement with his family, Charlie's voice and stories were discussed less in the group. Grace reported she was thinking about him less too. These shifts opened a new path for Grace to follow. While the differences seemed slight, the few degrees of difference could take her to a completely new place. Group facilitators also noted the impact of her new direction and intentionally asked her to shape the direction she might take. She, in fact, was regularly asked to write responses to the question, "What difference does recalling your son's belief in you make in your life?" Or, "What difference does it make to hear your husband's voice less?" These questions served not only as a place for her to reflect, but also

ensured that Grace benefitted from the direction she was creating while allowing her to take note of the changes she was making.

In the interview, Grace mentioned the changes that the slight shift of angle created. She spoke about how she had once had her husband's voice in her head more frequently and felt fearful of this even though he was dead. She explained that during the course of the group meetings, his voice had diminished. His voice and his influence over her had moved further away. Some might say that his voice was even relocated out of her membership club. She was even entertaining thoughts about the future which before, within the limits of her marriage, she was unable to do.

> *Grace: I start thinking about now what I am I going to do with myself. I start thinking about what am I going to do with my future and forgiving myself.*
> *Lorraine: Is Charlie's voice more quiet now?*
> *Grace: Yes. I don't feel him no more.*
> *Lorraine: Is that one of the things in group that changed? When you first came to group. Was his voice louder in your head?*
> *Grace: Yes.*
> *Lorraine: And did that change during the course of the groups?*
> *Grace: After the group – towards the end of the group. Before, I was always waiting for him to come to me. And having his voice in my head less is a good thing. Having his voice out of my head is a good thing.*

## Building a New Membership Community

When Grace first attended the support group, and for the first few weeks, she reported many circumstances that were very challenging and difficult in her life as a result of her husband's death. She shared with the group how she was often thinking about her husband and hearing the remnants of his voice in her head and she found this distressing. The people whom she associated with, like her in-laws, were critical of her and how she was grieving. In the first three sessions Grace struggled to find something positive in her life.

*I would wake – even before going to the meetings – I would wake up feeling like doom. It was there. Not doom really, but having to face another day. I always felt this.*

As facilitators, we noticed that the membered club of her life (Myerhoff, 1986) was predominantly constituted with living and dead 'voices" which were diminishing of Grace's strength and abilities. It was hard for her to escape from under the power of these voices in shaping what was yet to come in her life. We consequently asked questions of her, both in the group and in her journaling exercises, that might pry open a small space where the dominant negative stories could be challenged. We might ask a question of her, for example, "who in your life would noticed what you did well when you were assisting your husband?" Grace referenced her daughters as the only people in her life who knew a story of her as strong or capable or caring. Our intention behind asking such questions and exploring the ideas of membership was specific to finding other people, places and times when Grace might have had an agentic story with people, living and dead, whom would support this account. If we were able to find even one small moment or one person upholding an alternative story to that of worthlessness, then we could perhaps construct a new future with her. In this line of questions and thinking, we hoped to move closer those events and people enabling Grace to form positive stories and conclusions about who she was and what she was capable of. In effect, the questions realigned her "membership club" by creating a way in which the positive people and "voices" moved closer and the challenging "voices" were marginalized.

The morning of the fourth session, Grace shared a very different story with the group that illustrated this kind of shift in a club of membered people who have been important to her life. For the first time in years, she said she "*awoke without a feeling of dread*". As this was different from what she previously had spoke of, we (the facilitators) were curious about what this meant for her. She explained she went to sleep the night before, following reflections and journal questions about her son. She prayed to God and to her son. Grace asked to understand about what had happened in her life and wanted to make sense out of the guilt she felt. She had been thinking about her son and wanted to find forgiveness; forgiveness for the pain she felt about his death, forgiveness from him for the abuse he experienced when he was young. She wanted the pain in her heart to stop.

During the research interview, Grace spoke to what had happened on that fateful morning.

> *With my son, we always had a rocky relationship also. My son, he … when he was drunk or when he would use drugs, he would treat me bad, just like Charlie did. I remember once, it was Mother's Day. He had barely got out of prison. My daughter Lucy wished me happy mother's day and he just looked at me like* [waives her hand in a dismissive motion]. *It was things like that. And like I said before, I would look at his picture and he was angry at me. I knew what that was… At first I didn't realize about what it was until I got to the* [group] *meeting. I felt at peace… I see him. That he loves me… I* <u>*KNOW*</u> *that he loves me now. That I know.*

With this declaration, we hear the start of a new meaning in the relationship between Grace and her son. Previously, the relationship was characterized by heartache and strife. As she sought the stories in which there might be a trace of love, Grace found a new way of seeing her son, and a new way of understanding his love for her. This shift could not be taken for granted either in the relationship with her son or potentially, in how her relationship with her dead husband changes. As Grace transformed her connection to her son and reinstated him in her life as a positive connection, she gained the option to construct a different meaning about what happened in their life. When there were such tyrannical relationships silencing her and resulting in her poor feeling about herself, giving voice to a moment of positive meaning dramatically tilts the stories that construct her identity. In this transition, Grace tells us her husband's voice had simultaneously become quiet as her son's voice, along with those of her daughters had increased and become more positive.

## Concluding Remarks

Grace first attended the support group to make sense out of the grief and guilt she felt following the death of her husband. She couldn't explain why she felt depressed, and why at times she felt bad for feeling relief because he died. She knew that something was not fitting

together for her.

Grace's experiences during the group opened her to a different story about her connection with her deceased husband. She found his voice, one that had often been demeaning of her, lessened in volume. Grace found a new place of strength and was acknowledged for the kindness she offered her husband, even though it wasn't always reciprocated. The other group members provided an audience for her actions and asked questions that supported her formation of a new story. This seemed to affect how she thought of herself and, perhaps, strengthened the shift in her stories about her identity.

Simultaneously, the voice of her deceased son became more noticeable. While this was not her intent for attending the group, it was of the apparent benefit for her. She also found kinship and courage in another group member's stories about the death of her son. Grace felt compelled to share about the death of her son. She explained she did so out of feeling compassion for the mutual loss. She was able to come to understand her son, and understand her connection with him from a different perspective. There was a moment of "*epiphany*" when she spoke of "*waking without dread*" and this experience had not happened in more years than she could recall. Grace described it as she had "*found forgiveness between me and my son*". She felt relieved that he no longer harbored resentments towards her and she knew this when she looked at his pictures. She even likened this experience -- of finding that sense of forgiveness -- to a previous sensation, twenty-three years earlier, to the feeling that she had been lifted out of her drinking by her spiritual beliefs. In describing the moment of awakening without dread between the third and fourth group sessions, she was very moved and tearful.

> *I felt like a new person. That's the way I felt that morning* [crying] *again. Because it just felt like that. I tried to figure it out myself, but it just comes to that. I felt loved when I was forty-three and the Lord came to me. I felt a burning, a light that came to me. It didn't matter then that nobody loved me. I think that is how I felt when I woke up. I know it just has to be that.*

Grace's Reflections

I met with Grace approximately six months after the initial interview to share with her about my writing and hear her impressions. Rather than having her read the chapter like others had done, I read to her what I had written as she requested. This was fitting as her limited English might have made reading it challenging. Grace nodded throughout the reading. I was conscious of not wanting to overload her with all of the pages at once and I would ask for her input every page or two. Reading it aloud allowed for a comfortable pace to reflect, explain and expand.

Grace shared with me her comfort in what I wrote. She felt as though my account was accurate and represented her stories well. There were points she elaborated and wanted to ensure I included. She corrected me when I read on the first page how caretaking of her husband was physically draining by adding, *"it was also emotionally draining"*.

She again spoke at her surprise about what her experiences in the group had been. *"I didn't think it would turn out that way"*. She explained that she did not think she would talk about her son and did not think she would talk less about her husband. She shared that since the group, she has talked more with her son's child, who bears his name. *"It's easier to talk about my son with my grandson now"*. She explained that he was supposed to come and stay with her for a couple of days over the summer and that she had not seen him in two years. He would call her occasionally from the town he lives in fifty miles from her.

> *I want him to know about his dad. I think he* (my grandson) *is trying to tell me things. He's getting into trouble with gangs. He got arrested with pot and had to go to court because he had a knife on him. It's like his dad. I want him to know about his dad*.

Grace also spoke about how her thoughts had changed over the months since the interview when she thought of her husband, Charlie. She explained she was still thinking about forgiveness – that she might need to forgive him for how difficult he was. She said, "I can forgive but not forget." I inquired as to what difference this made in her life and she said that

since she has been thinking about forgiveness, she recalled a couple of occasions, in the start of their marriage, when things *"weren't awful". " I can remember sometimes when he showed me affection."* When I asked her for an example, she was unable to think of a specific one, but said she had remembered one or two.

Lastly, Grace was moved by our conversation about the morning when she awoke without dread. She said she recalled it like it was yesterday with a bittersweet reflection.

> *Hearing this makes me want to cry. It was the only time I felt really loved – when I woke up that morning. I saw the world different and I felt love. I felt love all around. It was like that once before in my life and once before in a dream when I was on a cloud and was safe. I'd like to feel that way again.*

# CHAPTER ELEVEN
# MAKING MEANING OF THE DATA

This research project has explored the utilization of remembering conversations in a group setting for grief counseling and the value of this practice for the lives of the participants. Also at issue here is a divergence from much of the established tradition of treating grief and its "management". The literature reviewed earlier provides understanding of this tradition, the heavy influence of modernist thought in grief psychology, and contrasting theory and practice of postmodernism in grief psychology and counseling. The in-depth interviews conducted for the present research illustrate the transition, as does the associated approach to counseling. The collected stories emerging from this research suggest both general and specific conclusions that, I believe, are useful to the field of thanatology. As noted in the introduction, the conclusions are organized under three overarching headings. Each of which will also be amplified through relevant thematic subheadings. The three are:

A. Experiences resulting from participation in remembering conversations.
B. The therapeutic value of group participation.
C. Distinctions between the conventional and a narrative/constructionist orientation to grief counseling.

Under each heading, I will draw from the words used by the participants who were interviewed to illustrate each subject.

## A. Experiences Resulting from Participation in Remembering Conversations

From the interviews with participants I have selected four different effects of remembering conversations. First, participants found the remembering conversations enjoyable. This statement appears simple enough, but that it stands in contrast to much of the conventional grief therapy focus on stories of loss and pain requires explanation. Speaking about a loved one who has died does not only need to focus on the expression of sadness about loss; it can also be joyful and life-affirming. It was not uncommon, for example, for group participants to reflect

(often with surprise) that there was a lot of laughter in the support groups. Secondly, participants were comforted by the chance to talk about the lives (as opposed to the deaths) of their dead loved ones. Third, conversations within the practice lead to important shifts in conceptualizing relationships with the deceased, even long after the death. For remembering conversations to be as helpful as possible this effect is of utmost importance because it promises the possibility of effectively re-writing relationships. Lastly, incorporating the voice of the deceased person became a resource for living. Let us explore these conclusions and illustrate them in detail.

There are many examples of the interviewees enjoying conversations about their dead loved ones and appreciating the opportunity to do so. The structure of the groups not only tolerated conversations about the person who had died, but actively promoted these conversations. The conversations were often lively as participants recounted moments in their lives with the deceased. From the very first session that was built around the introductions of the deceased, participants were enveloped in conversations about the life, rather than just the death, of their loved ones. Some group members approached the conversations with timidity, but soon found a way in which they could speak about the deceased. Martha spoke to this initial experience:

> *It's kind of odd how that happens when you are talking about a person and all of a sudden when you start sharing about them – it's bringing their voice back, kind of.*

The group facilitators asked participants to share stories and to fill in details of the person's life. To assist the introduction and inclusion of those who had died, they were asked to bring pictures and items from home. Participants routinely spoke about the positive impact in their lives of sharing such mementos. Deborah noted the personal impact for her in finding a space in the group to share the stories and pictures:

> *Well, we brought in pictures. I thought, 'I can bring in an album of pictures. You want pictures, I can bring in pictures'. I could share who they were and I liked that a lot.*

The sharing of the details was not only enjoyable for the person telling the story, but had implications for the other group members as well. While viewing others' photos, participants were moved in unexpected ways. Donna's comment sums up how she enjoyed seeing and hearing about others who were deceased.

> *It was fascinating* [being introduced to them]. *I get pictures in my head when they talk about someone who isn't there… And then I see different parts about what they're telling me about this person. I loved the stories. In fact, I think about some of them today.*

Grace also spoke about how her life was touched by seeing another group member's photo. Through the experience of resonance, she was increasingly able to construct helpful meanings for issues that were troubling her in own life.

> *I remember the picture she* [another group member] *brought of her grandmother. I really saw her grandmother had so many hard things thrown at her from life. Yes, it was like my life. Her husband was abusive too.*

It is noteworthy that the initial process of bringing to life the voice, images and stories of a person who has died does not seem to have a negative impact. Participants were not expressing paralyzing sorrow or debilitating sadness. While there were moments of tearfulness, even these took on new significance as a part of the process of introduction. Martha noted this transition in meaning as a result of sharing.

> *I think in the beginning* [of the group] *I did feel a sadness. I think 'cause* [sic] *I missed him and I wish I could have him physically. Like I could touch him. At the same time, it was just tears that, 'I am so happy, Dad, to have you around. I am so happy that I don't have to give you up. I am so happy that I don't have to keep you in my box* [with my pictures]. *I am so happy that I can just talk to you whenever I want. That I can pull you out whenever'* [sic]. *Those tears were good tears.*

This brings me to the second point about the effects of remembering conversations. Participants find this kind of talk more comforting than talking about the emotions of loss and separation from the deceased. The opportunities in the group sessions for bringing the deceased person's voice close in a fitting manner lessened the pain of bereavement. This is not to say that loss was not acknowledged or genuinely felt for the group members. But the experience of loss was incorporated within the context of the many stories available to be told. Participants spoke about the effect of finding positive points of connection. Donna captures the ability to simultaneously hold multiple storylines in the following statement.

> *We all knew all of us were in horrible, horrible pain, and when you stressed to* [celebrate their lives] *everyone, even if it was just for a moment, lit up when they talked about them, instead of crying or instead of their throat closing, they started lighting up with all of the stories and all of the memories.*

The effect of finding positive recollections should not be underestimated in troubled relationships. While I would not callously encourage a person who had experienced abuse by the deceased to "think positively", some benefit might accrue from contrasting stories. I would argue that it could be advantageous for people who have experienced troubled and problematic relationships to hold more than one story about a deceased person, particularly since the dominant story can decidedly affect an individual. For example, to think about a deceased person in a totalizing fashion only as an abuser might limit the possibilities for the bereaved to think of themselves only as a victim or survivor of abuse. Such stories can constrain. Remembering conversations opens the doors to multiple stories which can have therapeutic impact, even in the face of abusive histories. Grace spoke about how thinking about her relationship with husband shifted slightly away from a totalized description of him.

> …she recalled a couple of occasions, in the start of their marriage, when things *"weren't awful". " I can remember sometimes when he showed me affection."* When I asked her for an example, she was unable to think of a specific one, but said she had remembered one or two.

It would be my hope that even this small opening creates new paths for Grace where she can make sense out of her choices to marry or stay with her husband and see the relationship in a different light.

My third conclusion is that through participation in these conversations relationships with the deceased can shift and change. Relationships with the deceased do evolve after a person dies. A relationship can be transformed, edited, and reconfigured in ways that fit the context and content of the bereaved person's life. Remembering conversations positively affect this change. Grace changed the connection she had with her husband from one in which she felt that he was in complete control to one in which she had some agency. The way in which she experienced this was dramatic.

*Lorraine: Is Charlie's voice more quiet now?*
*Grace: Yes. I don't feel him no more.*
*Lorraine: Is that one of the things in group that changed? When you first came to group. Was his voice louder in your head?*
*Grace: Yes.*
*Lorraine: And did that change during the course of the group?*
*Grace: After the group -- towards the end of the group. Before, I was always waiting for him to come to me. And having his voice in my head less is a good thing. Having his voice out of my head is a good thing.*

The connection with the deceased is not fixed and static, nor is it limited by the time that has elapsed since the person died. The relationship is always available to access and reshape when desired by the bereaved. Martha spoke eloquently about restoring her father's place in her life after many years of not noticing him.

*I had to meet my dad again. He was kind of like a stranger for a while…*
*I still feel his love. Even though it had been so many years that*
*I didn't feel his love. I feel his love now.*

Finally, among the effects of remembering, the incorporation of the voice of the deceased person can become a resource for continuing life. The voice can serve as guide or a supportive agent for the bereaved. Donna mentions in her interview that her connection with her father is not in the past, but present and viable.

> *…who I am, and how important my relationship with my Dad was and still is. My memory Bear sits on my desk, and we still chat. I have grown so much, and have a much better way of seeing the world.*

Through her daily reminders of her father's presence and their connection, she established unlimited access to her father. Donna, like other bereaved group members, is not beholden to therapy or to an ongoing support group to find comfort, but can actively build relationship as an inner resource. This internalized other, the voice of the deceased, can direct a person through the heartache of grief or simply be a source of daily encouragement and inspiration. Martha, too, spoke about how reclaiming her father's voice provided her with such resource.

> *When I think about things like a struggle* [in my daily life] -- *like trying to keep a job, simple everyday things-- like now, for some reason, it was a big thing. When I am feeling discouraged, those little everyday things that I face, I am able to pull back from those things. I see his* [my father's] *strength, his perseverance of not giving up. I see him now that these just weren't simple things, but they were big things.*

Remembering her father's trials becomes a tonic for times when she feels discouraged. This resource is one Martha can call on again and again as life's stresses come and go. She does not need to search within herself with every event for self-esteem or other internal psychological resources to see her through but, like many daughters whose fathers are living, Martha can lean on her relationship with him for support.

B. The Therapeutic Value of Participation

While the above experiences reported by interviewees of their participation in remembering conversations suggest that the sessions are helpful, the questions of the therapeutic value of these effects remains. This section demonstrates the therapeutic difference that these shifts make. Again, therapeutic value can be organized under certain thematic subheadings. These are: *revitalization of the relationship with the deceased*; *reconfiguration of the relationship with the deceased and with others who are living*; *the salvific function of remembering; identifying links through which the memory of the deceased can be more readily accessed or distanced*; *discernment about the discourse of grief*; *and the constructing an audience who can witness the retelling of preferred stories of the relationship with the deceased*.

The therapeutic impact is clearly reflected in the link between remembering conversations and the revitalization of a relationship with the deceased. At its best, revitalization stands in opposition to death. Martha's phrase of "*bringing him* [her father] *back to life*" is exactly such a therapeutic act.

> *I think just bringing him back to life because I had him dead for so long. I think bringing him back to life kind of allowed him, I guess, for his voice to be heard.*

To bring her father symbolically back to life erases the veil between the notion of dead and alive.

When we construct conversations that affirm the voice and the stories of the deceased, we move towards the vitality of in relationship -- living, pulsing and vibrant. In contrast, grief counseling that focuses on saying good-bye and intends relationship closure robs the bereaved of this opportunity to reinvest in the liveliness of dialogical connection. Martha speaks about the revitalization she experienced in the therapeutic process:

> *I think that* [is] *the way I see it, it has been just amazing. That's why I say it was life-changing.*

Grace, when she spoke of reclaiming a relationship with her deceased son, also used terms that speak of revitalization. Her story shifted dramatically from estrangement to peaceful connection during the group.

> *And like I said before, I would look at his picture and he was angry at me. I knew what that was… At first I didn't realize about what it was until I got to the* [group] *meeting. I felt at peace… I see him. That he loves me… I* <u>*KNOW*</u> *that he loves me now. That I know.*

Grace spoke about the difference in her relationship with her deceased son in religious terminology. She felt that the shift was a result of a mutual, storied process of forgiveness that happened during a "conversation" she had with him during a dream. She compared this transformation to the sensation she experienced much earlier in her life when she stopped drinking.

> *I felt like a new person. That's the way I felt that morning* [crying] *again. Because it just felt like that. I tried to figure it out myself, but it just comes to that. I felt loved when I was forty-three and the Lord came to me. I felt a burning, a light that came to me. It didn't matter then that nobody loved me. I think that is how I felt when I woke up. I know it just has to be that.*

To understand the therapeutic implications of remembering conversations, we need also to account for how relationships with the deceased are reconfigured after a death. When given the opportunity, the narrative of relationship with the deceased can continue to change in new and often unexpectedly beneficial ways.

Perhaps one of the most dramatic examples of reconfiguration occurred in Grace's relationship with her deceased husband and deceased son. Prior to attending the support group, she believed she was at fault for not grieving properly. She measured her failure by her inability to feel at peace with her husband's death. This was compounded by a sense of guilt for harboring anger towards him about years of physical and emotional abuse. According to Grace:

*Well, like I remember saying in the group that I felt love for him, but yet didn't know if there was always this guilt that I despised him.*

Grace believed she was at fault for not feeling better and her in-laws were reinforcing this belief. She explained that she felt judged by them if she was not crying or if she did not behave like a mourning wife should behave. Grace explained her grief like this.

*I wonder what is wrong with me? After so many years* [of marriage] *that I don't feel anything…I think I was trying to force myself to feel grief. It* [the grief] *was always was there. In my life with him, even before the meetings.*

During the course of the support group, Grace came to think less often of her husband. Her submissive evaluation of her own behavior and actions because of his influence and that of his family diminished. In part because of the effect of the journal questions, Grace was supported and guided to think about what was important for her life. By chance she made a connection with another group member whose son had died. As a result of their conversation in the group, Grace shared that she also had had a son who died. While Grace was actively sorting through what elements she wanted in her connections with her husband, she was simultaneously reconfiguring a renewed relationship with her son. The culmination, then, of the group process was that she actively diminished her husband's voice in her memory and refused his posthumous authority over her. Further, she developed a positive relationship with her son. She experienced all this as therapeutic and helpful.

This process of reconfiguration relies on the metaphor of membership. The revaluation, reestablishment or disentanglement, and realignment can all be spoken of in terms of membership. Grace can be said to have been actively engaged in a reconstruction of the membership club of her life. By downgrading the status of her deceased husband while increasing the status of her deceased son, she was creating a club befitting of her desire. Reconfiguration of relationships need not only involve the bereaved and the deceased person, but also the bereaved and other living people. At many points in the interviews the membership status of other living people shifted as a result of death. We see this in Grace's connection with

her son's son. Through reconnecting with her son, she speaks about how, *"It's easier to talk about my son with my grandson now."* The conversations she was having with her son encouraged her to cite her dead son's life as a warning for her grandson – but it was the reconfiguration that gave her a renewed platform from which to speak.

> *I want him to know about his dad. I think he* (my grandson) *is trying to tell me things. He's getting into trouble with gangs. He got arrested with pot and had to go to court because he had a knife on him. It's like his dad. I want him to know about his dad*.

For Donna, reconfiguration had different significance; she viewed her connection with her children and grandchildren through her deceased father's eyes. Family closeness is highlighted for her by noticing the ways in which her father's presence continues.

> *Not only does my Dad live within me, but he lives with my children and my grandchildren. I miss his calm, charismatic personality. I see him living in my children and my grandchildren. I smile and say, 'That's just like your grandfather.'*

Martha too, noted many changes in her relationships with family members as she reestablished a relationship with her father. She explained how placing her father in a more valued and visible membership status reestablished connections with many other family members, many of whom she had not seen in years. She also spoke about her closeness with her younger sister and her husband as a result of the restoration of relationship with her father.

The process of remembering is more than mere reminiscence. While remembering can have a wistful sweetness about it, remembering, as Myerhoff explained, is the active re-inclusion of a person's "membership". These conversations position the bereaved differently than conversations that support letting go of relationship. I would contend that the latter potentially increases pain and the distance from the person who has died. Or as Donna explained, before attending the group series she felt like she was "losing [her] mind" and that she was living in a

"black hole". She feared that this might jeopardize not only her well-being but, quite possibly, her life.

Through the restoration of relationship, and claiming her father's voice as a part of her, Donna was able to find a new strength. This is not inconsequential; remembering has "salvific" function, as Myerhoff would say. It creates a new wholeness, one that folds in those who have died rather than artificially partitioning the bereaved away from their dead loved ones. In Donna's words:

> *Without it, I think I'd be wallowing in self-pity. Without the group and without remembering my Dad, I felt like I had 'lost it'. Participating in the group, and in the study, had helped me to understand my dad and my special bond* [with him].

We can speak about the "life-saving" contribution of remembering as if it were a reciprocal exchange for the living and the deceased. The storying of a life certainly has the ability to uplift, giving meaning and purpose to the bereaved. It potentially as well has metaphorical life-saving implications for the deceased. We can notice this in Martha's story. Not only were the remembering conversations "life-changing" for Martha, but they created a new visibility for her father Ricky as well. His voice had been silenced for many years, and through her attending the group series, his stories and life were given a new platform from which to "speak". As Martha attended to this re-inclusion, Ricky's life stories shifted multi-dimensionally. He was no longer simply a criminal who had been murdered; a new narrative of his life emerged that was much was more than this.

> *It was hard, but it was good. I think the first time was hard because I didn't really know what stories were going to come out. Because there were a lot of negative things that happened in his lifetime – things he was involved in, because* [of] *stuff like that. I don't want to focus on the negative things in his life. Because especially like, you know, he passed away and he can't defend himself if I say something that's not right or wrong.*

Acknowledgment of his voice as wanting to be known for more than just "the wrong" in his life represents an ethical position of respect that values and legitimates his life. This life-saving capability honors Ricky and guides his daughter to make remarkable and generous statements of forgiveness about the people who murdered her father.

> *But one thing that happened, as I was going to the group, and sharing -- something that I have never ever thought about was forgiveness. I was thinking about the people who took his life and I had an epiphany. Something in my heart said, "Forgive the people who took his life." And I had never thought about that. I know my Dad. He was a forgiving person. He had a lot of strength and courage. And even if people talked behind his back he always had a willing heart. I think my Dad would never want for my sister and I* [sic] *to carry any burden in my* [our] *heart*[s]. *In the past it had never occurred until the groups.*

Through remembering and locating her father's stories more centrally, Martha selectively incorporated some of her father's values into her own. This led her to extend this significant gesture, even if she never will meet her father's murderers. It liberated her from "any burden in [her] heart".

There is therapeutic value in the search for a location, literal or metaphorical, in which the bereaved can access a sense of the presence of the deceased. Each of the people interviewed spoke about a physical location where their loved ones could be found after they had died. Traditionally, this location is often a burial site and many bereaved persons spend time in reflection when visiting the grave. Remembering conversations would support these practices of using location to stimulate a sense of connection, but I would suggest that the gravesite is only one place among thousands that represent possible physical stimuli for this connection. Bereaved people need to develop a sense of where their loved one might metaphorically be found. Through remembering conversations they can develop a range of places. Establishing links between actual geographical locations and the internalized representations of deceased loved ones is something that people often find comforting. The point is that remembering need not be only an internal process of folding in the voice of the deceased but it also can be connected to spatial locations and to remembered actions associated with such locations. Examples from the interviews

illustrate this idea. Martha spoke about how she reclaimed a sense of connection with her father's presence when she played tennis.

> *There are specific places where I want to meet him* [her father]. *One place that my husband and I have sometimes gone to is the park where we play tennis. My mom and dad played tennis there when we were little – it's like an hour away from here. My husband thought I was crazy, because he would say there were tennis courts around here. But he knows why. It's just the fact--it's a good feeling being there.*

Donna spoke about the shared activity of gardening that she did with her father and her return to the garden as a place to locate him after his death. This provides her with comfort as she recalls times they had shared. Being in the garden stimulated for her a sense of access in the present to stories of her father.

> *Gardening. My dad liked to garden. In the summertime I have a gorgeous garden. That's a lot like him. When the flowers bloom. We would start from scratch, because I like to see them grow. My dad lives through me through the flowers.*

Deborah spoke about a far more personal physical symbol of connection that she carried from place to place with her in the form of a necklace. The locket she wore everyday has a small picture of her aunt and mother in it.

> *I lost my family in Katrina. I wore a locket - I found a lady who made these medallions with pictures transferred onto metal using a computer* [holding her necklace]. *I wanted them close to my heart.*

Through establishing connections between a narrative and a particular place, remembering conversations can free a bereaved person from the cultural clichés (gravesites, war memorials, funeral services) that specify where and how they should sense a connection with their loved one(s). A symbolic narrative location can become more accessible if it is internalized

as a resource to be visited when needed to maintain relationship, and can move with bereaved persons wherever they might be. Martha speaks to this transition.

> *My Dad and my relationship are not in a compartment anymore. Our love for each other permeates every area of life. When I am feeling strong, I talk with him. When I am feeling sad, I talk with him. My Dad is with me always.*

In a troubled relationship, like the relationship between Grace and her husband Charlie, finding a "place" for him was different. Rather than encouraging her to identify a closer place, or an internalized place, from which he might continue to terrorize her, I supported her desire to create more distance as the proper placement for the memories of her husband. His influence cannot be removed from her life altogether. Through remembering conversations, however, Grace can distance her stories of him so that they might bother her less.

> *I tried to erase him…. I remember saying that I was going to be good to Grace - to be good to her -- I made some decisions to be good to her.*

The emotional experience of grief is not only about the sensation of loss. Nor is it about accepting the reality of a person's location in a grave. As we see in the above quotations, grief involves the transition to a new sense of spatial representation for a relationship. People go through an experiential shift of losing knowledge about how to contact the deceased and then having to recreate it again. When people are alive, we establish complex systems of communication. We know multiple ways in which we can reach out and locate a person -- we can call, text, email, send letters or simply see a person face to face. Should we need the reassurance of their voice, we can simply call or talk with our loved one. When a person dies, of course, these networks of contact fail. If we insist on the "reality" of this failure we can intensify the experience of pain associated with a death. Losing a geographical sense of where a person is after they die, not being able to hear a deceased person's voice or feel her or his physical presence is painful enough. The sense of the person no longer being "here" creates a yearning to hear or to touch that person again. This longing for connection is not bad, much less pathological. Nor is the desire to hear and feel our loved ones an indicator of irrationality. It is,

however, an expression of shifting trajectory in a relationship story. Therapeutically, this yearning must be tended to in a way that befits the connection with the deceased and allows the story to continue to evolve.

If the therapeutic value we discovered in the interviews holds, then remembering conversations should begin to provide a chart for the trajectory of this yearning. The connection with the deceased will obviously not resemble what it was when the person was alive. The bereaved cannot "call" the deceased, but people can construct meaningful points of connection that substitute for the missing place of contact. These will grow from the narrative connection constructed of the personal meanings and the historical and geographical context of the relationship. Deborah speaks succinctly both to the yearning for connection and to the opening of a way to recreate it. She developed a sense of her mother's presence, such as when she had talked to her on the phone and told what she called "the soft underbelly stories," effectively those stories that reminded her of the ease and closeness of their relationship.

> *Deborah: Telling the underbelly story or the frustration story each time you travel there and have visceral experiences. And I need that 'cause I can't pick up the phone anymore.*
> *Lorraine: Is it as if you're picking up the phone or is it different from that?*
> *Deborah: It is almost as if I am picking up the phone. I hadn't really thought of it that way.*

The scaffold that is constructed for a relationship through remembering conversations may establish quite ordinary moments in daily life as points of connection. To address yearning for a connection with the deceased, we need not create grandiose schemes or rituals, nor need we speak with clairvoyants. Often a far simpler process can build a bridge between the living and the dead. Donna's story about how she thinks of her father every time she cooks with cooking spray illustrates how ordinary everyday actions can become filled with the promise of rich narrative connection.

*Some things sound silly. He liked to use Pam™ cooking spray to cook his eggs. And now when I do that, the minute I pick up that can, I get a soft feeling of 'hi Dad'. It's ordinary every day things like that.*

One means for participants to notice the valuable implications of such everyday acts was to establish a new "normal" for how they should grieve. Group participants commonly started a group series burdened with the limits and pressures to conform to the conventional ways of thinking about death and grief. Participants wondered whether they were emotionally all right or if perhaps they should be behaving in a different manner. This caused some to feel a great deal of self-doubt. Donna spoke to this in the following statement about her relationship with her father:

*I thought it* [the relationship] *was over. And that was it. It was over. And I had to move on with it, being over, and I didn't want to. And I fought it and I went half-way nuts.*

They came to understand grief and to challenge comments that had fueled their self-doubt. Research participants commented on the importance of the second group session in how their responses highlight an additional therapeutic value of remembering conversations -- the effect of deconstruction of the discourse of grief. In the second group session, participants were asked collectively to review what they had been told, either explicitly or implicitly, when their loved ones were dying or since the time of their deaths. The assumptions built into these comments were unpacked and the comments were then assigned values by the group members as to what was helpful and what was not. Although some comments ended up on both lists, the process of distinguishing helpful from unhelpful comments was a novel experience for participants. They were able to discern how these statements shaped their experiences in different ways and take charge of the statements they might choose to live by. For many, this conversation created an initial, important shift that allowed for the reclaiming of relationship. Martha, for example, spoke about how, at the outset of the group she had previously felt the constraints of discourse upon her relationship with her father.

*I felt like I was the only one because everybody moved on with their life and nobody thinks about him and nobody cares and nobody talked about him.*

This comment speaks to the unspoken conventional expectation of relational disengagement from a dead person. The strain of hearing the pervasive conventional thoughts about grief could actually support and produce efforts to forget the deceased. Contrast this painful place of silence with the following comment from Martha about later conversations in the group from which she gained a different sense of personal control over storying the events in her life.

*We talked in the group about different comments that were not helpful. When we were sharing things that we did appreciate and things we didn't appreciate. That had stayed with me.*

The idea of selecting what is helpful from what is not increases a sense of agency for the bereaved. They are invited to actively pick and choose what they find most comforting following the death of a loved one. The dominant discourse of death and grief becomes transparent and is less able to exert its influence invisibly. This process not only increases personal agency and choice for the bereaved but, as Martha explains, improves the ability to empathize with others who are living with grief.

*Now, when I meet someone who is going through similar situations, through illnesses or whatever, I think about those things, what impacted my life and what helped me and what didn't help me. It made me have more empathy.*

One other interesting point regarding discursive impact was that group members found themselves ranking their own and each others' grief experiences. There seemed to be an unspoken hierarchy at work against which the cause and circumstances of death was established as more, or less, important. As a result the bereaved person's grief was rendered more, or less, valid. While I suspect that this occurred in many of the groups, the particular constellation of group members in Donna's group brought this tendency to light. Each of the members had a loved one die in very differing circumstances, including death by suicide, protracted illness, and

accidental death. What the conversation in the group allowed was some deconstruction of the implicit cultural patterns of ranking so that group members could exercise some choice about the meanings they would personally prefer.

A gentleman, who does not feature in this study, brought out this ranking phenomenon. His ninety-three year old father had died following illness and he explained his exasperation with people remarking that "his father had had a long life" when they were offering condolences. This particular group member was frustrated because he had wanted his father to live still longer. The conversation opened a rich discussion of ways in which well-intended condolences can be dismissive and how the ranking of different circumstances of death can diminish connection. Donna spoke to the personal impact of this conversation.

> *...some of their stories were so sad. For a few minutes I wondered why I was there because theirs were so tragic. And another of the women in the group vocalized what I was feeling. I remember, I turned and looked at her and I said, 'You need to be here. Their pain is different from our pain, but you need to be here. You're not less because of the circumstances of death. We're all in pain here. We're all grieving here. We are all grieving differently.'*

Donna is expressing the usefulness for her of loosening the grip of the cultural practice of ranking according to cause of death. It allows her to reclaim her own experience of grief as valid in her own terms. Unpacking the cultural and discursive influences that shape how a person is expected to think, act and feel when bereaved contributes to an important therapeutic value of remembering conversations. Treating these assumptions as a subject of inquiry stands in contrast to the unquestioned application of rules or of a formula for the proper way to grieve.

Lastly, I wish to comment on the therapeutic contribution of other group members serving as witnesses for accounts of the grief experience. While utilizing witnesses is a well-established feature of narrative therapy (see White, 2007) and can occur in individual remembering conversations in non-group settings as well, it is far more advantageous to utilize groups for this purpose. Other group members become a convenient and influential mirror for the bereaved person's relating to their deceased loved ones. Reflections from other group members can add multiple reference points for making meaning of each person's relationship with their

deceased loved one. Conversation is enriched and sometimes the direction of a narrative is altered altogether, as was the case with Grace. She was attending group sessions to make sense out of her husband's death and she was not thinking that it would be beneficial to discuss the previous death of her son. It was only when she witnessed another group member's pain about the unexpected death of her adult son that Grace felt compelled to share and affirm her own son's death. The two mothers established a connection around their mutual loss that dramatically changed Grace's life as well as that of the other group member. The other woman in the group that day was also interviewed for this research project. Not knowing Grace had been interviewed, she spoke about the process of being an audience to Grace and what this meant in her own life. She speaks about what she felt was most important to her in her group experience.

> *I think when Grace was talking about her son and I had lost my son too, although I had a much different relationship with my son... I had a very loving relationship with my son and was close* [to him]. *And hers* [Grace's relationship with her son] *was a little strained and different. I just felt she needed something special. Someone to hug her; someone to love her; someone to show that they understood and they really cared. And I really cared about her.*

She referred to this connection with Grace throughout the interview as pivotal for how she thought of her son's death.

> *I'm thinking, hearing Grace, helped my healing. Because she had had this grief for so many years and it was a terrible grief. The day my son died, I got to kiss him and tell him I love him and he told me he loved me too and that we'd see each other later* [before he left for work where he died unexpectedly]. *Grace didn't get that. Listening to her made me not* [only] *appreciate my grief, but be happy for my grief and sad for her grief.*

Some conventional bereavement practitioners believe that grieving persons should be counseled in groups by category. For example, a person whose spouse has died will be partnered in a group with other widows and widowers. There is a popular tendency in the United States for

forming groups of "motherless daughters", based on a book of the same name (Edelman, 2006). The present practice specifically did not categorize or group people based on kinds of death or relational placement with the bereaved. It is my belief that the therapeutic value of constituting an audience as witnesses to someone else's narrative can only be limited by the illusion of singularity of story when groups are set up in such fashion. Stories of mutual benefit can be lost and the participants can be invited into limited stories of identification. When we create groups of people who have experienced a variety of forms of loss, a fuller account of life is possible. While this effect could also transpire in other forms of group counseling, remembering conversations intentionally sought opportunities to fold, re-tell and reflect stories about another person in the group. Martha's comment about others in the group verifies this point.

> *I felt like my circumstances were different; because of a lot of my peers in the group had just lost their loved one – maybe a couple of months. And a lot of their experience was so recent, I wondered how am I going to relate. But I felt really, really connected to the group. And in some way the difference didn't matter. It touched me and amazed me that the people in the group were able to connect with me. I was there sharing and pouring out my heart, but I was wondering how is this going to help other people? I wondered how I was going to continue to help them. Even though there was a difference in years and in circumstances, we were able to connect and we were able to help each other. That is kind of what touched me, too.*

The process of being an audience to others can also provide inspiration and indicate a path forward. Donna imagined the deceased people as if they were being expressed through the words and actions of the other group members and this inspired hope in her life that remained with her following the completion of the group series.

> *I keep going back to think about the people in our group and I started watching their loved ones reflected back to them. We brought pictures in, we talked about them. I started seeing that person* [the deceased] *come out in their mannerisms.*

*The way they spoke or looked. It was fantastic. I thought to myself, 'I can't wait until I get to that point'.*

## C. Distinctions Between Conventional and Narrative/Constructionist Orientations to Grief Counseling

I now turn to several distinctive aspects of remembering conversations. Data from the interviews may be utilized to explicate some contrasts between conventional approaches to grief counseling and present practices based on social constructionism and narrative therapy. These contrasts also distinguish the process of remembering conversations from simple reminiscing. The significance of each of these distinctions, signaled in theory through the literature review, may now be linked to the data presented. Six distinct themes magnify this contrast: 1) the emphasis on a relational versus an individual orientation to grief; 2) the focus on the present and the future of the relationship between the bereaved and the deceased, rather than just on the past; 3) maintaining connection with the deceased rather than letting go of relationship; 4) the ongoing introduction of the deceased to others; 5) the giving of "voice" to the deceased rather than effectively rendering them silent; and 6) the emphasis on multiplicity and possibility rather than on singularity of story.

### 1. The Emphasis on a Relational Versus an Individual Orientation to Grief

The interviews support an approach to grief that is founded more on a relational than on an individual approach to the psychology of grieving. In stark contrast to conventional models, as outlined in the literature reviewed, death may be understood from a postmodern perspective, and responded to, primarily as an event in a relationship, rather than primarily as an event in the life of a lone individual. Gergen (2009) refers to this prized lone individual as a "bounded self" (p. 3). The attempt here is to treat grief as a relational transition rather than just as a process in an individual's inner experience and emotional state. Conventional bereavement models often leave out the connection with the deceased person altogether and simply focus conversation on the bereaved person. This focus seems to eliminate one especially helpful resource for the bereaved

– the continuing resonance of the words, love, and still viable sense of relationship with the deceased person(s). The interviews illustrate how bereaved people can continue to draw upon personal resources from their relationships with dead loved ones, and how this focus bolsters them in a time of transition and protects them from the harshness of the changes that death brings. Rather than de-emphasizing relationship as a requisite for proper grieving, a narrative approach to grief actively encourages the bereaved to re-establish connection and build upon opportunities for growing new relational nodes in order to strengthen a sense of well-being following the death of a loved one.

The key to the relationship transition that takes place in grieving lies in the use of the concept of narrative. A relationship exists largely in terms of how it is represented in storied form. A social constructionist principle is that representations shape people's living of their lives. Working with relationship narratives therefore constitutes the experience of those relationships and there is little reason for this work to suddenly cease when one party to the relationship dies.

Most of the conversations and journaling exercises used in the group work documented in this study addressed the relationship dance between the living person and the memory of the deceased. The deceased were always included in the conversations in the group and their voices were called forth in the journaling that was suggested between group meetings. Facilitators were trained to think in terms of relationship rather than only to focus on group members' inner experiences or feeling states. From a narrative perspective a story is not a piece of property owned by a single individual. We are therefore free to facilitate conversations that utilize, and enfold others' stories into our own. Stories told become expressions of communion between the deceased and the living and they are available for recounting at any point.

Martha's reflection upon her participation in the group series was particularly instructive. When she first started in the groups she believed her connection with her father had been completed when she was eleven, approximately around the time of his death. She had relegated her father to a distant memory in her life. The absence of stories being told about his life had effectively disenfranchised him from relationship with her.

> *I had never shared the deep personal thoughts or stories about my father since he passed.*

During the groups, the individual perspective that had been silencing her father quickly shifted for Martha. She was reacquainted with her memory of her father and with the stories of his life. One result was a reconnection with other ways in which she could include him in her life. Reflecting on her participation in the group, she spoke about her pleasure in being able to keep her father alive, not only within herself but in a larger community in her life as well.

> *The words* [from the interview] *inspire me to continue finding those places that bring me closer to my dad. I am consciously aware of those moments and I grasp them. I am not afraid anymore. I am proud to have a strong voice that enables my father to be introduced to many other people in my life. I feel joy when I have the opportunity to share stories about him to those who want to listen. I am content and I feel peace knowing that my dad never died. He is still here and will always be with me. Reading the words encourages me and gives me affirmation of our love.*

Remembering conversations encourage active engagement with the many stories that can be found within a relationship. Stories that would otherwise be buried with a body have new life breathed into them. In a world that is socially constructed, there are always aspects of a relationship with the deceased that are available for ongoing construction. There are certainly aspects of relationship that are lost -- like the physicality of relationship -- but the narrative domain is not bound to the corporeal dimension.

### 2. The Focus on the Present and the Future of the Relationship Between the Bereaved and the Deceased, Rather than Just on the Past

Conventional bereavement counseling often focuses conversation on the relationship that has happened in the past that is now lost. Death is assumed to consign relationship between the bereaved and the deceased to history. The focus on reaching acceptance of the loss of what once was, and marking the end of the relationship with a final goodbye, is assumed to be necessary for the future of a more individually-oriented self. The goal of completing "unfinished business"

exemplifies this assumption. Once the left over words are spoken, the bereaved person can form a proper scab and begin to proceed with life. The relationship is left in the compartmentalized tidy space relegated to what once was. The dead are spoken of in the past tense (for example, "he *was* my husband"), which constructs linguistic and emotional distance between them and the living. It becomes harder for the bereaved to have an ongoing conversation with the deceased person's "voice" without falling into pathologizing meanings. It is important to stress that remembering is not just about the past experience of relationship but about reinvigorating a sense of relationship as continuing to be a part of the bereaved person's life.

Remembering conversations shift both the topic and the verb tense. It is not uncommon for bereaved people to struggle with knowing how to speak about their dead loved ones. They question whether they should acknowledge the deceased in the present and risk being judged as denying reality. Remembering conversations offer a way around this awkwardness through embracing the use of subjunctive verbs to speak hypothetically and metaphorically about deceased persons. This usage frees the language, and often the relationship with the deceased, from the frozen linguistic tundra. The resulting thawing of relationship enables a shift of focus from the past to the present day. Speaking as if the person can respond or speak opens the possibility of embracing a relationship as if it were continuing. As we see in the following exchange with a woman whose son has died, the phrasing questions in the subjunctive invites her to try the relationship on in an imagined present. She could refuse the offer and relegate the relationship to the past, she could continue in the timelessness of a hypothetical subjunctive, but instead she embraces the invitation to continue speaking about her son in the indicative present.

*Lorraine: How would you say your relationship is now with your son?*
*Client: It's still good. It is still super neat.*
*Lorraine: How would he say his relationship with his mom is?*
*Client: Super neat too.*

The use of the subjunctive forms a bridge between the indicative past and the indicative present. He is no longer just her son who died but is an imagined, emotional force in her life pointing her forward and continuing in active relationship with her. This shift could only occur when we refuse to accept the physical reality of death as dominant and embrace the transcendent

properties of stories. She notes this shift as well when she speaks about how she has written to her son since his death. Initially, she wrote about their past but during the group sessions this shifted for her.

> *Client: I wrote one letter to him that I wanted read at the service, but I wasn't writing <u>to him</u> until the group. And then suddenly I just wanted to write to tell him what was going on…*
> *Lorraine: Has your writing shifted or changed?*
> *Client: It has changed. I still cry when I write. I feel much closer to him now when I write. But I tell him things -- we went on a cruise and I tell him, 'we went on a cruise'.*
> *Lorraine: Your writing him with updates?*
> *Client: Yes, yes.*

Transcending these linguistic limits allows for re-inclusion of a deceased person into the life of the living. The interviews indicated that it was comforting for the bereaved to think about bringing their loved ones along in their lives. As Donna explained:

> *When I get sad, I think of the things we did together. I remember his presence and that is different than focusing on 'he's gone'…*
> *My Dad is living inside me and I can share him with the world.*

She is fueling her present experience (to stave off sadness) with her memories of the times she and her father shared. This simple statement injects the element of timelessness into her relationship with her father. She can continue to let her father live, not only in narrative connections within herself, but also in her relationships with her children and grandchildren. Donna is able to carry her father's remembrance forward when she notices personal attributes in her children that remind her of her father.

*'That's just like your grandfather.' How lucky! What a gift to go to that bereavement group and learn how to see and feel them forever, in all of us! And to share that with someone else.*

This shift from past tense to a present sense of a deceased loved one being a part of current life shapes future possibilities. Stories have the capacity to continue to grow. Remembering conversations set the stage for the bereaved to continue to let the relationship unfold.

Here are two examples from the interviews with different group members. I was recently contacted by Donna, who confided that her best friend had recently passed away. Her friend's death proved to be very painful for Donna. She was not only "like a sister" with her friend but had supported her during a brief and dramatic terminal illness. Donna and I spoke about the joys of friendship and how her friend might guide her through her pain. I was able to ask Donna many questions that not only enlisted her friend's voice but that also called on her deceased father's voice as well for emotional support during such a tender time. Her father's voice was needed in a different way in Donna's life. She had imagined him as affirming her sanity after his death. Now his imagined voice could offer her support in her grieving for her friend. In the flexibility of narrative, Ernie's (Donna's father's) "voice" bends to accommodate her varying needs.

Again, Martha tells the story about how her connection with her father has expanded from virtual extinction to omnipresence.

*My Dad and my relationship are not in a compartment anymore. Our love for each other permeates every area of life.*

Martha incorporates her father in her consciousness and she happily speaks about him as if he were right along side her in the present tense in this all-telling statement.

*We are **both** grateful and thankful to you.*

3. Maintaining Connection with the Deceased Rather than Letting Go of Relationship

As noted in the literature review, conventional models of grief counseling support letting go of a relationship once a person has died. It is assumed that relationship requires two individuals and the physical leave-taking of one severs the connection. Perhaps this construction of relationship, or the absence of it, is heavily influenced by the Westernized emphasis on individual selves which gives us such phrases as, "You're born alone and you'll die alone," as if this is a preferred way of living. It is from the stronghold of the individual that much of developmental psychology forms the beliefs and counseling techniques that reify identity as the product of individuation. Martha spoke about the effects of letting go and how a new orientation challenged this belief.

> *So those were some of my ideas for the past twelve to thirteen years since he passed. That you cried at that moment when you found out, but after that you just get on with life. So the ideas of bringing him back, they were totally different from what I had been doing for the past years.*

If we use the metaphor of membership as our starting point, then we are no longer just individuals marching resolutely through a series of developmental tasks to complete an individualized self so that we can die alone. Instead, in a membered world of identity, we are born into an interconnecting group of people, who make up for us a "club" of sorts and who will travel with us. This club shapes us from long before we are born, throughout our lives, and can continue to shape our stories long after we are no longer physically here. This distinctive perspective becomes important for understanding how a relationship can be maintained after a person dies. Martha's words reflect the effects of this shift in thinking.

> *I feel as if those stories were just told yesterday. I am thankful that my reunification with my dad is being shared…*

The intentional act of folding stories into life does not insist on the letting go of connection, even after many years of physical absence. Reclaiming the connection and reconfiguring a membership club are not bound by the limits of time, nor by geographical

distance. In Martha's words, it is as if her father were there waiting through the years for the "reunification" to take place.

The metaphor of membership provides many points in which the bereaved can creatively reconfigure a deceased person as a storied part of their lives. It is based on a refusal to let go of the memories and connections that affirm love and relationship. For example, one woman who was interviewed for the research, although her interview was not included in full, spoke about the shift in her connection with her father since she had relocated. She explained that she had moved to an area that was closer to where her father had grown up when she accepted a new job. As a result of being in areas that were familiar to her deceased father, she had often had a sense of "seeing the world through his eyes" as she had been driving around the town they were both familiar with. She had even had his old car repaired so she could drive it, as a way of connecting with her father. It was for her *"keeping* [her] *dad alive and keeping him with me."* His membership in her club was reinvigorated by living in familiar territory. Every time she imagined the world through his eyes, she was revitalizing his membership and re-membering him.

The reconfiguration of one's membership club can impact not only on the relationship between the deceased and the bereaved person. It has not been uncommon in the groups to hear heartwarming accounts of family members or friends who have drawn grown closer as a result of the bereaved person's efforts. It could be said that the deceased person's memory acts as a catalyst for the restoration of relationships among the living. Martha spoke frequently about this as she actively sought out conversations with relatives to support her learning more about her father.

> *I started to feel like there was more to him that I wanted to know. So I thought, 'I have an auntie who's alive, his sister. I have an uncle who's alive, his brother.' There's a whole new world out there. Like more to him. So I actively went out, that was actually very hard too, 'cause I hadn't spoke to them in so many years.*

Martha was fortunate that her father's family were physically accessible to her. Her father's memory became the binding agent for her relationship with her aunt. The ripples

emanating from his shift in membership status started to affect other relationships in the membership club.

> *And so when I met them, and I saw my auntie again, that* [sic] *we just automatically kept bringing him* [her father] *up. It was kind of like reassuring for me. I thought, 'People do remember him.' And, 'He is remembered.' It was really nice to see that. The love that he --that they love him* [sic]. *When he was around physically he loved them and they had great memories of him. That love is there and it was really great.*

4. The Ongoing Introduction of the Deceased to Others

Reference has been made throughout this research project to the importance of introducing the deceased as a part of remembering conversations. It is perhaps one of the cornerstones of the remembering theory and practice, for without introduction, subsequent conversations could not develop. At the most rudimentary level, introduction involves telling stories about the person who has died. Memories of the past were often initiated as the facilitators sought to get a sense of who the deceased person had been. Group members thus introduced their dead loved ones to each other. Later they were encouraged to introduce their loved ones to other people in their lives.

Traditional bereavement conversations usually ignore this important practice of introduction because grief counseling conversations are so heavily weighted towards the bereaved person's identity struggles and inner experiences of loss. The resulting exclusion of the deceased from social exchange, I believe, increases the bereaved person's sense of struggle and has an isolating effect on them. Family strife can ensue or, as Donna experienced, one can start to doubt one's sanity.

As group members became more sophisticated with the practice of introducing their loved one to others, making repeated introductions afforded ongoing opportunities for the retelling of stories about the person who had died. The therapeutic effect for the living was to revitalize their connections with the deceased and to continue creating new ways in which the deceased would exert an influence. Martha explained the importance of this effect in the story

about her uncle's mother-in-law, Ms. Teresa. During their conversation, Ms. Teresa had spoken about the pain of losing a son to suicide five years previously. Martha was able to respond to her distress through an introduction of her father that had a mutually beneficial outcome.

> *I was touched by Ms. T's sharing of her son with me. This allowed me to introduce my Dad to her. We had such a great conversation. This is where I am in my life. I am able to share my Dad with others and it's okay. I am also able to meet others along the way.*

The introduction of her father provided an opening for Ms. Teresa and her connection to her son as well as a further point of reference for Martha. She might feel proud that her father was able to step up in such a tender place. In the process an additional story about the meaning of her father in her life was generated. This new story potentially combated isolation for Martha, for Ms. Teresa as well as for Martha's father and Ms. Teresa's son.

5. The Giving of "Voice" to the Deceased Rather than Effectively Rendering Them Silent

The property of voice in remembering conversations is different from in other forms of bereavement conversation. Rather than thinking of a voice as owned by an individual it is thought of in a much more dialogical fashion. The predominant practice of listening only to the voice of the living person positions the deceased as a silent partner who is no longer allowed to have his or her say in the conversation. While we know that the deceased are not actually speaking, the reverberation of their remembered words may continue to exert influence in the thoughts and actions of the living. Remembering conversations create a mechanism for the living to ventriloquize the deceased. The re-voicing of the words of the dead can provide an ethical guide for how the living intend to live. As Deborah explains when speaking about her mother and aunt:

> *I want to carry myself through this in the manner they would have. I knew that was their 'voice'.*

This act of giving voice to the dead takes us to issues of larger scale as well. The silencing of the dead is complicated by relationships of power. There is an additional layer of complexity about who has the authority to "voice" the dead person. The silencing or voicing is not only about the telling of stories about their lives but also impacts on the evolving politics of relationships. Inherent within remembering lies a critical question about the meanings that might be generated in giving the dead a voice. When the dead are silenced they cannot testify against their murderers, for example. Nor can they complain about ineffective rescue efforts in a hurricane. But the living can represent their voices through remembering what they said or reconstructing what they might have said, as Deborah found:

> *There were all these concentric circles around it because it was New Orleans. Because it was this, that or the other. Layers of frustration... I wanted people to know. I wanted them to be incensed. No one knew what was really going on. I was the 'spokesperson'. I was the visual reminder.*

Deborah was angered by the lack of resources and knowledge about Katrina. As she stated it: *"Many people in California don't know or understand how enormous Katrina was and what the long term effects were."* Speaking about her loved ones' deaths became for her a political act. Giving voice to those who had died entailed making an ethical statement that stood against the politics of silence.

> *I so wanted others to know the stories of my mother and my aunt. I didn't want to tell the New Orleans story. But I didn't want them to be victims. I didn't want them to be a name on a list. One day at church, the minister was talking about something else, about a disaster like in an earthquake with the loss of life. He said that when you see a list of one hundred people hurt or killed, that each one has a face, each one has a name, each one has a family, each one has history, each one has a story. It's not that list. It's not just a death toll number. It was important to pull out my mother and my aunt* [from the number of victims].

Remembering conversations created a very public way in which Deborah could define her mother and aunt, give them a face, a name, a family, history and a story. She found avenues to provide her family members a rich personal identity through sharing their stories. This was evident in the newspaper article (Appendix K) and in her speaking about Hurricane Katrina in elementary school classrooms.

> *I was inspired by their questions. I was surprised by how little they knew and it was good to talk about my Mom and Aunt.*

Bringing voice to her mother and aunt in this public manner was far more than Deborah's venting about what had happened. She was building a community where her mother's and aunt's stories would continue to matter and their voices would impact upon the lives of others in the future. And for her, it was important to not only speak about their lives, but to speak about the drama that surrounded their deaths. Their lives, and their deaths, continued to matter in Deborah's life and to give her new meaning and purpose.

> *The building of a new community by talking to the students and others, and seeing the impact upon them, I wonder if maybe this is my calling…*[reading the transcript of the interview] *encourages me to get back to writing my book on my experience and family history…I want to be the advocate for those without voices.*

6. The Emphasis on Multiplicity and Possibility Rather than on Singularity of Story

Remembering conversations do not sustain one rendition of a person's life, or death, as the true or correct version. In keeping with postmodern ideas, "truth" is established through relational interaction and is never fixed in certainty. Conventional bereavement practices often reduce and limit the stories told, guiding the bereaved to one trajectory of events and experiences. The stories told in this model are brittle and unbendable. It is not uncommon for stories of sadness and tragedy to be layered over the stories of a person's life when he or she dies. Remembering conversations make multiple story lines available from which the bereaved

can choose the best possible story about what has happened. One mother spoke about the impact of telling more than just the stories of sadness.

> *Client: I am much stronger now. I am a much stronger person. I have shared with others about losing a son.*
> *Lorraine: What made you stronger?*
> *Client: I think the fact that I learned that talking about him actually gave me strength. Talking about his entire life from the time he was just a little guy, gave me strength. I don't have to cry all the time.*

Multiplicity of story provides flexibility for the bereaved to interchange stories depending upon the context, realizing the plasticity of story has significant therapeutic impact. For example, Deborah wrestled with two contrasting stories about the deaths of her mother and aunt. Each of these provided her with purpose and comfort as she reconfigured her relationships with them.

> *I had so much 'frustrating story' and that got told everyplace – that was out in the world. I didn't get to tell the warm fuzzy stories. And I was always telling 'the warm fuzzy story' about mom* [when she was alive].

It would have been a disservice to Deborah to insist on her having only one experience and story as both are needed in the reconstruction of her membership club. The "frustration story" served to spur her forward in her negotiations with governmental bureaucracies. It is also this story perhaps that supports and encourages her to speak so publicly about her personal experiences and her family members' deaths.

> *I will tell you why. I had to go, "grr, grr, grr, grr, grr!"* [she makes growling sounds]*, when I had to make phone calls. Every single phone call I had to make, I had to retell the story every time because that person whomever I was talking to needed to know that* [to complete the transactions]… *I needed to be a certain way to get things accomplished.*

This “frustration story” however, does limit the kind of connection she wants to have in memories with her mother and her aunt. For these moments, she is more inclined to “the warm fuzzy/underbelly story”, but even this story is not an exclusive description of her relationships with her family. Deborah speaks about the visceral experiences of stories:

> *It’s when you’re all tense and your stomach is tight and your shoulders are up here with the frustration story and then you finally start realizing you don’t have to wear your shoulders as earrings. And you can actually take a breath that’s like a real breath. And again, I don’t want to remember them in the frustration stories. I want to remember them in the underbelly stories AND I want people to know them in the underbelly stories.*

Neither story is more true than the other but each has a place and benefits her in different ways. Multiplicity allows both stories to co-exist and lets Deborah employ them accordingly. Story and language are malleable, thus allowing for memories of frustration to live alongside soft memories of love. Relief, joy and sadness might be intermingled alongside stories of a person being both lovable and challenging in various contexts. Remembering conversations support this fluidity through which a deceased person’s membership can be continuously reconfigured during the course of a lifetime.

## Limitations of the Research

With every research project the scope of the study and the method used to investigate the issues will have limits that are built into the design and the questions. This study is no exception. The development of a new way of thinking and practice is much like stretching a canvas in order to paint. The outermost edges of the project perhaps show attenuation where the canvas has been stretched and will be in need of future reinforcement. This support could come in future studies, all of which I would highly encourage to further extend the practicalities and effectiveness of this new way of thinking about grief psychology. Let me list a few of these areas that are in need of such further attention to complete more of the details of the portrait of remembering conversations.

First, a study such as this would surely bare more ripened fruit if the sample size were enlarged. The sample size of this project was intentionally small to capture the richness of the stories in the qualitative analysis. If a larger sample size were investigated, I might find more robust support for the conclusions I have drawn, and as well locate further nuances and implications of the practice. At the same time, such stories might reveal limitations I have not yet considered.

Second, this project was limited by the time period in which the interviewing was conducted. It is unclear what might be the effects of remembering conversations over a longer period of time. The participants interviewed had completed a remembering support group at some point in the previous two years. It could be argued that this is a relatively short time frame in the span of a lifetime. We simply do not know if the conversations that were initiated and the budding relationships with the deceased loved ones would endure over a longer period of perhaps ten, fifteen or twenty years. Further longitudinal studies are needed to ascertain whether remembering provided simply a temporary fix or longer term comfort for the bereaved.

Third, it should be noted that, as the researcher was in many cases also the group facilitator. This posed several potential limitations. Those who responded to the letter of invitation may have done so out of respect for a personal connection with me. We don't know whether the same configuration of people would have stepped forward if I had not been the interviewer. It is also possible that some of the participants' interview responses may have been motivated by a desire to please me. Additionally, I was not only the originator of the group framework and practices, but in many cases, I was the support group facilitator. As such, I held a personal bias towards the project and the people being interviewed. I already knew some of their circumstances and was hopeful that the remembering practices that I had developed had been helpful to them. It was impossible for me to enter into the research from a neutral position. Further research is needed with various configurations of group facilitators and researchers to investigate whether this bias negatively impacted upon the study.

Lastly, this study does not provide information about the applicability of remembering conversations in countries or cultures other than what might be found in Southern California in the United States. This study did not set out to study the effects of culture upon remembering conversations and it is an area sorely needed in future studies. Rather than insisting on the exportation of psychological theories from Westernized countries to non-Westernized areas,

there is opportunity to explore whether these practices have relevance and are helpful to others who draw from differing cultural backgrounds and lifestyles.

There is a side note to this topic that is worthy of discussion for future study -- it lies in the limits of the English language when speaking about the dead and about grief. The absence of a language and fitting verbs to describe those who have died leaves people struggling to make sense of bereavement without sounding as if they are crazy. Perhaps other countries and cultures would provide better avenues for the re-inclusion of the dead. For example in many Latino cultures the dead, and the relationship with them, is annually celebrated through the rituals that accompany Dia de los Muertos, or the day of the dead. In some African countries those who have died are referred to as "The Living Dead". These semantic differences and ritual inclusions offer bereaved people with resources that fold the dead into life in different ways. Perhaps remembering conversations as I have argued for them would be less appropriate in these contexts or take on very different forms. It would be worthy of further research to explore the impact of these practices and where remembering conversations might interface with them.

## The Researcher's Reflections

While reviewing the hours of conversations that occurred with group participants to prepare the discussions, I am again humbled by the experiences I have been granted. I am reminded of Myerhoff's words that I am more than a mere validator, but am irrevocably changed as a result of bearing witness to people's stories. Of course, it is pleasing to read affirmative accounts, but more than this, I have taken into my personal membership club the stories and lives of those whom I have met -- those living and those I met after they have died. It is not a membership I take lightly. I believe the dead continue to live as long as I speak their words and honor their lives. This research project is one additional way that the dead can be honored. Their stories are thus offered to those who have read their words. Perhaps you have met many whom you might not otherwise know. I would request that hold you their lives dearly, folded into your membership club in a way that affirms the preciousness of their life.

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# APPENDICES

Appendix A

VITAS®

You're invited to…

# Remembering Our Loved Ones

VITAS Innovative Hospice Care® of the Inland Empire offers a six-week bereavement group for people who would like to learn new and supportive ways to reclaim moments of contentment and happiness while honoring those who have died.

While there is no cost for the group, pre-registration is required. No new members will be admitted to the group after the second week. Call Lorraine Hedtke, VITAS Bereavement Services Manager, 1.800.394.6774 to register.

**When:** Saturdays
*October 27 - December 8, 2007*
9:30 – 11:30 a.m.

**Where:** VITAS Office
1845 Business Center Drive
Suite 120
San Bernardino, CA 92408

**Directions:** The main entry to the building is on the north side of the parking lot, away from the street.

Appendix B

*Remembering Our Loved Ones*
A six-week support group for people whose loved ones have died.

We are pleased that you have chosen to be a part of this group. Over the next six weeks, we will be discussing the death of your loved one. We will explore various aspects of your shared connection prior to their death. We will also discuss the time and events since they have died, as well as the times that are yet to come. It is our desire to be supportive and helpful throughout this process.

Grief brings with it many emotions. People grieve in different ways and grief may be different from day to day. All of this is normal. We would ask that you help us in making this place a comfortable place, and an emotionally safe place to explore and share these feelings and thoughts. We will discuss a shared covenant during our first meeting so that we all can feel comfortable and honor each others experiences.

During the six weeks, you may be asked to read, reflect, and journal about your experience. Materials will be provided for you to do so. If you feel as though this is not comfortable or your unable to carry out these things, please speak to your facilitator so we can meet your needs appropriately.

We recognize that speaking about a loved one who has died can be emotionally distressing at times. It can also be joyful, warm, or even humorous. We would ask that participants in the group come with a willingness to explore these various aspects as normal parts of grief. If however, there are conversations or exercises that are confusing or uncomfortable during the group, please speak to your facilitator. Our goal is to assist you and support you during this very important time in our life.

The groups will include aspects that are both therapeutic and educational in nature. All groups will be facilitated by Master's and Ph.D. students from Loma Linda Marriage and family Therapy Program alongside VITAS staff members. To ensure that we are creating a group experience that is comfortable and helpful for you, staff and student volunteers will meet weekly to discuss the on-going group process. During these meeting, staff and volunteers will uphold strict professional HIPAA confidentiality requirements in regards to all conversation. Please feel free to call us, should you have any questions or concerns regarding this.

Lastly, We want to make this experience a helpful and supportive process for you. At any time should you have questions or you find that your emotions are getting the best of you, we ask that you contact us here at VITAS. You are free to call with concerns and we are available to you 24 hours each day. The contact numbers are all listed above.

We are honored that you will join us and share with us the stories that live on for you and your loved one.

Lorraine Hedtke MSW, ACSW, LCSW
Bereavement Services Manager

Appendix C

*Circle of Support Convenant*

***We gather seeking a safe place to be with others just as we are.***
***We seek an opportunity to express what is in our heart, in the***
***company of other we hope who will understand and care about us.***
***We seek companions on this part of the journey life has given us.***

*To ensure the freedom of all to share what they choose, we honor these practices in our group:*

*Listen from the heart when others speak.*
*Allow others to express themselves without interruption.*
*Allow others to listen until they feel comfortable to share.*
*Share speaking time so each one may have a fair share.*
*Honor differences among group members, however they may present themselves.*
*Refrain from giving advice. Offer only personal experiences & information.*
*Protect the confidentiality of the group.*

*May we succeed in creating with each other an atmosphere in which each of us can receive whatever we need most.*

Appendix D

*CONTACT INFORMATION*

*Name*_____

*Loved One's Name*_____

*Relationship*_____

*Your Address*_____

*City*_____*Zip*_____

*Phone*_____

*Cell Phone*_____

*In the event of an emergency, whom should we contact:*

*Name/Number*_____

*How did you hear about the group?* _____

_____

Appendix E

Journaling

**Your Journal** is a place to reflect privately on the conversations you have had in the group. You may be asked to write an entry each week that you are in the group. The exercises are designed to help naviagate through the occasional difficulat days and weeks after a person has died. They are specifically designed to assist you to reflect and enhance your group experiences.

We would ask that you bring your notebooks each week to group as we might wish to share excerpts from your writing. You also will be adding components to your notebook each week to guide you during the six weeks of the group.

If you have questions about these instructions, please feel free to speak to your group facilitators.

Appendix F

The following is a list of things bereaved people from a few different *Remembering our Loved Ones* groups were told about how to act, think and feel following the death of our loved one. They are not listed in order of importance or designated as what was helpful or not helpful. Some comments were found to be helpful by some and not by others and some comments appeared on both lists of being helpful and not helpful.

1. Don't talk about it.
2. How are you feeling?
3. Prayers help.
4. They are in a better place.
5. God only takes the best.
6. Avoid and/or change the topic about the death.
7. I'm here for you.
8. You're young and will have more kids.
9. Get enough sleep.
10. Make sure you are eating.
11. Cry when you need.
12. Talk about your loved one with others.
13. You need to move on.
14. Encouraged to start dating.
15. Be strong.
16. Time heals all.
17. They are not suffering anymore.
18. Did you have the chance to find closure?
19. S/he lived a long life.
20. Doctors did all they could.
21. They were too good to be here.
22. One of these days you'll be together again.
23. My thoughts are with you.
24. I'm sorry.
25. At least you had her this long.

Appendix G

1845 Business Center Drive
Suite 120
San Bernardino, CA 92408

tel 909.386.6000
fax 909.386.6004
www.VITAS.com

November 9, 2007

During the last year or two, much has undoubtedly changed in your life. One such event is that you were involved in a support group following the death of your loved one. These groups took place at Vitas Innovative Hospice Care or Loma Linda University, Marriage and Family Clinic. As you were a part of these groups, I would like to invite you to be involved in a special conversation in hopes of helping others facing similar circumstance.

I am interviewing people who completed the group series to learn what was helpful, and what was not helpful during the groups and since it ended. By using your expertise, it is my hope to gain a better understanding of what works, and what does not work in a group setting. I am doing this research for a PhD study through the Taos Institute in Taos, New Mexico. My supervisor is Professor Kenneth Gergen and he can be contacted at the address below. This project also has the approval of Vitas Innovative Hospice Care and the General Manager of the Inland Empire Program, Steve Girod, has been fully informed.

As you already know, people's lives change following the death of someone they love. It is my hope, if you decide to participate in the conversation with me, that there might be helpful and comforting aspects to be gained for you to reflect about your experiences since the passing of your loved one. The questions might be a nice opportunity to think back to what you learned and have gained as a result of the group. Your knowledge will help to educate those who run groups to better meet the needs of people who have experienced a death of a loved one.

I will personally conduct the conversations at times that are convenient for you in a private venue. As I want to accurately capture your words and important themes, I'd like to tape record the conversations. The results will be compiled for possible research and publication, although no identifying information of any kind will be found in the writing. Please note that whether or not you participate in this conversation will not impact upon any future care available to you from Vitas. The conversations are to be used strictly to gain information about effective and helpful bereavement programs.

In order to have a conversation like this, we would need you to sign a consent form. We can do that at that same time of the interview and I will answer any questions about the study. The interview will take approximately one hour of your time. In addition, you may be asked to review the transcript of the conversation for any errors that may have occurred during transcription. This can be done at privately your home.

I will call you in the very near future to discuss this with you. You are also welcome to call me to arrange an interview, or for additional information, at Vitas Innovative Hospice Care, 909.386.6000 ex 6059.

Sincerely,

Lorraine Hedtke MSW, ACSW
Bereavement Services Manager

VITAS Innovative Hospice Care

Appendix H

## Consent for Interview

During the last year or two, much has undoubtedly changed in your life. One such event is that you were involved in a support group following the death of your loved one. These groups took place at Vitas Innovative Hospice Care or Loma Linda University, Marriage and Family Clinic. As you were a part of these groups, I would like to invite you to be involved in a special conversation in hopes of helping others facing similar circumstance.

I am interviewing people who completed the group series to learn what was helpful, and what was not helpful during the groups and since it ended. By using your expertise, it is my hope to gain a better understanding of what works, and what does not work in a group setting. I am doing this research for a PhD study through the Taos Institute in Taos, New Mexico. My supervisor is Professor Kenneth Gergen and he can be contacted at the address below. This project also has the approval of Vitas Innovative Hospice Care and the General Manager of the Inland Empire Program, Steve Girod, has been fully informed. His contact information is also below.

I will personally conduct the conversations at times that are convenient for you in a private venue. As I want to accurately capture the words and themes, the conversations will be tape recorded. The results will be compiled for possible research and publication, although no identifying information of any kind will be found in the writing. Please note that whether or not you participate in this conversation will not impact upon any future care available to you from Vitas. The conversations are to be used strictly to gain information about effective and helpful bereavement programs.

The interview will take approximately one hour of your time. In addition, you will be asked to review the transcript of the conversation for any errors that may have occurred during transcription. This can be done at your home.

**Risks and benefits**

As you already know, people's lives change following the death of someone they love. It is my hope, if you are willing to participate in this conversation with me, that there might be helpful and comforting aspects to be gained for you to reflect about your experiences since the passing of your loved one. The questions might be a nice opportunity to think back to what you learned and have gained as a result of your group participation.

The remote possibility exists that there may be points of emotional discomfort in the conversation as well. While this is not the aim of the conversation. People may find talking about their deceased loved one sad, or difficult or may even be left feeling poorly after the conversations. Should this occur, you will be provided appropriate resources for follow up.

**Ethical safeguards**

As previously mentioned, all identifying information will be omitted from the research and writing. You will be asked to give your informed consent to participate in the conversations and study only after you have reviewed this consent form and had your

questions answered. Audio tapes will be destroyed or returned to you following the transcription of the interview. Interview data will be stored in compliance with HIPAA guidelines and secured away from people who might be able to read them.

Should you for any reason, after the interview, wish to not be included in the study, you will be allowed to withdraw from the study. This would need to happen within one month following the interview and I would need to have your request for withdrawal in writing. You can send a letter to me at Vitas, 1845 business Center Dr., suite, 120, San Bernardino, CA 92408. Should you elect to withdraw, all information gathered from you would be destroyed. Withdrawal would not impact upon any future care available to you from Vitas.

**Consent**

I have read the above information regarding the interview about my experiences in participating in bereavement support group. I have had time to have all questions asked and answered before proceeding with the interview. I willingly consent to be interviewed about my group experiences and understand that I can call Lorraine Hedtke should any problems arise following the interview that relates to the content of the interview.

I give my consent to be audio recorded for this interview and understand that the tape recording will be transcribed for the completion of the research. Following the research, the tape will be destroyed. I will have opportunity to review the transcripts of the conversation for accuracy prior to any aspects being used for publication.

It is my understanding that the conversation will be transcribed and used for a PhD study that Lorraine Hedtke is participating in conjunction with the Taos Institute and Tilburg University. I give my consent to use the information that I provide, in whatever form Lorraine sees fit to capture the stories, themes and narratives of our interview. Care will be taken so as to not release any identifying information regarding my particular interview or exact circumstances. In addition, the stories may be used, with all identifying information removed, for professional writing and/or speaking purposes related to Lorraine's work.

Lorraine Hedtke conducted the interview and I have not received any money for this interview.

| | |
|---|---|
| _____ | _____ |
| Interviewee's Signature | Interviewer's Signature |
| _____ | _____ |
| Interviewee printed name | Interviewer's printed name |
| _____ | _____ |
| Date | Date |

Contact details

Lorraine Hedtke MSW, ACSW, LCSW
Researcher/student at The Taos Institute
1845 Business center Dr. #120
San Bernardino, CA 92408
Lorraine,Hedtke@Vitas.com
909.386.6000 x6059

Steve Girod, General manager
Vitas Innovative Hospice Care
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Dr. Ken Gergen, supervisor/faculty Taos Institute
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1-888-999-TAOS

Appendix I

1845 Business Center Drive
Suite 120
San Bernardino, CA 92408

tel 909.386.6000
fax 909.386.6004
www.VITAS.com

October 11, 2006

To Whom It May Concern,

I have been in conversations with Lorraine Hedtke MSW, ACSW, LCSW about completing research at Vitas Innovative Hospice Care, Inland Empire. She has shared with me the proposal for the research and it has been reviewed by David Tanis at our corporate office. He and I are in agreement that the research does not involve patients or any type of behavior that could be construed as risky. Additionally, all participants will complete informed consent forms that have been provided with the assistance of our corporate office. As such, I am confident, as is David Tanis, that we can support this project without further external IRB review processes.

Her research, interviewing people who have attended bereavement support groups at Vitas, will be conducted as a part of her completing her dissertation for her Ph.D. with Tilburg University in association with The Taos Institute. As Lorraine is employed with Vitas as our Bereavement Services Manager, her research, and access to bereaved people fit within the ethical guidelines of her position and there is not a conflict of interest.

We are happy to support this project and look forward to her results.

Steven P Girod, General Manager

VITAS
Innovative
Hospice Care

Appendix J

# Memory Bears Offer Friendship, "Soften" Feelings of Grief

*In need of a bear hug?*

A VITAS Memory Bear, sewn for you by a VITAS Volunteer with compassion and love, is a forever friend who can offer a hug or a hand to hold to help ease a hurting heart.

We know it's hard to imagine life without your loved one. And, no matter what, VITAS bereavement experts always are available to help see you through your grief.

But just like a pair of warm, fuzzy slippers and a flannel robe make you feel better on a cold winter day, a Memory Bear can help ease your pain when you're missing your loved one. A Memory Bear is a good listener; a companion that keeps your loved one close to your heart in times of sadness.

**To request a Memory Bear, just ask one of your VITAS caregivers or call your VITAS Volunteer Services Manager:**

Lori Verdick - Volunteer Services Manager
VITAS Innovative Hospice Care
1845 Business Center Drive, Ste 120
San Bernardino, CA 92408
(909) 386-6000
Email: Lori.Verdick@Vitas.com

Sewn from your loved one's clothing or other fabric, a Memory Bear may recall the closeness of your loved one … or bring a smile to someone in distress. It could offer a sense of security to a child who feels alone or afraid after the loss of a parent or older sibling.

*"Delivered with love, Memory Bears promise a little joy and often bring a smile to the bereaved."*

—Susie
VITAS Social Worker

VITAS®
Each Day Has Value®

Appendix K

LOS ANGELES TIMES FRIDAY, NOVEMBER 18, 2005 A15

# The Nation

# AT DEATH'S DOOR

**Delia Holloway's body was found in her New Orleans home Sept. 2. And Sept. 13. And Nov. 2. Yet her daughter still cannot lay her to rest.**

By ANN M. SIMMONS
*Times Staff Writer*

*New Orleans*

Losing her mother and aunt in the tumult of Hurricane Katrina has been tough for Deborah Holloway to accept. That her mother's body would end up having to be found three times before being recovered has felt intolerably cruel.

Holloway's mother, Delia, 83, and aunt Deborah Fisher, 85, did not leave before the hurricane because, like so many others, they were confident their house could withstand the storm.

Essentially, it did.

But when levees surrounding New Orleans broke after the Aug. 29 storm, the sisters were trapped by rising waters. They used lipstick to scrawl "help" on the upstairs windows. They hung a red scarf to attract attention. Relatives and friends called on their behalf. Help did arrive Sept. 2, but not before Delia Holloway had died. Fisher was rescued but died four days later.

Yet — in a saga that underscores the separate disaster of how bodies were handled — two months later, Holloway's remains were still in the upstairs bedroom of the home she shared with her sister. Now her body lies, officially unidentified, in the special morgue in St. Gabriel, La., for hurricane victims.

Holloway's daughter, a 52-year-old elementary school speech therapist in Southern California, is struggling to understand what happened to her mother and her aunt — before their deaths and after.

Delia Holloway and Fisher lived in their childhood home, a classic two-story Victorian, white with green shutters, in the city's downtown business district. The home was stately, with a fireplace in every room and a stained-glass window in the dining room.

Holloway, a retired social worker, had high blood pressure. Fisher, a former librarian, was a colon cancer survivor. But the women, who had lived together the last 23 years, were "still chugging along," Deborah Holloway said.

On the morning Katrina hit, Fisher had called Frankie Walker, a longtime family friend in Baton Rouge, La.

"I'm just letting you know we're OK," Walker recalled Fisher saying. "We have food and supplies and the house seems to be OK." But, said Walker, Fisher also said: "I don't think we made the best decision this time."

When water started to engulf the downstairs of the house, the sisters took refuge in bedrooms upstairs.

Two thousand miles away, from her home in Claremont, Holloway's daughter tried to help.

She called the Red Cross, the Louisiana State Police and the Louisiana governor's office. She said she sent e-mails to Louisiana state senators and the Coast Guard, giving them her mother's home address, the cross street, the color of the building.

John Gaines, who considered the elderly women his sisters and is Deborah Holloway's godfather, had begged Delia Holloway and Fisher to leave New Orleans with him. "They were adamant they didn't want to go," said Gaines, 58.

As Gaines watched TV coverage of the hurricane from Houston, he heard a reporter mention that two elderly ladies had been trapped in a house on Cleveland Avenue in downtown New Orleans.

"I couldn't move. I knew it was them," Gaines said. Then the reporter named Deborah Fisher.

**'HELP':** *Rescuers arrived four days after Katrina for sisters Delia Holloway, 82, above with daughter Deborah, and Deborah Fisher, 85, left. Holloway was dead; Fisher died later.*

*'My mother and aunt were elegant Southern women. . . . They would never have wanted a spectacle like this.'*

**Deborah Holloway**

Word that rescuers had saved her aunt but had arrived after her mother died reached Deborah Holloway through a family friend.

"I don't know when my mother died," said Holloway, who is named after her aunt. "Who knows what they endured?"

Her aunt was taken to a hospital in San Antonio, and Holloway arrived at her bedside the afternoon of Sept. 6. That evening, the elderly woman's heart stopped. "I hadn't even processed my mother's death," said Holloway, an only child.

Holloway arranged for her aunt's body to be taken to Baton Rouge, where Fisher had lived for more than 40 years.

In Baton Rouge, forensics specialists from the Disaster Mortuary Operational Response Team took DNA samples from Deborah Holloway. She was told it was so that her mother's remains could be identified; she assumed that meant they believed they had her body in the morgue at St. Gabriel.

Holloway planned a memorial service for her aunt and mother on Sept. 17 — although she did not have the body of either.

While still in Baton Rouge, Holloway called her home answering machine to check for messages.

There was a call from Steven Pacheco of the Society for the Prevention of Cruelty to Animals of Los Angeles. When Holloway returned his call, she was stunned.

"He told me that my mother's body had just been found in the house," Holloway recalled. "I just lost it."

Pacheco was a member of a California animal rescue team and came upon Holloway's body during a Sept. 13 search of her home.

The house was marked as containing a body, and the searchers assumed, as did Holloway, that this time the remains would be quickly collected.

When Holloway inquired about getting a death certificate, the funeral home told her the body had not been released.

She said officials at the family assistance center run by the Federal Emergency Management Agency told her that her mother's body was probably still being processed at St. Gabriel. A death certificate would not be issued, they said, until her mother's identity had been officially confirmed through DNA testing and an autopsy had been performed.

Holloway returned to Claremont. There was little she could do but wait.

On Nov. 2, Holloway's godfather, Gaines, went to the home of the elderly sisters to meet a claims adjuster.

Stacey Martin, a young woman who used to help clean the house, accompanied Gaines.

The stench was overpowering.

Gaines presumed that it was because the house had been closed up for weeks without proper ventilation and because sewage and debris had been left behind by the flood.

Then came a shriek from upstairs. It was Martin.

She had come upon Holloway's body.

"I thought she must have been hallucinating, you know, seeing what she wants to see," he said.

But there on the bed was the decomposing body of Delia Holloway. Her head rested on a pillow; one leg dangled to the floor.

"There's no words that can describe this. It's just unbelievable," Gaines said. "It's like you're in a 'Twilight Zone.' "

He dialed 911 and a team of FEMA officials, New Orleans coroner's office personnel and police arrived.

They cordoned off the street. A police chaplain offered comfort and said a prayer over Holloway's body.

Some curious onlookers gathered near the house.

"My mother and aunt were elegant Southern women," Deborah Holloway said. "They were private. They would never have wanted a spectacle like this."

Holloway has taken a leave of absence from work to deal with her grief.

"I don't know where to turn at this stage. I don't know what to do," she said. "I can't function. I'm not sleeping well." She said her mood shifts from crying, to despair, to indignation, to weeping again.

And the ordeal is not over.

Her aunt's ashes have been returned to her, but her mother's body is presumably one of the hundreds in limbo awaiting a DNA match.

It turns out that no testing of DNA samples of victims and relatives has occurred at the morgue for more than two months. Federal officials said this week that they had figured out a way to pay for the testing of the samples. But it could take months before the work is completed.

Most of all, Holloway wants closure.

"It's a nightmare on top of a nightmare on top of a nightmare," she said.

In New Orleans, the house that had been the family home for more than 70 years stands prominently on a street of battered and abandoned houses.

Upstairs, in a room next to Holloway's mother's room, a loaf of bread lies on the floor. A half-empty jar of peanut butter and a quarter-full bottle of water are perched on a windowsill. "Help" is scrawled not once but three times on the windows.

The red silk scarf, meant to attract attention, still hangs from the window.