



## The Politics of Saying Hullo Again

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### Introduction

Once there was a woman who was becoming a mother for the first time but lost her child during the later stages of her pregnancy. Understandably she grieved in response to what was by far the most traumatic event of her life.

She was living in a tribal community that had developed a very special approach to grief. The members of the tribe wanted to help her through these difficult times but they found it hard to talk to her. An idea had developed in the tribe that talking about traumatic events might lead to re-traumatization. Fearing that the woman might be retraumatized, the tribe avoided talking about the loss of the child. But that only led the woman to feel isolated in her grief and the guilt she felt in relation to the death of her child.

As time went by the tribe realised she continued to grieve, and they wanted to cheer her up. In the tribe there was a strong notion that “what does not kill you makes you stronger”. And since the woman was still alive, the tribe members told her she would eventually become stronger. It was supposed to help the woman give meaning to the traumatic event. But to her it made absolutely no sense. Why should her baby die for her to get stronger? She rejected this attempt to make sense of what she was going through.

When other tribe children had birthdays, the woman was invited to join. But she noticed that no one remembered the birthdays of her deceased child. She felt an obligation to keep the relationship to her deceased child alive, especially since none of the other members of the tribe did. However, the rest of the tribe increasingly perceived this as deviant behavior. In the tribe there was a dominant idea that relationships only can exist between people who are alive. When the physical body dies, the relationship ends. They had even set a time limit for how long you could continue a relationship after a person had died. If someone continued to be preoccupied with the dead person more than six months after death, something was wrong. If the woman continued to relate to the child six months after death, they would call her grief complicated. At this point in time the tribe would recommend her to talk to a shaman specializing in grief, and this shaman would explain to her that there was something wrong with her since she was still grieving. But to the woman this would not only mean she had to deal

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with her loss alone, she would also have to deal with the idea that there was something wrong with her as well.

Unfortunately, this is not a fictitious story about an exotic tribe. The tribe is the western society we live in, and the woman in the story is me thirteen years ago. The question we should ask ourselves is not what symptoms we should be looking for to diagnose someone with complicated grief. The question we should ask ourselves is why our society makes it so complicated to grieve.

In this paper I will be exploring what I have come to call “the politics of saying hullo again”, and how narrative grief therapy can work as an antidote to society’s way of complicating grief.

“Saying hullo again” is of course the concept introduced by Michael White (1989) to understand a Narrative Therapy (White & Epston, 1990) approach to grief. However, to more deeply understand that concept, we need to understand the often problematic dominant discourses of western society that make grief complicated.

### **The problem is not complicated grief: the problem is society complicating grief**

Recently, I remember being in a conversation with a man who had experienced the death of his spouse after thirty years of marriage. He referred to himself as suffering from complicated grief. He had noticed a growing distance between himself and his surroundings. He spoke about having read that this was one of the symptoms of complicated grief. As we spoke, I was curious as to what this withdrawal was in relation to, and in what relationships this withdrawal took place.

He realized that the withdrawal did not take place in his relationship with his children. In fact it was the opposite. After his wife’s death he was much closer to his three children. He did experience withdrawal in his relationship to other family members, for instance his brother, his sister and his father. It turned out that what was common in these relationships was that none of them were speaking about or mentioning his wife. He shared with me how outraged he had been when he went on a ski-trip for two weeks with these family members. Not even once did his brother, sister or father talk, mention or ask about his deceased wife. It was as if she had never existed, and that she was no longer of importance now she was dead. It turned out that the withdrawal was an act of protest; he was withdrawing from these relationships as he was protesting what he experienced was a lack of caring for him, his children and even his wife.

In our society, if his wife had been alive, his protest against the lack of talking about her or neglecting her would have been conceived as a proper response of a husband standing up for his wife. But because she had died, the protest gets relabeled as a symptom of a diagnosis, a discourse so dominant that even the grieving person himself starts to internalize it and question what is wrong with him.





If we see grief through diagnostic lenses, we end up individualizing the responses of the grieving person and fail to address the politics of grief (Hedtke & Winslade, 2017). The problem facing the person in grief is not only how to respond to the loss of their loved ones, but also the responses from their surroundings, making their grief much more complicated. You would expect that family members, colleagues at work and health professionals would be a significant resource for helping you through the grief process. Often however, the opposite appears to be the case. Family, co-workers and therapists respond in ways that lead the grieving person to become isolated and marginalized in their grief. This is not because significant others do not want to help - their responses are often well-intended - but because the dominant discourses of how to help, that are available to us in our western society have the opposite effect. They do not provide support. They complicate the grieving process.

One of the dominant discourses in our society complicating grief is the idea that “what does not kill you makes you stronger.” Offering this idea as support to persons who have lost their loved ones often has the opposite effect. To the grieving person it makes no sense that their loved ones should die for them to get stronger.

Similarly, when significant others choose to not speak about the deceased, it is often misplaced but well-intended. They fear that talking about the dead person might make the grieving person sad, a fear informed by the dominant idea that talking about traumatic events may lead to re-traumatization. However, not talking about the deceased only leads to further isolation and marginalization of the grieving persons. When they witness the silence of significant others, they realise they alone are honoring the person and keeping the memories alive. As a response they may take on the responsibility of thinking intensely about the deceased.

As they take on this responsibility, they may encounter yet another dominant discourse of our society: relationships can only exist between living persons (Hedtke & Winslade, 2017). This idea may make significant others respond to the grieving person with worries: “Why is the grieving person still pre-occupied thinking and talking about the deceased?”

Based on this worry, significant others may often suggest to the grieving persons to move on from being preoccupied with the deceased, “get back to the land of the living” or even recommend consulting a therapist. As an effect of these well-intended responses of significant others, the grieving person experiences not only having lost a loved one, they also may become increasingly isolated in their grief while beginning to question what is wrong with them.

Understanding how these discourses complicate the grieving process and how to counteract them is an important aspect of grief therapy. In this paper I will illustrate how Michael White's idea of “Saying Hullo Again” can be developed into a narrative approach to grief therapy that addresses the dominant discourses of western societies complicating grief.

### **Saying Hullo Again - Michael and Augusta's Influence on My Work**





Back in 2003, I met Michael White - one of the founding fathers of Narrative Therapy – for the first time. Meeting Michael had significant consequences for my understanding of grief therapy. At the time Michael was part of a growing stream of thinkers who thought very differently about grief.

The traditional understanding of grief had for decades in Western Society been pre-occupied with helping the grieving person to let go of their loved ones, helping them to accept the finality of the relationship and saying goodbye (Hedtke & Winslade, 2017; White, 1989). The grieving person and the deceased person were being separated, the dead person being placed in the past reduced to memories and the grieving person in the present. Challenges in regard to this grieving process were considered as if the grieving person was not fulfilling the task of recognizing and accepting the new reality and letting go. The treatment of grief was focused on helping the grieving person to be able to let go of the deceased and their relationship with them.

Michael departed from this understanding. According to him, many persons who consulted him about challenges in grieving had been too good in letting go of the relationship to the deceased. He believed that the total loss of this relationship was causing their problems (White, 1989; Hedtke & Winslade, 2017). Michael applied himself to helping these people to bring back the lost relationship, to reincorporate their dead loved ones into their ongoing life. He showed that through narratives about the deceased, we can build a bridge between the dead and the grieving person, and through these narratives the relationship can survive and even develop further. He called this approach “Saying hullo again.”

While Michael trained me in this approach to grief, it was not until I met Augusta in 2007 that I realized how deeply political narrative grief therapy has to be. She expanded my knowledge about how parents who experience the death of a child are marginalized in our society. I met my little girl Augusta after nine months of pregnancy. She was my first born daughter, but she was not breathing. While Michael gave me the class-room training in “Saying hullo again,” Augusta taught me the real-life politics of grief. I saw how parenting in relation to the deceased so easily become invisible in my community, and how the continuing parenting of children who are no longer breathing only gets described and conceptualized as grief and not actions within an ongoing relationship to that child.

Augusta confirmed what Michael had taught me. Children who are no longer breathing can actually continue to influence their parents, not only through the grieving and the experience of the loss. They can also contribute in significant ways to the parents’ identities; who they are, their skills and ways of going about life and in their relationships to other people. These children can become an important compass in their parent’s continuing life. They can indeed get a life in their parent’s life.

But Augusta also showed me that my understanding of narrative grief therapy had been limited. It is not only a question of “Saying hullo again.” The dominant discourses of our society





create multiple complications that the grieving person needs to tackle. As a person grieving, you not only have to bridge the relationship to the loved one who has died. It is also important to regain the relationship to significant others and break the silence by beginning to talk about the deceased. And even though you sense a strong connection to the deceased, the privileging of physical relationships in our society will highlight the absence of a body to interact with. But to make matters worse, the individualization of our society often makes blame play a dominant part in the grieving process. Even though the relationship to the deceased is re-established, your grieving can be tormented by thoughts such as, if only I had acted differently my loved one may not have died.

It became apparent to me that you need extra-ordinary strength to counteract the negative impact of our society on the grieving process, and I began to look for ways narrative therapy can help the person in grief build a strong enough alliance against dominant discourses.

### **Enlisting the Deceased as a Trusted Ally**

As part of my training in narrative therapy I was also introduced to Michael White's work with children. I especially remember his introduction to a video of therapy with a child that had been neglected. He told us we were about to meet some of his most trusted colleagues in his work. He talked about what these colleagues could do that he could not do on his own. I remember the smiles and the laughter that appeared on everyone's face when he played the video, and we saw the stuffed animals that Michael White was relying on in his work with this child. In this case he introduced the stuffed animal to the child as someone who had also been neglected, and helped the child establish a relationship to the stuffed animal in which they could help each other.

Inspired by this idea I have begun to enlist allies in narrative grief therapy. I have come to consider the deceased as one of my most trusted allies in working with people in grief. I draw upon the deceased to help the living person in responding and dealing with the complications of grief and how to proceed in life.

By way of an example of the above mentioned, a young woman recently consulted me having lost her sister. From time to time she experienced being overwhelmed by the loss of the physical relationship to her sister. She would remember things they had done together and the times they had shared. She would recall her sister's physical presence and be reminded that she never would be able to experience that again.

During our conversations we talked about the absent but implicit (White, 2000) in the strong feeling of having lost her sister's physical presence and how it reflected how important her sister's love had been to her and still was. And then it occurred to her - she needed help from her sister to get through the grief. Our conversation then continued by focusing on how the ongoing relationship to her sister could guide her through this time of immense difficulty.





As this example illustrates, the grieving person is not only saying hullo again to the deceased. The deceased takes an active role in helping the grieving person get through the loss.

I often enlist the deceased during the first conversation with the grieving person, and then in later conversations draw upon the deceased to counteract issues of individualized blame and how to break the silence of significant others. In what follows, I will illustrate by way of a case example, enlisting the deceased and then later show how the deceased is used as an ally.

### First Get to Know the Deceased

A couple had asked to meet me after having lost their child. I still remember stepping into the waiting room to invite them into the first session. The atmosphere was heavy with sorrow and pain. When they booked the time for the first session, the father had told me they had lost their five-year-old daughter Mary. She had drowned in a swimming pool during a vacation. It was as if everything was grey and dark, just like on a sunny day when the clouds suddenly turn everything into darkness and thunder. I guided Mary's parents into my room and I invited them to seat themselves on my couch. I then started to introduce them to my room and to my conversations. I said to them:

Helene: In this room I have met the most wonderful children. I have met them through the stories that their parents have told me about them. All of these children had one thing in common: they were no longer breathing. Most of these children when I have heard about them - when I have got to know them through their parents' stories about them - have changed me, and they have affected and influenced my life as a professional, and they keep influencing me. Some of these children I feel very close to; they are very dear to me and in my heart.

I know from the phone-call I had with you Tom that you have a little girl called Mary who is no longer breathing. I know she is five years old. I know there was an accident when you were on holiday and Mary drowned. Would it be ok if our conversations could start with me getting more familiar with Mary rather than just hearing about her death. I know that you are greatly affected by what has happened, and in our future conversations we will return to that but I would appreciate if I could start by meeting Mary. Who she is rather than her death.

Mother: Yes.

Helene: How would you describe Mary. I mean if I had experienced Mary, what do you think I would have liked about your Mary?

Mother: Mary is - no I mean she was - good with people. Everyone loved Mary. She was very easy to love.





- Helene: What was so easy to love about Mary?
- Mother: Mary was very charming; she connected so openly with other people. She was loved, by both girls and boys. She was easy to be with it. In kindergarten they said that Mary made friends with everyone. I think Mary was able to connect with very different types of children.
- Helene: Wow.
- Father: She was also very strongminded. Mary did not give up on things that she wanted to achieve; she had courage and she was brave. Mary was good at giving hugs. Anna our oldest daughter is not into giving hugs; she doesn't hug like Mary. She has more problems with connecting with other people. She is still a very good girl, but they are very different.
- Helene: Wow. I can tell from what you already have told me about Mary that she is something very special. You said everyone loved Mary, she was loved by both girls and boys, she had lots of friends, and she was able to connect with very different types of children. You also said that she was very loving she gave many hugs. Wow! It sounds like Mary had a special heart - a very big heart. Would that be a correct understanding?
- Mother: Yes.
- Helene: You also said she had courage, and that she was very strongminded or had strong will. There are so many things I would like to ask more about Mary. For instance about her courage. I would like to get a better sense of the courage Mary had or made use of. Is there a specific story you can tell about that, a story that exemplifies such courage?
- Mother: Yes, I remember when we were at her Kindergarten and Mary saw the older kids climbing a tree and hanging from one of the big branches. She was fearless. She wanted to do the same even though she was so much younger than them.
- Helene: Do you remember what you saw her doing when she was using her courage, and what you thought back then about this courage?
- Mother: Yes. I thought her courage was so strong. I mean she was just a little girl but she climbed up in the big tree even though we said it was too tall and too dangerous. I remember how she started to use her small arms hanging from the tree, she didn't look down but just kept moving ... she wanted to be able to do the same as what she had seen the older girls doing.





Helene: When you think about this story about Mary's courage, what do you think Mary wanted when she was using the courage? What did she intend for herself?

Mother: She wanted to use it to make her stronger so she could achieve what she wanted. She didn't want to be restrained by fear.

When stories about Mary and her identity becomes more present in the room, it makes it more possible to talk about Mary's values, her hopes, her thinking, and the influences that Mary has had on her parents and continues to have. These stories can also make it possible to ask questions that bring Mary into the present along with her responses to what her parents are experiencing, and doing and saying right now in their life. In this way Mary can attain a very important role in helping her parents to deal with grief.

In the next part I will show how Mary supports her parents in standing up against the silence isolating them from significant others in their community.

### The Deceased Help the Grieving Person Break Their Isolation

Mother: I don't feel like going out and meeting new people. Just the thought of it, thinking about me standing in front of other people looking at me with the gaze of this-is-the-mother-who-has-lost-her-daughter.

Helene: Do you think Mary would like to lend you her courage?

Mother: Yes I actually think so!

Helene: Why do you think she is ok with you borrowing her courage to face the world when it is tough?

Mother: Because Mary is interested in helping me, and she would not like that I am sitting home and everything stops in my life.

Helene: Just to get know the strength of Mary's courage, can you tell me another story about her courage, a story that exemplifies what the courage looked like when Mary was making use of it, and what you noticed the courage did for Mary?

Mother: Yes. I remember there was a time when Mary wanted to be able to do, what she had noticed, the older girls were doing. They were climbing in high trees. Mary saw this and I could tell that she was a little afraid, but then she kind of pulled herself together, and then she started to climb the tree. It was like she climbed higher and higher. The courage gave her what we call "superpower". It made her braver and it made her do things that she wanted to do.







- Helene: Wow. So Mary's courage is very strong. If you borrowed her courage, what do you think her courage might make you capable of doing that you would not be able to do on your own?
- Mother: It will give me the strength that I can't find in myself, but that I can find together with Mary. It will make me do things that I don't want to, like going to work and meeting my colleagues.
- Helene: If Mary can help you to use her courage, would there be words that you can imagine that Mary would like to send in your direction if she could, along with her courage? Would she give you guidance for how to use the courage?
- Mother: She would say, "mum I am here for you", "you can do more than you actually think you can do", "it will work fine", "you are doing the right thing" and "I love you". When Mary was afraid, I would tell her "you can do it", "it will work fine" and she would take a big breath and then she would do it.

After this conversation Mary's mother returned to work. And we then spoke about how Mary's courage had actually helped her to overcome the gaze from others:

- Helene: When you were sitting in the parking lot in front of your work and you wanted to prepare yourself for borrowing Mary's courage, what were some of the things that you told and shared with Mary before you went into your work?
- Mother: I asked her, "can I borrow your courage"? I was always there for Mary and she knew it. Hmm, now she is there for me. I can no longer find this strength in me, but I am thinking that Mary shares her strength with me.
- Helene: If I could ask Mary, if she thinks it is a good or a bad experience to lend you her courage, and it helps you to face the world when it is tough, what would she say and why?
- Mother: She would say it's a good thing mum. I actually think Mary is proud of me, and I think she wants to comfort me and she wants to help me be the happy mother that she knows, and she is not critical of me that I am still sad.
- Helene: When you go out and face the world and you bring Mary's courage along with you - the courage that you and Mary have created together and that you continue to create together - where in your body do you feel Mary's courage the most?





- Mother: In my heart and then the pain in my stomach becomes less, when I feel her courage I breath deeper and I find a spot in the room to focus on. My left hand is Mary's hand because Mary was a lefty like me. I can see my arm under the sleeve and feel her comfort helping me.
- Helene: What strength would you say Mary's courage and her help gives you when you use it?
- Mother: The strength to do things that I have decided to do. It helps me to be able to live on this earth, and live the life that I have promised Mary to live. It feels good to experience her helping me through this. I always thank her afterwards.
- Helene: When you are facing tough things and you use Mary's courage, what meaning does that bring to Mary's courage?
- Mother: That she can help us with the courage.
- Helene: As you use Mary's courage, will that make her courage grow? Will it make her courage grow stronger in you?
- Mother: Hmm, yes it will. It is a way to have Mary with me always. She is my strength and she will be my leading star if you like. That is how it is.

In this transcript the grieving parents and their deceased child are more than "Saying hullo again." Their ongoing relationship is also becoming a strategic alliance that helps the parents tackle the politics of "Saying hullo again." The parents are not only struggling with the grief of having lost their daughter. They are also struggling with the response of the community they live in. In this transcript it is exemplified by what the mother calls the "gaze" of her colleagues, and how they become awkward around her, making her withdraw from them. As previously discussed in this paper the "gaze" is an effect of the dominant discourse, making significant others afraid to talk about the deceased out of fear that it may cause re-traumatization.

In this case something else also occurs. The mother re-evokes the courage of her deceased daughter to break out of her isolation and stand up against the dominant discourse silencing her colleagues. In this way narrative therapy not only helps re-establish the relationship to the deceased as a way through the grief. It also transforms this relationship into an alliance that guides the grieving person through the complexities introduced by the dominant discourses of our society.

In the next part I will explore this dynamic in relation to another discourse complicating grief. The way society holds individuals responsible often inserts blame into the grieving process. It leads grieving persons to be tormented by thoughts about how they could have acted differently to prevent the death of their loved ones. As an anti-dote the alliance to the deceased can be used to re-author the blame.





### Re-Author the Traumatic Event from the Perspective of the Deceased

- Mother: When I think back, I don't blame myself for getting distressed, but I do blame myself for not being able to save Mary and bring her back to life.
- Helene: Can you tell me more about this blaming-thing? What is it telling you? What does it focus on? What does it have you attend to and focus on?
- Mother: I am nurse and I am trained in giving mouth to mouth lifesaving. When I was giving mouth to mouth lifesaving to Mary, I gave her five breaths, and not three. Afterwards, I learned that when you do mouth to mouth lifesaving for young children you are supposed to give three breaths to the child and not five. You give five to adults, but not children. If only I had given her three breaths she might have survived. I might have brought her back to life. It may be my fault that the mouth to mouth lifesaving did not work.
- Helene: Ok, this is very important for me to understand. Can you tell me - you gave mouth to mouth to Mary - how did you do it? Did you do it carelessly? Were you very concentrated? Did you do it with care? Can you tell me more about how you did it?
- Mother: I was not careless. I wanted to bring her back. I was working hard to give her breath again and again.
- Helene: So you were not careless, you were working hard and concentrated to bring her back?
- Mother: Yes.
- Helene: The people who were with you in this moment, seeing you being there for Mary, how do you think they experienced or would describe what you did? How would they describe the mouth to mouth lifesaving actions of yours?
- Mother: I think they saw me working very hard; they saw me entirely focusing on Mary. They saw me keep giving her mouth to mouth even though she did not start to breath and her heart did not start to pound.
- Helene: So you kept giving Mary mouth to mouth and you didn't give up even though she didn't start to breath. Have I got that right?
- Mother: Yes ... I kept going until the ambulance came, and they had some equipment that made her heart start to beat again. But it was too late. Later we were told that Mary was severely brain damaged, and they told us that she would not be able to survive.





- Helene: Wow. How long did you give her mouth to mouth?
- Mother: I don't remember but I was told I did it for ten minutes. So Mary was dead for ten minutes.
- Helene: Would you say you put all your efforts and all your strength into trying to help your daughter? It might sound as a stupid question, but I just want to get this right. This is very important. What did you so strongly hope for as you were working so hard on giving your daughter breath again and again for those ten minutes?
- Mother: That I could save her.
- Helene: So you wanted, so strongly, to save your daughter. Just to check my understanding: is it correct that even though you worked so hard and so intensely on helping to save your daughter you could not save her? She didn't start to breath?
- Mother: Yes that's right. I couldn't - I couldn't make her breath.
- Helene: Do you think your daughter had a sense of you doing everything you could to save her? Do you think she had a sense that you worked hard to bring her back even though you gave her five breaths and not three?
- Mother: I think that she was gone at that time. I don't think she experienced pain. I have this sense or feeling that she already was walking down a tunnel and seeing light.
- Helene: What do you think or hope she was experiencing as she was walking down the tunnel?
- Mother: I feel strongly she was experiencing peace. She was not fearful and she did not turn her back. She did not look back. She just headed in that direction.
- Helene: So Mary was gone at the time when you wanted to bring her back. She was walking down the tunnel with light. Are there things you know about Mary that helps you to understand or sense that Mary was not afraid? I am just curious about what it is that you know about her.
- Mother: Mary was curious; she was always curious when she experienced new things, and she had this courage to face new situations. And I know Mary had trust in the world; she trusted that things would be alright. I think that has helped Mary to walk down the tunnel.



- Helene: What difference does that make for you knowing this about Mary - that she was not experiencing pain but she was trustfully walking down the tunnel with light, feeling curious?
- Mother: It helps me to feel less pain knowing that she did not experience pain and that she was not afraid. That is what is most important for me.
- Helene: I am curious to know more about this situation and Mary. Do you think there might have been something that Mary was knowledgeable about, something that made her not want to return and instead to turn her back but walk in the direction of the light? I am just curious even though you did everything you knew about mouth to mouth. Even though you worked so hard, and you kept working so hard to give her breaths. Why don't you think your daughter returned? Why don't you think she chose to come back?
- Mother: Hmm. If Mary knew she was brain damaged, I don't think she wanted to return. I don't think she would like to live a life if she was brain damaged.
- Helene: What kind of life would a brain damaged body have prevented Mary from living that she gave so much value to, so much value that she could not see herself living a life without it?
- Mother: Mary loved to connect with other people; she loved to run around and be active; she loved being present in life. I think that life did not make sense for her if she couldn't be Mary - and she could not be Mary.
- Helene: What difference will it make for you to know this about Mary? I know that it will not bring Mary back, but what difference does it make knowing what Mary stood for - she did not want to return and live a life where she was no longer Mary?
- Mother: It is painful that she is not around, but I think it would have been even more painful to witness her living a life where she was trapped in a damaged body.
- Helene: Would you say that you and Mary agree on this... that living a life where Mary could not be Mary would be too painful?
- Mother: Yes it would have been more painful for us than her not being here.
- Helene: You know Mary well, and I remember the stories you have told me about how she cared for you. How do you think Mary wants you to imagine or sense how she continues to care for you? How does she want you to think about her caring for you as you continue living your life?





- Mother: I think she wants me to know that she is now a Guardian Angel who keeps caring for me and for her family. I think she wants us to know that she tries to help us and if something good happens for us, she wants us to know that she has been helping.
- Helene: What difference will it make for you when you sense your daughter's help? What will it do to your relationship to her in the future when you sense her help?
- Helene: I think it will always make me experience a pain that she cannot be here. But I also think it will make me smile and think how she is around and helping us.

As in this case example, many grieving persons will take me to the moment where they experienced and witnessed their loved one's death. They will be tormented by thoughts about what they could have done differently to avoid the death or make the death less painful for the deceased. As an effect of the individualization of our western societies, persons in grief end up blaming themselves for what they did not do, overlooking the intentions inherent in what they actually did (Hedtke & Winslade, 2017).

When I visit those moments with them, I am making use of Michael White's ideas about intentional identity (White, 2007). It helps me render visible the many actions that the persons in grief have carried out, and how these actions were reflecting intentions, hopes, values and love in regard to the deceased.

When I visit those moments, in that moment, I am also repositioning the deceased with agency. In this case, the child is both a recipient of the actions of the parents as well as acting in this moment with intentions, values and hopes. These intentions, values and hopes can of course only get storied from the parent's knowledge about their child.

This is how the ongoing relationship becomes a strategic alliance guiding the grieving persons through the traumatic event and lifting the burden of blame placed upon them by the individualization of our western societies. But even when the burden of blame is lifted, an even deeper question still circulates in many processes of grief. When the burden of blame is lifted it relieves the pain of having to ask what could have been done to prevent the death. But the question still remains: why did my loved one have to die? And what complicates the grieving process is that the dominant discourses available to us in our western societies limit our ability to answer the question.

Below I will explore how the deceased can come to play a vital role in (not) answering the question.

**See Development as a Result of Ongoing Relationship Rather than the Pain of Loss**





One of the challenges of grief is how to make sense of the loved one's death. In our society the dominant discourse about crises is that when you experience tough things in your life, the crises make you stronger. It leads to personal growth. Many people have written books about how they went through their worst nightmare to discover years later it made them a stronger and better person.

This discourse may influence significant others to respond to people who are grieving by telling them that the death of their loved one, and what they are going through, will make them stronger. That they will learn and grow from the experience of grief. But many grieving persons reject this discourse: why should my beloved die for me to get stronger? But even worse, it may also keep the grieving person trapped in a vicious cycle. If a person, after having grieved, actually experience personal grow, the discourse implies that the acceptance of the death of the loved one is required for this to make sense.

Over the years I have learned that it is far more helpful to assist the grieving person to experience that their loved one that is no longer breathing, is present in how they live their lives. That the deceased is informing them to enact their life differently, and by living their life differently they are honoring the deceased. Their personal development is not ascribed to the traumatic death but to the *life* of the deceased.

Helene: You said that Mary was skilled in being present in everyday happenings or moments. You said that Mary was able to enjoy the moment and have fun in that moment. She was not occupied with what she didn't have access to; she was just enjoying and being with what was available in that moment. I can't help to think that what Mary did - wow - that is a significant skill, to be present in the moment. I mean very few people are able to do what Mary did. Are you two skilled in being present in the moment, being present with what is here and now?

Mother: No I am not.

Father: No.

Helene: I am not either - wow - so if we pause and think about what Mary did, that is a very significant skill.

Mother: I wish I could do that.

Helene: Yes. Why would you like to learn this skill from your daughter? Why would you like to be able to make use of this skill in being present and enjoy what is here and now in this moment?

Mother: Because I don't want her death to be for nothing. I don't want us to live our life just as we did before Mary died, as if nothing has changed or happened.







- Helene: So in intending or wanting to live your life differently, am I right in thinking that you are getting help from Mary and her skill in being present - the value she gave to enjoying what is here and now?
- Mother: Yes that's right. I want her to help me to live my life in another way. Mary lived her life in a way where she was present with the people she connected to. She was present with the things she did.
- Father: Yes she was.
- Helene: I am curious to know, what is your sense of what it might feel like to have Mary's skills and value guiding what you are doing or pursuing in life? To have her value guiding your heart and to act on what matters for Mary?
- Mother: It creates a connection to Mary.
- Helene: So it creates a connection to Mary. As you are guided and led by Mary's value and skill in being present with what is here and now, what specific everyday situations or moments do you want her value to help you to be more present in?
- Mother: I want the time where I put Anna to bed. I don't want it to be an event that needs to be done. I want this moment to be significant; I want it to be a moment where I am present with putting Anna to bed. Before Mary died, we didn't read goodnight stories for the girls, but now I have started to read stories at night time to Anna.
- Helene: So at bedtimes you will be reading stories for Anna. Anything else? Can you tell me more about when you think about Mary, how else will this value and skill of being present guide you or what you sense in this moment with Anna?
- Mother: Well just to sense and appreciate this moment of connecting. You get so easily distracted by things that don't really matter - things you need to get done. I want to spend this moment as an important moment, where I talk with Anna about the story, where I get to know what she thinks and what she feels.
- Helene: And in this moment will you and Anna also connect with Mary?
- Mother: Yes like we do every night. We always send kisses for Mary, and we talk - as we have talked with you - about what Mary has witnessed us doing that she supports or enjoys.



- Helene: So a very important moment of connecting. Will there be other everyday moments during the week when you want to be guided by Mary's skill and value of enjoying and being present?
- Mother: I also would like us to do it when we have dinner at night. I think before Mary died, dinner was sometimes - well we would sometimes be rushing to leave the table to do the dishes. I don't want our time together when we have dinner to be like that.
- Father: I know that I have been absentminded that I can get occupied with my work but I think you are right. It will be important for all of us to be more present at dinnertime. I also want us to do things differently.
- Helene: Why do you want to do things differently, why do you want these moments to be influenced by Mary's value or skill in being present and enjoying the moment rather than being absentminded?
- Father: I think it is important for me for the same reasons as for Sarah. I don't want to miss out on these moments.
- Helene: Wow. So are you telling me that Mary's skills and the value she gave to being present will change how your family does things...it will help you to be present at certain moments that previously were influenced by the tyranny of time and getting things done?
- Mother: Yes.
- Helene: What do you think that this value of Mary will bring into your family and your relationships to each other at those moments? When you act on that, what will it do to your family?
- Father: Intimacy; that we experience being close to each other, that we connect and have moments when we talk and get a sense of what is really going on in the mind of each other.
- Mother: Yes.

These questions create a very different conversation about the effect of Mary's death in this family. They create narratives about the link between Mary's identity and her family. Mary is now influencing how her family is living their lives after her death.

Many grieving persons struggle to find an answer to the question why their beloved one died. And the struggle is complicated by society offering the what-does-not-kill-makes-you-stronger discourse as the only option. Creating a link between Mary's values, skills and how her parents have changed their way of living adds to the meaning of Mary's life. As Mary's mother put it: "Mary's death does not make sense, but her life did!"





## Conclusion: The Politics of Narrative Therapy

Many years ago, when I went to Dulwich Centre to be trained in narrative therapy, I was struck by how deeply political narrative methods were and how they could be applied. I was exposed to Narrative Community Work with Aboriginals and other indigenous people, and I saw how narrative methods can help marginalized people of our society get a voice.

Returning home to Denmark I was frustrated. Living in a white privileged middle-class suburban community, it was difficult to spot the marginalized people I could help give a voice using my newly acquired narrative informed methods. I was left with saying-hullo-again, externalization and absent-but-implicit as a set of methods to be applied, but without any deeper political purpose.

For a moment I considered relocating to Greenland to work with the Stolen Generation, but then my little girl Augusta opened my eyes to the marginalization occurring in my own tribe. I began to have conversations with parents who experience grief in regard to a deceased child. I noticed that these children had been marginalized. They were silenced and not spoken about. And even the parental act of caring for them was diagnosed as complicated grief if it persisted more than six months after their death. It occurred to me that marginalization takes place everywhere – sometimes it is just less visible. Seen in a wider context than this paper has explored, this implicates that narrative methods always have the potential to be related to a deeper political issue.

In this paper I have explored a specific narrative method and how it can be applied with a deeper political purpose. I have come to call it “the politics of saying hullo again.”

I have illustrated how the dominant discourses of our Western society complicate the grieving process and how to counteract them. Using the case of Mary and her parents I hope to have demonstrated how the ongoing relationship to the deceased can be turned into a strategic alliance, where the deceased help guide the grieving persons through the complications to their grief imposed by dominant discourses. Specifically this paper has focused on how to break the silence of significant others, how to re-author the traumatic event from the perspective of the deceased, and how to see positive changes in the grieving person’s life as a result of the ongoing relationship, and not the pain of loss. Mary, Augusta and I hope to have inspired you to see dominant discourses complicating the lives of the people you work with, and how you can help them using narrative methods.

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