



Journal of Contemporary Narrative Therapy

Editors: Tom Stone Carlson, Sanni Paljakka, marcela polanco, and David Epston

Editor's Note

In January of 2020 David and I began talking about a special issue that focused on Narrative Therapy in palliative care. As our plans unfolded we heard about Covid 19 for the first time. It wasn't long before news came to us that the disease was spreading around the world. When the virus arrived in Aotearoa New Zealand, David and I, like many people, had conversations about our own mortality.

Since then I (Sasha) have met with many families who have suffered through the impacts of the pandemic. No doubt as many of you have. In my work for hospice I have met with people who, in addition to managing the knowledge they or someone they love is going to die, are also living in a wider of context of huge stress, isolation and the effects of the pandemic on the health system.

In conversations with David we reflected on how we wanted to go about living in a pandemic and asked ourselves what we could do to contribute. One practical thing we decided to do was to pursue our idea of gathering together papers from colleagues who worked in contexts where there was loss and death.

Under the most difficult circumstances, our friends and colleagues submitted papers which will be published in two separate releases. We are particularly grateful to each of our contributors for making the time and taking the effort to do so. We would like to introduce each of our authors to you.

Helene Grau Kristensen works as a counsellor in private practice in Denmark. The main focus of Helene's therapy practice is working with people who are grieving. She has also taught Narrative Therapy at the University of Copenhagen for many years. In her paper Helene discusses some of her ideas about grief with illustrations of her practice.

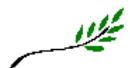
Susan Crozier works in the inpatient unit of Harbour Hospice in Auckland, New Zealand. In her paper Susan explores her encounter with what Tom Carlson and David Epston have called the "spirits of Narrative Therapy" and contemplates the flavours, commitments and inspirations of Narrative Therapy in palliative care. Susan also reflects on her engagements with Buddhist ideas in a way she hopes will be approachable for the non-Buddhist reader.

Linda Moxley-Haegart is currently working at Shriner's Hospital for Children and at a community service centre for the First people of the Mohawk Nation near Montreal in Canada. Linda, who is an experienced narrative therapist, came to write her paper following the death of a man

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through suicide. It was the first time in all her years of practice that someone whom she had worked with therapeutically had taken their own life. Linda describes the narrative informed practice work she embarked on with his parents as a healing journey for them all.

I (Sasha) work in the community for Harbour Hospice in Auckland. I have been a keen writer of therapeutic letters for many years. More recently, I have developed an interest in stories that illustrate Narrative Therapy both for therapeutic and teaching purposes. My paper was written in collaboration with the woman in the story and illustrates the conversations we had as she grieved the loss of her life partner and father of her children. The paper includes discussion about my thinking using footnotes.

We hope you enjoy part one of the Special Issue.

Sasha McAllum Pilkington

David Epston





Secret Passages to Gardens: Doorways to Territories of Justice and Healing

Tiffany Saxton, Calgary, AB, Canada

In this interview, Tiffany Saxton discusses her ideas about conversational doorways out of therapy waiting rooms and common areas, into worlds where justice and accountability reside. Through documents, Tiffany shares her therapy practices of crossing the bridge between psychiatry and feminist narrative therapy, and how healing becomes possible somewhere along the way.

This publication is available in both video and audio format:

For video file click here:



For audio file click here:





The Practice of Love in Palliative Care

By Susan Crozier¹

I am a collector of stories and story fragments. I love language and ideas. I love little stories about finding gold in the dirt, about discovering joy in the midst of despair. I love scraps of stories and scrappy stories and stories about scrappy misfits and rebels, people who have had to work to make a possible world for themselves. I love what I call “the rag and bone people” who have fashioned a life out of what seems like rubbish to other people. Maybe, in these stories and story fragments, the circumstances don’t change, but the ability to see things differently happens. The work of making a possible world for the self has been a preoccupation of mine for many years (Crozier, 2004; Crozier, 2018).

To be able to ask the kind of questions that give people more space to discover new answers, I believe that you need to keep a lively catalogue of enabling stories or fragments in your own mind. For example, when is so-called laziness actually sagacious waiting, or resting, or going inward for a personal sort of wintering, like a bud in the ground, or a kind of creative replenishment?

For example, asking a bereaved partner: “Is it possible that there are other ways of talking about the laziness that seems to fill up your days since Henry died? What goes on during these times of laziness?”

Or, asking a teenager who is subject to criticism for her inactivity: “What is it that you do when you are doing what other people call nothing?”

In earlier iterations of this essay I tried to explain some of the threads that make up my practice, but the exercise turned endlessly digressive. In the following, I interweave my thinking about narrative practice with some of my understanding of Buddhist thought. The project is necessarily partial and allusive. To understand how I weave narrative therapy with Buddhist thought, I had to explain a bunch of stuff about Buddhist thinking. And then I had to explain why I understand Buddhism as I do. But, honestly, I don’t think there’s time for that. The whole exercise was becoming onerous to me and would probably have been burdensome to read.

In my various attempts to write and in the reflective time between attempts, I have come to the conclusion that what this piece is really about - my counselling practice in the context of

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palliative care – with all its multiple strands of story, knowledge, belief, influence and experience - is love. It is about love in action. In my work with people who are living with an illness, or approaching death, and the people who care for them, and the people who grieve for them after they have died, I practice love.

I practice recognizing love and acts of love; inviting love into the conversation as a guiding value, and I practice from a place of love in my own mind and heart and body.

The spirit of narrative practice that inspires my work in palliative care is love.

“Can you tell me what you mean by this love?”

“Can you tell me how you go about this work of love in your therapeutic practice?”

In her book *Respect: An Exploration*, Sara Lawrence-Lightfoot (2000) constellates her exploration of respect in relational and professional contexts across six themes: empowerment, healing, dialogue, curiosity, self-respect and attention. These are all good words for love, actually. I want to offer my own narrative practice list, which might intersect with Lawrence-Lightfoot in useful ways:

The first of these would be Dignity-enhancing, or mana-enhancing, conversations. David Epston first introduced me to the idea of “moral character” as focus for enquiry in therapy – the practice is illustrated in his account of his work with Marie (2018). When I was a student of Narrative Therapy David gave a compelling and inspiring talk to my class and I was captured by the idea that the focus of our talk with people might be about seeking to know the good in them, rather than any sort of problem-seeking enquiry. But also, and perhaps more radically, to seek to know the good in them, rather than any solution-seeking enquiry.

What crystallized in my mind at that time is the idea that when a person is positioned by our conversation as a person of moral character, a person who holds worthy values and intentions, they find agency that enables them to act from their own best self.

Let me illustrate this with a story from my own practice. I was asked to see a man I will call Jason whose wife, let’s call her Chrissie, had been given a few short months to live. She was a relatively young woman with four children whose ages ranged from early teens down to a preschooler. I was led to understand by a colleague that Jason was not doing a good job of supporting Chrissie and she was furious with him. Among the team caring for this family there was anxiety about something people were calling “a family in crisis.”

Jason was pretty much mandated to see me by Chrissie. When I went to the house, Chrissie was getting ready to go out. She stood in the living room with her startling pale blue eyes and her coat on and gave me a list of Jason’s domestic and financial failings, speaking about him as if he





wasn't present. She condemned him as lazy and selfish and generally incapable of serving any useful purpose in the household. Jason, a tall man with broad shoulders and soft, quiet eyes, did not say a word, looking impassive throughout.

Chrissie went out and Jason and I sat on large chairs at the oversized dining table. He did not defend himself. He did not argue with anything she had said, either to her face or after she had left the house. I want to let you know that this was a Māori family, and that Jason, as a Māori man, a labourer in the construction industry, is the inheritor of the devastating impacts of colonization, the subject of numerous racist and demeaning discourses. How easy it might have been to concur with a story of him as inadequate in a setting where other professionals held ideas about how he ought to be responding to his wife's illness. However, as a white middle class woman, and recipient of generations of privilege, my intention was to approach this conversation with a particular humility, setting aside the accounts I had been given about this family. I went in with a willingness to see the good in Jason. I went in with a conviction that Jason knew things that I would never know and had seen things that I had never seen. It was my hope that our conversation might accord him a position of "honor and dignity" (Epston, 2018, p. 2).

It was a cold winter day. I ran from my car in the pouring rain and took my shoes off before entering the house, in respect for Māori practice. Jason sat quietly, his big hands calloused and cracked from working outdoors building scaffolding. He was understandably reluctant to talk to me, so I had to do a lot of scaffolding myself in the form of questions that, on the page, look pretty closed. I asked him whether he thought that Chrissie being angry was part of how she was going about living with the illness that would end her life and take her away from her children. He thought this might be so, yes. I asked him whether he was the only one to bear the force of this anger. He said he was. I asked him whether he ever got angry back and he said he did not, but sometimes he went out for a walk. I asked him how he was doing this? How he was able to stay so steady in the face of the rage that had come into their lives? He shrugged his shoulders. I was reluctant to pressure this quiet, dignified man, but I thought it worth persevering with the task of *recognizing acts of love*. I asked whether bearing her anger in silence was his way of being a loving man, to let her be angry, to let her experience the rage and despair at dying so young and to take all that out on him. He thought it was. I asked him whether this was something really important he was giving her, an important way he was being her husband right now. Yes, he said, it might be so.

I asked whether there were other ways he was being a good man right now and he told me about cooking meals, taking the children to school and to *Kapa Haka*. He told me he was now the only breadwinner for his family, and he was just trying to keep everything going. I asked him whether there were reasons for Chrissie to be so angry with him, and he said that he thought there was, but I didn't want to put him in a position where he had to account for himself to me. After all, anyone of us in a relationship might be able to come up with reasons





why our partner would be angry with us. It seemed like enough that we could know that together, without going into it.

As I worked with this family, despite the problem-centred story that some colleagues held, there were moments of intensely loving connection for this couple. These happened even in the face of the storm of rage that radiated out at times to include other family members and professionals. Jason remained stoical and often silent, but with what I perceived as heart-felt presence throughout.

Chrissie could be painted as the problem in this context. Those closest to her, including professionals, experienced those blasts of rage from time to time. In my experience, women who are dying and having to leave their children can show an intensity of feeling that is often hard for others to bear. Chrissie was also radiant, smart, funny and eminently likeable. Everyone who worked with her was feeling the tragedy of her early death.

This is not uncommon. I feel genuine affection and love for the people I work with. I'm not sure I could do the work any other way. I am always seeking to build and to strengthen relationship, which involves being interested, being curious. This approach involves noticing things about them and expressing my interest and appreciation. I have a good memory for people and their stories; I remember things that they told me a year ago. I remember details of past experiences that have been shared with me and I am able to offer them into the conversation in the present if they seem helpful.

In the "professionally close" relationships I have with people, there are embraces; there are hands held; there are terms of endearment and expressions of affection: "Look at you! I love your blue hair!" There are tears. There is acknowledgement of suffering and loss. "This is so hard." There are words of appreciation. "Thank you for letting me come and see you today!" There is frequently laughter. I laugh at people's jokes and I laugh *with them* in the face of horror. There is relationship. Sometimes dying is funny. And the madness of grief can be especially funny.

I used to teach thesis writing at university. It's a framework that makes sense here. There are certain recognized structures for writing a thesis, and certain disciplinary conventions. And then there are disciplinary variations and out and out rule breaking to a purpose. What even counts as research can vary enormously. I wanted to give room to all of those variations in the frameworks I taught. It meant that I had to be able to think across disciplinary paradigms. I had to have some understanding of Engineering and English literature, of Chemistry and Sociology. Or enough of a disciplinary imagination to be able to grasp that what counts in one context doesn't necessarily count in another.





One of Sasha Pilkington's questions that I find so helpful: "Would it be alright if I asked you about your experience of living with this illness?" (2014, p.81). I think of this as being akin to asking: What is your disciplinary paradigm? How can I imagine it with you? How can our imagining shape the questions I ask you about how you are doing the work of living and dying? Of course, we are all dying. And as such, we all have some expertise in the matter.

An extract from a favourite poem by Wendell Berry (2013, p. 188): from *Sabbaths 1998*, VI

"By expenditure of hope,
intelligence and work,
You think you have it fixed.
It is unfixed by rule.
Within the darkness, all
is being changed, and you
Also will be changed."

"It is unfixed by rule." The problem of dying, or of being torn apart by grief, does not belong solely to the person I meet in hospice. These are human problems that we will all experience eventually, if we have by some miracle evaded them so far. I see that people are often remarkably shocked to find that death is on its way. And I will be honest; sometimes I rather judgmentally wonder to myself how people have managed to avoid knowing death would happen sooner or later. Perhaps the deaths in my own family, including tragic, untimely deaths, as well as the fact of my professional context, have taught me to live with death always near. Or, perhaps, when I find death on my own doorstep, I will be just as shocked as anyone else.

Because of this observation that death, the possibility of death, does come as such a shock to so many people, I wonder if it might be built into our human being. Perhaps it is a form of cultural illiteracy peculiar to Western capitalist societies? Have we lost the knack of thinking and talking death? Medical intervention and the possibilities for curative treatment are so often available that we have come to see death as an aberration. Maybe, or maybe it is simply the case that in order to live fully, to love life and imagine a future of possibilities, you have to avert your gaze from death. Death-blindness as a feature rather than a failure.

This is another way I do the practice of love. This person I am meeting for the first time is reporting this story of refusing death, of being shocked by the possibility of death. I will try to hear it as if for the first time. I hope to come alongside and see what they see, to bring respect to the stance they are taking and see what the next stepping stone might be, if we look together from where they are standing. I slow down. I seek to forget what I know. I join them. What do I know about prognoses and time frames after all? They have good reasons to stand where they stand. What are these reasons?





Christianity is on the list of influences on my practice. I'm not really a Christian. I'm not really not a Christian. I'm not really a Buddhist. I'm also not not a Buddhist. I'm a post-structuralist and I also I believe in love. And the wisdom of the body.

Warning: Contradictory beliefs may be present in this essay.

I don't really, probably, personally, believe in life after death. But what would I know? If people do believe in a heaven that they will go to when they die and where they will be reunited with everyone they love – I will join with that in our conversations. It is a good story and I like good stories. It is a story of love, a loving afterlife where love is real and never ends and the people we love are not lost forever. If people are communicating with people who have died, via a psychic, I'm ok with that. "What difference has it made for you to know that he is still with you and sending you cheeky messages?" Sometimes I even feel that I know the person who has died, that they are communicating through me in a way. That might sound a bit weird, or even arrogant. It isn't anything I hold onto, or reify, but if it is useful in the moment, I will go with it. This is imaginative work. What makes love more available in this conversation?

Because the context of my conversations with people is love, everything is welcome. When people are talking about their faith, I will be right there, thinking along with them about God's care, and what we learn from the suffering of Christ, and what Mary teaches us about a mother's love. Sometimes a person's theological framework has got a little too tight for comfort, and we might feel into it together to see if it can become more elastic, more allowing of what is happening and made more capacious for containing love and compassion.

The practice of compassion, as I understand and practice it, belongs to the version of Buddhist thought that I practice. The first Noble Truth of the Buddha's teachings is, we are told: "There is Suffering". We suffer. Life rarely goes the way we want it to and if we think we get it right, it rarely stays that way. As Wendell Berry says, "It is unfixed by rule". We will experience aging, sickness and death. We will be separated from what we love. The Buddhist antidote is compassion. We acknowledge the suffering. We share it. We allow it to break our hearts wide open. We practice loving kindness. We are in this together.

Here is a quote from a Zen teacher I admire, Zoketsu Norman Fischer, about the role of love in spiritual practice:

Spiritual practices are unlimited – and they are imaginative. And – especially – full of love. They come from love, they encourage love, and they produce love. When you do them over time you find that you are living in a world full of love. And for your life and for our lives collectively in the times to come we are going to need love – lots of love. In good times, love is lovely. Nothing can be better. And in hard times, love is necessary. It turns tragedy into opportunity – something difficult and unwanted becomes a chance to





drive love deeper, to make it wiser, fuller, more glorious, and more resilient (Fisher, 2014).

Love, imagination, shared necessity and compassion. These are the guiding spirits of my narrative practice in palliative care and bereavement work.

In my therapeutic work in Hospice, if the person I am speaking with is meeting great suffering, on some level I too share that suffering. And it is this shared nature of suffering that makes compassion different from pity or feeling sorry for someone. It is also why I don't use psychological or diagnostic terms in my practice. Another person's suffering is part of our shared human experience. I too will encounter aging, sickness and death. I too will be separated from all that I love. There is no sense of a psychological pathology here; no sense that this person is going through something that makes them different from me. These simply are the facts of human existence and we are in this together. As part of my Buddhist-inspired practice, I aim to be unflinching in my willingness to bear witness to another's suffering – my intention is that they are not alone, that they are met where they are, that there is nothing too horrible or too painful to bring into the space that we share. I will be present with smells and wounds, with bodies in distress, with blood and shit and vomit.

Talking with Andrea who lost her beloved husband John:

"You have said that it was a privilege to care for him in those final days and hours. Can I ask you what you mean by this word 'privilege'?"

She tells me a story of "cleaning him up" while other family members support him after he's been to the toilet. And in the act of doing it, she is both shocked and amazed to find herself doing this for him.

"What would you say made that a privilege?"

"He trusted me; he completely trusted me to do that for him. It was so intimate."

"What did you come to know about yourself when you were 'cleaning him up'?"

"That I wanted to do that for him, that I wouldn't have wanted anyone else to do that for him."

"Would you say it was an act of love?"

"Yes, it was something that I did out of the depth of love that we had for each other. I know he would have done the same thing for me."





“So, this being able to bear being with the shit and the blood and the horror was an expression of your love for one another?”

“Yes, definitely.”

“When you wake up in the morning, and you feel overwhelmed by those distressing memories of his last days and hours, could this knowledge of the deep love you shared, and that you showed him in his final hours, could that be part of what could come into your mind?”

“I’ve never thought of that, but I suppose it could.”

“What else do you know about yourself from how you cared for him at the end of his life?”

“That I could do it, that I could be strong for him, when he had always been so strong for me.”

“How else are you seeing this strength in your days, these days?”

Sometimes I wonder if I overload myself in the approach that I bring to the work, feeling such a sense of compassionate connection to the fact of human suffering, but there are resources that I am drawing on in doing this work.

The first of these is the stance I take as a narrative therapist. I understand that the person in front of me is able to do this experience in ways that they prefer, whatever the “this experience” is going to be for them. I start from the assumption that they know what is right for them. They can do it. People have been doing it for as long as we have been human beings. They are able to bear the loss, the indignity, the despair and they do know how they prefer to do it. It isn’t my job to get them to face the difficulty through some technique or my teaching them some expert view of how people should do dying or loss. It is my job to frame an enquiry that might help them to meet their experience in the ways that are meaningful for them.

“What matters to you right now?”

“May I ask, how are you going about this ‘*staying strong for the family*’ that is so important to you”?

The second is the stance I take as a spiritual practitioner. Spiritual traditions of the world have been wrestling with the question of human suffering for millennia. The invitation in the form of Buddhism that I was taught is to open our hearts wide to suffering. Compassion and loving kindness are understood as a means to find peace and contentment in the face of inevitable suffering. They are described as two of the four “heavenly abodes” – Metta (loving kindness), Karuna (compassion), Mudita (sympathetic joy – or joy at another’s happiness or good fortune)





and Upekka (equanimity). These are understood not as emotions, but as mind states that are cultivated (much as a farmer cultivates her land), through the investment of attention. How do you meet the suffering of others without being sad all the time? Sometimes I am sad. Sometimes my colleagues and I are wrecked by an unexpected or traumatic death, sometimes it is truly heart wrenching to be with a family in the enormity of their grief. But I do cherish this; I cherish the fact that I am not immune, not hardened against sorrow. Sorrow comes and sorrow also goes. It seems wise to allow that.

The practice of love in palliative care is also not a solitary practice. I work with colleagues who are kind and caring, who take time to debrief after a distressing experience. Distress might take the form of confusion, ethical uncertainty, worry, the distress caused by witnessing the great suffering of others and by conflicting values at work in the care of a patient or family. And in my own life, I belong to a community of people who are seekers guided by love, who are endlessly interested in helping one another to reconnect to love, in all its guises and disguises. Which is a way of saying that I do this practice of love in palliative care not as a result of my personal strength of character, but out of the richness of community. As David Denborough has expanded on the well-known Narrative Therapy formulation “The person is not the problem, the problem is the problem, and the solution is not only personal” (Denborough, n.d.). My encounter with deep sadness and human suffering is supported by my connections with loving others.

Sometimes I think about the people I love, and I imagine the heartbreak of losing them. Sometimes I think about my own death. There is a kind of hospice hypochondria that I recognize in myself and that my colleagues also speak about: knowing the terrible things that can go on in the human body, understandably one’s imagination can go wild. A headache can be a brain tumour. A cough can be lung cancer. I used to be ashamed of this and try to pretend I was always on top of things, but now I’m more relaxed about it. I see my imagination running wild. I let it hang out for a bit, and let it go. I think there might be value in imagining yourself into the experiences of the people you work with.

Through my Buddhist-inspired meditation practice I have learned a way of being open to suffering, but without investing in it, reifying it or digging into it. Suffering happens; we can discover different ways of meeting it. One of the advantages of seeing suffering as an inevitably occurring experience is that it doesn’t have to be meaningful about who I am as a person or my personal history. It can simply stand as a fact of human experience. We don’t have to ask why life has this shape right now. There are a range of possible responses to the way things are, and those responses are available for variation.

The first thing I would want to do with suffering is to notice it. Many of us are so practiced in discounting our own experience, or judging and berating ourselves over it, that simply noticing that suffering is occurring can be important. In terms of my Buddhist training, we speak about





“befriending” suffering, which is to say we want to get to know it, much as you do when making a new friend. Who are you? Tell me about yourself. With suffering, we can ask “What is this experience? What is it like? How does it impact on me? How does it impact on those around me? What does it take away? What does it make possible? What is unbearable about it? How am I relating to it?” These are not questions I would necessarily ask of a person in palliative care, but they might shape the questions I do ask. This Buddhist “befriending” might be a form of “externalizing”, in narrative terms. The suffering is not who I am, but what I am currently experiencing in my life. It is having an impact on me. This is how I recognize it; this is how I am living with it. And as we explore such matters together, the person might come to a new place: This is how I think I might be able to live with it. I think that would be easier for me and let me better feel the love and support others want to give me.

In my therapeutic work, I have observed a sense of refreshment in people when they discover that they are allowed to notice their suffering in my presence, and that they are invited to just see what it is like, and how it is affecting them. It can be surprising and relieving for people that we can simply slow down together and acknowledge the suffering brought by living with an illness or a loss. “Yes, it is like this, yes, it is so hard, unbearably hard sometimes.” I might ask “How do you bear it?” Or, “how are you meeting this suffering right now?” We don’t need to work out the cause of the suffering or go to work on fixing it. First of all, we invite the suffering to be known, recognized, acknowledged.

I think of this as a loving practice, this meditative practice of simply allowing and observing experience without trying to change it. It feels enormously intimate to simply be there with someone in his or her suffering without trying to separate myself and place myself in the position of expert. There might come a time when we explore how the person could meet, or is already meeting, the suffering in ways that make it more bearable, but we don’t have to be in a hurry to go there.

The ability to meet suffering with compassion is utterly central to my meditative and my narrative practice in palliative care. Physically, I experience this in my body. And this body-centred practice is a starting point for me, a way that I make myself available to the encounter. I experience it as an openness in my chest and a softness in my face and eyes. I experience it as a kind of meditative stillness settled in my lower belly, in my feet and legs. I rest quietly with the person before me. It is an inner stillness that is open to whatever the enquiry will be in this moment. For me it is a heart-centred practice and in my private reflections I think of it as *“having my love on high beam.”*

Serious illness brings huge losses – loss of freedom, independence, meaningful work, losing friendships, losses of identity, of sexuality, loss of dignity. I witness those losses and learn about their meaning.





The work can be particularly unusual and challenging, because there isn't necessarily a "problem" to be addressed and resolved. It can sometimes seem that I am involved in coming to know the fabric of someone's life, and perhaps through my interest, helping them to see it in new ways. My work might involve discerning what is still available, what can still be claimed, what can newly be known and claimed, what the person is finding out about themselves, their relationships, their family that they perhaps hadn't understood before.

I sat with Audrey, who was living with an illness that had led to many losses of enjoyments and social and familial connections. I had known her for a few months and although she had shed tears at times when we were talking, she was very clear that she didn't want to talk about the unhappiness that sometimes overwhelmed her. "There's no point. If I let myself go there it will do no good." Audrey is a lifelong artist and maker, so we would often talk about what she was making and what it meant to her, her care for her family, her experience of being a wife and mother, her relationship with her husband. She had always been a very social person, involved with friends and family every day, and she had a fantastically naughty sense of humour. For Audrey there were so many losses; the artwork she couldn't manage anymore; the beautiful garden she had built up over the years that she could no longer go into, the way that friends and family fell away – unable to find time to visit or perhaps dismayed by her illness. Her loss of mobility meant that she was not free to drive around and visit others and her illness affected her speech so sometimes she was hard to understand.

In my work with Audrey there was a lot of relationship building, just taking time to know her and to learn about her world, bringing curiosity and respect for who she was as a person and how she was going about living with an illness that had taken away so much of what was meaningful to her.

One day I met her when she came into the inpatient unit for respite. She had just woken from sleeping and in the quiet intimacy of her room she spoke very frankly with me about the loneliness and despair that she was experiencing. She felt abandoned and uncared for by her family but also recognised that they were busy and had their own challenges and so didn't want to let them know how sad she was. I asked her whether she thought she could tell them that she found the illness very isolating. She said: "Do you mean that the illness is the problem? That the illness is getting in the way?" "Yes", I said, "Do you think you could tell them that?" The territory shifted from a felt lack of love and care to the recognition that an illness could get in the way of formerly loving and caring relationships.

The fact of this conversation demonstrated to me that I had earned Audrey's trust, that she knew I saw her as a whole person apart from her illness and I was someone she could speak to about her despair. I just remember being intensely present in listening to her experience, and acknowledging the losses in her life. We went on to think about what she was still able to do,





what she might want others to understand about her experience and what she felt was important to keep to herself. It was a rich and significant conversation.

Afterwards, she sent me a text message telling me that she felt much better after we talked, and that I was a lovely person. I told her I thought that she was a lovely person too and that it was a pleasure to speak with her. It seems to me that in the face of losing everything, we shouldn't be stingy with our love.

I'm sure that I draw on narratives, images and metaphors that might be quite at odds with poststructuralist thinking. I don't really worry about that. I take the bits of Buddhist and other spiritual teachings that fit with my values and my experience. I take the bits of narrative and other therapies that fit with my values and my experience. I don't think of this as eclectic, I think of it as creative, as critical, as grounded in a shared humanity that aims to amplify each person's dignity and sense of agency. To help people make helpful stories about their experience, I gather scraps and tatters from many places. It can be surprising where you can find the jigsaw pieces to help co-create life-giving stories.

I practice critical reflection moment by moment. I check my practice against the fundamental spirits of narrative practice that I hold as important – especially radical respect for persons. Am I imposing ways of thinking and approaching this situation with my own agenda? Or am I keeping this person's knowledges, hopes and preferences front and centre? Is what I'm doing, saying, offering, working for this person in this moment? I check with them; I ask whether it is ok to be talking about this or that. Is it ok to be talking at all at this moment? Is my very presence an intrusion or is it fatiguing for someone with very limited energy? Should I leave, or should we keep company in silence.

I want to be careful here not to give the impression that I am having profoundly Buddhist-inspired conversations in my daily work. In fact, in my experience of working in the in-patient unit, people frequently do not wish to discuss suffering. Sometimes we talk about where they grew up, what they learned from their mother or grandfather, or what they notice about their grandchildren that is so different from their own childhood. These are conversations that might not appear to be specifically therapeutic, but my intention is to allow the person to meet with me apart from their illness. I offer them the opportunity to enter our conversation as a person who is not limited to their identity as "patient". My intention is to have dignity enhancing conversations that create room for our shared humanity. We might share a joke; we might talk about God; we might talk about sleep and pain or how important family is to the person. We might speak about dying. We might only speak for five, ten or fifteen minutes. In whatever time is possible, I bring love and respect, my willingness to be of service, my attentiveness to what might be possible and to what is not appropriate right now.





Utterly central to my practice is a not-knowing stance which brings together some of thinking I learned from Harlene Anderson and some of the thinking I learned from Buddhism.

As I understand it, Harlene Anderson's version of not-knowing is a therapeutic stance that doesn't place expert knowledge as a lens between myself and the other person. She writes: "A collaborative therapist takes a skeptical and tentative approach to knowledge, including its substance, its use, its certainty, its risks, and its implications" (2007, p.48). It is not that a therapist doesn't know things, but rather we seek to know the person before us on fresh terms, seeking to get our professional assumptions and frameworks out of the way, as best we can, or at least to hold them with a particular tentativeness. Anderson continues: "Maintaining a not-knowing position and living with the uncertainty that accompanies it is vital for the freedom of expression and for the natural unplanned paths of dialogues" (2007, p. 50).

Not-knowing in the face of great suffering is a tremendous resource. I don't know how to make things better or bearable for the person before me. I don't have answers, but I do have an ability to meet their suffering and make space for it, so that they are less alone with it, and, I hope, less overwhelmed by it. One of my meditation teachers taught me that when suffering seems bigger than our awareness of it, we feel we are sunk. But when our awareness is bigger than the suffering, we have a place to begin.

Not knowing in Zen Buddhism is also helpful to me. Zen has these enquiry practices (such as Koans) that are about undoing fixed views. In the Buddhist teachings I have studied, we learn that fixed views get in the way of progress on the Buddhist path. To the extent that we think we *know* that we are in possession of a singular truth, we can prevent ourselves from experiencing the world differently.

There is one practice I find particularly helpful when I am worrying at a problem in my own life, which is a not-knowing enquiry. In this practice we hold on to the specific question we might have been wrestling with, but we keep letting go of any answers that come or any effort to work out the answer. The idea is to keep resting into not knowing, even as we hold on to the importance of the question. The idea, I think, at least in the version I have understood, is that we stop going to the same ready-made stories, mental models, images, narratives for answers. We stop going to the same pond for water. We let ourselves be open to new ideas and approaches.

A famous Zen teaching story is discussed by Zoketsu Norman Fisher (2006):

Dizang asked Fayán, "Where are you going?"

Fayán said, "Around on pilgrimage."





Dizang said, "What is the purpose of pilgrimage?"

Fayan said, "I don't know."

Dizang said, "Not knowing is most intimate."

This idea that "not knowing is most intimate" suggests that we come closer to the truth of experience when we let go of assumptions. Perhaps, in a therapeutic context, we might come closer to recognising the person we meet when we strive to let go of what we think we know about the person. Our conversation becomes more intimate. This principle is certainly valued in narrative practice, where we have teaching stories in which the therapist may not even know what the problem is that brings the person to therapy, but still has a transformative conversation.

Norman Fischer (2006) explains the value of not knowing like this:

[T]his moment, this situation that faces us right now- this patient, this person, this family, this illness, this task, this pain or beauty- we have never seen it before. What is it? How do we respond? I don't know. I bow before the beauty and uniqueness of what I am facing. Not knowing, I am ready to be surprised, ready to listen and understand, ready to respond as needed, ready to let others respond, ready to do nothing at all, if that is what is called for.

He continues:

When I know, I bring myself forward, imposing myself and my experience on this moment. When I don't know, I let experience come forward and reveal itself. When I can let go of my experience, knowledge, and wisdom I can be humble in the face of what is, and when I am humble I am ready to be truly fearless and intimate. I can enter into this moment, which is always a new relationship, always fresh. I can be moved by what happens, fully engaged and open to what the situation will show me.

Sometimes I ask the people I'm working with how it would be if they could not know? Or how it would be if they practiced some small thing they wouldn't normally do just to see what that would be like? Just for fun, even, or as a thought experiment, an enquiry. This is different from seeking to change behaviour or change thought patterns through an applied technique. Rather it is an invitation to explore new imaginative territories without any finalized prescription for what will be the right way or what will be discovered. In collaborative conversations we make up these imaginative territories together. We venture out onto the thin ice of not knowing and see what lies beyond what either of us already knows. This is a language game, a poetic





exploration where words can be deployed differently in new and playful ways, and it is a language game that is anchored by compassion.

To work with people in palliative care is to encounter problems that won't be fixed. Illnesses will not be cured. People will die. The dead will not return. Abiding in love, in loving kindness, in compassion, in not knowing are among the therapeutic resources in my narrative toolkit, and they are also the best self-care strategies I have found. I have often heard people speak of the privilege of working with people approaching the end of their lives.

"Could you tell me what you mean by this sense of privilege?"

"I gain access to something that most people don't have as part of their daily working life."

"Can I ask what this privilege gives you access to?"

"Love, I think, love. Love poured out and love endlessly replenished."

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The Politics of Saying Hullo Again

By Helene Grau Kristensen¹

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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Healing Conversations: Giving Value to the Life of a Person who Died by Suicide

By Linda Moxley-Haegert¹, co-written with Mandy and Brian

Dedicated to the young man who chose to take his life and to his parents who chose to survive his death*

Rushing to work for an early start at the Shriners Hospitals for Children – Canada, I decided to listen to my messages in the event an important call had come in. I often have young people consulting me at 7 am, either because of an operation that day and a child needing help facing ‘fears’, or because a conscientious young person does not want to miss school. I knew I had one such conscientious person that morning. There was a call from the mother of a young woman I was to meet that morning. She had called late the night before.

“Linda, can you call me back as soon as possible; this is an emergency.” “Oh, no,” I thought to myself. I only gave the number to Shriners patients who talk of suicidal ideas because other calls could be screened by the hospital. This young woman had expressed such ideas but had felt certain she would not act on them. As she was 21 years of age, and had assured me they were only ideas, not to be put into action, I had not informed her parents. We had worked out a list of people she could call if she felt unsafe, and she had said she would go to emergency if uncertain she could control such ideas. We had discussed vulnerabilities, as well as reasons to stay alive. “What could this emergency be?” I tried calling back, but there was no answer.

When I arrived at work, feeling extremely worried, I saw the young woman. She asked to speak to me immediately. “Linda, I want to give up my appointment this morning for Trevor’s parents”. She then hesitated before adding: “Trevor took his life early Sunday morning and they really need your help”.

My thoughts flew back to the few consultations I had had with Trevor, a lovely and talented young man who had been so sad and disturbed about falling away from the Christian beliefs of his parents. He had just gone through an extremely complex and quite perilous chest surgery for a deformity. He had assumed such risks in order to live a better life. He was booked to see me the next day. I was in shock and soon realized that I would have to immediately pull myself together for his parents. I urged myself on with deep breaths; “Be strong, be brave,” I instructed myself. Although I did not know Trevor’s parents, I could only imagine what they had been through these past weeks with Trevor so very despondent while not understanding what led to such despair in their son. “They must be wondering why he had chosen to have this

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surgery if he had not wanted to improve his life and to live,” I thought to myself. I reminded myself to be curious about what they were thinking and feeling, to ask them how they were living through this experience and not assume that my thoughts were their thoughts.

The young woman introduced his parents to me in the waiting room. I told them how very sad and sorry I was. I asked myself, “What does one say in such a situation?” I made sure not to say that I was sorry for their loss.

That was said to me when my sister had died, and at the time it felt very wrong, “Does that mean I can soon find her?” I had thought at the time. Little did I know that, yes, I could find her in a new re-membered way (White, 1988). I reminded myself to keep that in mind.

I have accompanied parents through the death of a child in my work in palliative care (Moxley-Haegert, 2015a; Moxley-Haegert & Moxley-Haegert, 2019), and also in oncology with unexpected deaths (Moxley-Haegert, 2012) but I had never accompanied parents through a death of a child by suicide. This had never happened to me.

My thoughts immediately went back to Trevor. I had helped so many other children make legacies when they knew they were dying, and I knew they were dying, (Moxley-Haegert, 2015a) but I really had come to believe that Trevor was planning to live. I did not think from our conversations, that he was planning to die. Yes, he had told me about feeling suicidal and even about those two weeks of desperation a month or so ago during which he made some attempts but more recently in our sessions, he spoke so fervently about living. He explained to me that when he tried to suicide, first by pills and alcohol, that combination made him feel terribly sick. His next attempt a week later by carbon monoxide poisoning involved driving into a garage on a cold Montreal night, thinking he would just fall asleep. However, he began feeling so sick and dizzy that he abandoned his car. It was then, he informed me that he decided this was a message from God. He was fated to live! He told his parents of his attempts and assured them that he had work to do in this world and must live. He was going to help other young people. His parents told the young woman, who had generously given up her session for them, about the suicide attempts and that was when she suggested he meet me for help.

Reading the medical notes in his file, I felt extremely sad since it was clear that he had had a very strong psychological reaction to his deformity, that had been expressed to the surgeon. This contact and discussion about his negative psychological reactions had occurred eight months prior and no one had made a referral for psychological support. I regretted that we could not have met earlier. “If so, might he have found a way to keep on with his life?” I wondered. “Did I miss something? Did I do something wrong?” We had spent some of the first session talking about warning signs that a crisis might be developing. He talked of memories of his ex-girlfriend, who had said that she was Christian but was behaving in ways that he found immoral. He said certain smells, senses and even songs might bring up the memory of her which could lead to suicidal thoughts. This young woman was finding worrisome ways, according to Trevor, to secure money. Trevor was trying so hard to assist her to find another



way to resolve her financial needs. He prayed at length as well as read the Bible. He told me that under these circumstances he was reluctant to consult his pastor as he might have for other matters to protect her confidentiality.

When God did not answer his prayers for a way to assist this woman, he began to doubt his God. The more he lost his faith, the sadder and more desperate he had become.

We also talked about what he had been doing to manage the thoughts recently. He mentioned running, playing video games with his best friend, watching movies, drawing and playing his guitar. I referred him to art therapy because of his interest in drawing. At the end of that last conversation he had stated categorically, "However, I will not try. Period! This is over". When I asked what was over, he replied, "This trying to take my life is over."

He stated that he had felt very sad and hopeless after trying to bring this young woman, whom he felt in love with, to believe in Christianity in the way that he had been taught to believe in it. His decision for surgery had been because he had decided that he needed surgical correction to live and to help others, including his ex-girlfriend.

Trevor did not know how to tell his parents that, although he still believed there was a God, he did not believe in the way they believed. "I am a theist," he said. "There is a lot of good to follow in my previous learnings, being kind, forgiving, learning from mistakes. Seeing the best in this world is something that I will not follow." Trevor's family belongs to a very close-knit religious community. He felt that leaving this faith would mean losing his family and friends. We discussed the subject of love and wondered together whether the love might be great enough to outlive a change in his beliefs. He decided it was a possibility. Trevor did believe that he was loved. He related a story of another young man of his community who had left the faith and was still part of his family. However, Trevor was still certain that he would disappoint his parents greatly with this loss of faith.

He felt that his 'deformity' now with scars from the corrective surgery, ("deformity" was Trevor's own word regarding his chest difference), would not be accepted by others. Thus, he felt with the loss of faith he also lost an accepting community regarding 'deformities.' We explored the possibilities that there are others in this world who accept 'deformities' even if they were not of his faith. We wondered together what he might be able to do for Shriners Hospital for example, where every patient has a 'deformity' of some kind? We explored the implications of 'deformity' and how his negative feelings about having a different body from others might be culturally developed from our Canadian society and did not have to be taken for granted as true. That even the word 'deformity' is a culturally created word. He thought maybe he could be of help to other Shriners patients.

Regarding accepting deformity, I contemplated inviting a past colleague as an outsider witness (White, 1995) to speak with us. She is a young woman who is wheelchair bound, due to what is known colloquially as 'brittle bone disease.' She is currently studying to become a clinical





psychologist. As a prior Shriners' patient and later part of our employee community, she had assisted me several times previously, telling her story of how she managed to escape from shame of deformity and fear of others' judgements. Those consulting her had found these conversations helpful. She is such an inspiration and has many humorous stories. But now, he had died. Taking his own life. None of these ideas could be put into action.

When Trevor and I had further conversations together we spoke at length about his plans for life and for living. We explored the idea that even with his altered faith, he was creating his own but slightly different moral code. These discussions seemed to give him hope for finding a new life without his former religious beliefs. I had written in his notes that he had said, "I can take what I have learned and try my best to be a good person". When I asked how he thought he could use this new moral code he replied with, "I have to find new hopes."

I learned that Trevor was a musician, an artist and a writer. He had planned to use his talents to promote his past faith and now he had lost his goal in life. I remembered in detail his creativity. "I was writing a book trying to get through my current life story troubles. My character had to redeem himself for mistakes he had made. That person is really me". "Are you thinking that you have made some mistakes for which you need redemption?" I asked. Trevor answered, "Maybe I could go and take fine arts at Concordia University." I realize now that he did not answer the question of redemption and mistakes.

I now think that in a manner of speaking I had been doing palliative care practices with him as might all narrative therapists in that we are always creating legacies. The book he was writing might now become a legacy that his parents could appreciate. Trevor had planned that his main character, really himself, who lived in a completely different Trevor-created world, would die. We talked of what the ending might be now that he planned to live. He stated when he left this last session; "I have some ideas that I can use to write a new ending to this book. Do you want me to bring this to our next session?" I replied with a hopeful, "Yes." Maybe I was too presumptuous. I truly expected to see him another time.

All these memories were going through my head in a whirlwind as I invited Trevor's parents into the room. I felt that it was probably too soon to discuss legacies with his parents, even though Trevor and I had discovered resources, hopes and dreams, which could now allow him to leave legacies. He had written a book, he had his art, and he told me that he had recorded music with his guitar. There were the plans of finding a way to use these arts to help others.

However, in this beginning of our journey together with his parents, I needed to listen to their pain, listen to their story. We were challenged that morning, because at least three times there was a knock at my door. This was very unusual because when my door was closed, most of my colleagues knew I was with someone. Finally, I answered the door since the knock was so insistent and persistent. I discovered my lovely supervisor standing just outside. She explained that she and my colleagues wanted me to know that they were there to support me at any





time. This knowledge gave me strength to return to the room and have courage to start my uncharted journey with Trevor's parents.

"How does one start such a journey on the day after a child has died by suicide?"

LINDA: Again, I want you to know how sorry I am. How do you feel that I might be of help to you?

Trevor's mother (MANDY): I need you to hear what happened. We were so sure he had decided to live. (I identified with that). He had made an appointment with you for tomorrow, and also made an appointment with the art therapist.

Trevor's father (BRIAN), interjected: I asked him how strong the suicidal thoughts were, just Saturday morning, the day before he died. He died in the middle of the night sometime between three and four am. Trevor reassured me by saying, 'Dad, you know I have decided to live'. And he went to the church youth group.

LINDA: It sounds like you were working really hard to be sure that he was safe. Is that so? (This felt like such a feeble response).

However, Trevor's dad's answer seemed to suggest appreciation of this question:

I don't know what else I could have done! He was sleeping in our room for the first few nights after he told us about his suicide attempts; then he asked to sleep back in his room. He had his computer set up there and he liked to play both games and his guitar late into the night, and we thought he was better. He seemed better. We had taken him to see a psychiatrist a few weeks ago and they kept him over night and then discharged him the next morning. We figured if the psychiatrist thinks he can come home, he must be OK. Actually, two psychiatrists sent him home, first from our local hospital, they sent him home with medications, then we took him to the city psychiatric hospital, and they sent him home. We asked for a diagnosis and they said, 'Well, here we are not big on diagnoses. They just suggested he keep seeing the psychologist.

LINDA: Would you say that you were trying your best to get professional help for him and thus thought you could relax a little and let him sleep in his own room?

BRIAN He was almost 19 years old and had confided in us. We had to trust him at some point, though we would both wake up in the middle of the night and go down to his room and check on him. I asked him almost daily, 'On a scale of 1 to 10...' and every time Trevor answered with 'Zero'. The local





counseling center would call him every day and ask him how he was doing. His youth pastor contacted Trevor regularly and took him out to coffee to talk with him. I took him out a few times for coffee to talk to him outside of the home. We couldn't keep him in our room forever.

MANDY: I woke up about three am that morning. I prayed and prayed to God to guide me in how to keep him safe. I prayed for nearly an hour. Then I got up. I thought of checking Trevor's room and then I felt, no, he went to the church group last night, he said he was fine, so I decided not to check. In some ways I am so glad I did not check. I do not think I could have stood it, to find his room empty and know that he was dying while I was praying.

I thought it might be helpful for her to understand more about this.

LINDA: Mandy would you be willing to help me understand what it means to you that you prayed that whole time?

MANDY paused as she considered my question, she seemed to want to think about this question:

God was telling me that it was his time to go. Trevor had been suffering so. He could not stand it. That is what he said in his note. He told us not to blame ourselves, that we were good parents, but that he was suffering too much, so he had to go. The file where he wrote the note was called, 'I am sorry'. I know that he is no longer in such pain, but I am in so much pain now. If only he had known how much I love him.

I worry for my husband, Brian, who found him hanging in the garage and had to cut him down. He dropped Trevor because he was so heavy. I worry that my husband will not be alright.

BRIAN: I didn't know how I would tell my wife. How will she stand this? She is not so strong physically and has many family members not so strong psychologically. I went to try to gently tell her and she insisted on seeing the body. She wanted to see him before we called the police. I didn't want her to remember him like that.

MANDY: I had to see my son. I had to hold him one last time.

LINDA: Does that mean you were showing him your motherly love or were you trying to figure out how your heart would not break, how to hold your heart together or something I totally could not even think of?





MANDY: I think it was a bit of it all. I didn't want the police touching him and moving him but now I don't know what to do because I cannot get that image out of my mind. That was not my son lying there on the floor.

LINDA: Sooo that was not your son lying on the floor. What are your thoughts about what your son is like now, or where he is now?

MANDY: I know that he is with God. He is no longer in harm's way; he is safe.

I tried to formulate my next question.

LINDA: So, (so is a word I realized I use as I try to organize my thoughts and think of what I want to ask), if you wanted to replace the image of something that is not your son with another image that is your son, what image would you want to be thinking of?

Mandy paused and then she actually laughed. What a lovely sound for this moment. I truly felt it was not that the situation was in anyway lightened, but I could see her eyes go off to the side and she was for a moment somewhere else.

MANDY: He used to say, even sometimes recently, "Mum, look at me, see how fast I can run". That is the image I want to hold on to. That was a bit of the Trevor that we lost when he was about 12 years old. He changed then. He withdrew from us, isolated himself in his room. Maybe something about his deformity at a time when boys care so much about their bodies. But sometimes he would come out of his room and say, "Mum watch me". Just like that lovely little boy he used to be. That is my 'true boy'.

I do not know whether you know or not, but we have a lot of mental illness in my side of the family. I was especially concerned about his hatred of his brother. I thought he had experienced some trauma he was too afraid to share with us that kept him isolated and angry. He denied it when I asked him. I kept searching for anything else I could think of and asking everyone I could think of like doctors, counselors, social workers, other people who had sibling hatred in their family.

Yes, he had this deformity and I know that for teens that can be terrible. But it seemed to me to be something more. Then we found you, and I felt hope, he was coming for therapy; he was even going to start art therapy; he had seen a psychiatrist; he was going to get better. But then, it was too late.

LINDA: If you could hold that image of that little boy, your 'true boy' and that young adult who is saying, "mummy watch me, see how I can run", what





difference might that make to this horrible pain that you are experiencing now, and that horrible image of something that is not your son?

MANDY: Yes, it would make a big difference. That is what I need to remember.

LINDA: Would you be interested in having some more conversations so that we could re-member Trevor as Trevor used to be before he withdrew from you and to learn what you appreciate about him?

Mandy responded with a strong “yes.” Brian said that he felt that Mandy was the one who really needed the help.

BRIAN: I think I will get the help that I need from my community and from my pastor.

I asked Mandy if she might want to bring some pictures, or other memories of Trevor to the next session, cautioning her to do so only if she wanted to and thought it might be helpful to her.

LINDA: I don't know that person who asks his mum to watch him run, your 'true boy', and maybe the pictures could introduce him to me.

After this session, I reviewed the chapter that Michael White (2011) had written called 'Engagements with Suicide' to get some ideas regarding how best to work with this family. Michael stated that often the person who took his or her life could become invisible and the suicide could be cloaked in shame. I did not want this to happen. I thought about how I could discover from the parents the values or skills required of Trevor to both live and to take his life? What kind of decision would this have been to make? Was the suicide mindful of what Trevor gave value to throughout his life? And thereby, we could try to link his living life and the decision to take his life to what he stood for so these parents could still feel connected to Trevor. I also remembered Michael saying that some cultures think differently than ours about death by suicide. I remember the old Japanese Samurai movies where suicide was considered an act of honour. And as Michael had suggested, perhaps it would be possible to investigate and honour the 'insider meaning' of suicide.

I also wondered if a book I had co-authored with parents whose child had died of a medical condition, might provide helpful ideas for the family (Moxley-Haegert, 2015b).

The next session, both parents arrived for our therapeutic conversation together. They wanted to know what Trevor had told me in our sessions together. Again, my thoughts went into a bit of a whirl. “Do I let them know that it was a change in faith that was troubling him? What about what he had told me about this girl who he was so worried about? They may know her.” I decided to begin more generally and to refrain from discussing the information about the girl that Trevor did not want to tell the pastor about. I did not know whether they would have the right to read his file because we are a children's hospital even though he had turned 18. I had





given no such details. (I always work out with the adolescent I am consulting regarding what they agree can be placed in the medical file, after explaining the limits of confidentiality and the way we, at the Shriner's Hospitals for Children, work as a team). I was conscious that this was all new to me. I had never, even after many years of working with those who expressed suicidal ideas, experienced someone who had consulted with me end their life by suicide. "How do I navigate this? What are Trevor's rights? What difference does it make if I do not tell them about his change in faith? Could telling cause them potential harm?"

However, I soon found out that they had read what was on Trevor's computer. They knew about the young woman in Trevor's life and how he felt so hurt because of decisions that she was making. They also knew that he questioned their faith. I decided to discuss the potential legacies that Trevor and I had discovered together. In particular, I thought of the book he told me he was writing.

LINDA: Did you find the book that he was writing, and the 'Trevor-created new world'?

MANDY: No. We did not find that on his computer. I wonder where he put that book. I would love to read it. However, what I really want to know is what diagnosis you gave him. Did he have a mental illness?

It was evident that Mandy was interested in other things than legacies right now. In narrative therapy (White & Epston, 1990), we want to follow the lead of the person who is consulting us. This question, however, produced another dilemma for me. I wondered what it meant to them to have a diagnosis. Psychologists have the right to diagnose mental illness, but this is not my usual way of working and I had not been thinking in diagnostic terms but in therapy terms. When working with a young person I am aware of how diagnoses can make it hard to distinguish the young person from the problem (See Marsten, Epston and Markham, 2016, Chapter 7 for more information on this idea). I wondered if a diagnosis could help these parents heal from their grief.

LINDA: What would it mean to you if there had been a mental illness?

MANDY: Well I have a sister who has been diagnosed with bipolar, and an aunt and my grandmother had agoraphobia and my father may have had depression, so it runs in the family. Having a diagnosis would mean a lot to me because someone else who met with Trevor would have insight into his life and I so desperately want to know everything about my son, especially now that there are no new things to ever learn about him.

LINDA: Well Trevor and I named the problem 'Trauma'. He felt that some of his experiences with his ex-girlfriend were very traumatic, and he felt that having a deformity was traumatic. When his ex-girlfriend did not want anything more to do with him after he tried so hard to help her, that felt





like trauma for him. But he also told me in our last session, “It seems pretty amazing with all that ‘trauma,’ I still want to try to live”. Do you think, ‘trauma’ just got too strong for him?

BRIAN: I think that trauma got stronger when he was playing his videogame with his best friend and the game died. His friend whom he was playing with said that the last thing Trevor said to him was that on his screen it said, ‘Fatal Error’. He then wrote a letter to the girl asking her if it was worth it not changing her life and doing wrong actions. He actually used much stronger language. That also was so unlike him. We have another letter he wrote this girl that was just beautiful. Then he wrote us a most beautiful letter. He can write beautiful letters. In his goodbye letter he said he was only trying to survive so that he could join the military and die in battle. But he was too ‘tired of fighting’ and gave up and that is why he committed suicide. He had to have had the idea of hanging because we discovered that he had studied knots on his computer and he had a rope, so I don’t know if trauma was what it was or not?

LINDA: Might it help to think that ‘trauma’ had gotten too strong, and that the game ‘dying’ and ‘fatal error’ somehow gave trauma its hold on him and these ideas of suicide or something different?

Brian thought that this would be better than thinking he had planned suicide all along and was being devious to them all in making them believe he planned to live.

MANDY: The letter we have that he had written before is of grace and love and kindness and mercy.

LINDA: Could it be a bit helpful to remember how he was able to write such beautiful letters? Could that be more helpful than trying to understand whether he was planning this or not? Or maybe, do you think Trevor was a ‘mindful’ young man? A ‘true boy’ of grace and love and kindness and mercy? It seems that ‘mindful’ might be a word to describe the beautiful letters and the having a rope and studying knots?

MANDY: I actually have his note here to his friend. He just said there was some sort of error. At 2:57, the game ‘died’ – I do not like that word anymore but that is what they use. At 3:08 he wrote to this girl. And at 3:21 he wrote to us. I think he was going through a spiritual battle. It was Trevor’s own will to go through with the decision of death. Yes, I think he was mindful all his life. But I think his death was really something like depression trapping much of him inside a sick mind. Maybe that was trauma caused.



LINDA: Might it be helpful to find your own term for this feeling of Trevor being trapped – trauma caused or something different?

MANDY: I woke up at three am that night and I prayed and prayed for Trevor. I prayed for angels to circle him wing to wing. Angels are ministers sent to help. I wanted them to help break the chains that bound him. I realize now that the angels were also for my benefit. The breaking of the chains I thought were to free him from pain. I just did not know that this freedom would be for him to die. I do need some help with the memory of his body and how it looked after the hanging. It haunts me.

LINDA: Well might that be something that we can work on next session if that is something you would want?

Mandy came to the next session with a photo book. She had created a photo book of her family every year and wanted to show me the year that Trevor changed. She also wanted me to see some of the pictures of the beginning of that year when he was the happy little, ‘watch me run mummy’ boy, her ‘true boy’. There was a note to Mandy written by Trevor saying, ‘I love you the most in the hole world’. Written exactly like that. I discovered from Mandy that even his voice changed that year. He would speak, either in a robot voice or in a kind of baby voice when he was asking, ‘Mummy, come see me’. She discussed how she so much wanted to help her son. She had searched and searched for help. Mandy said that she and her husband had telephoned the psychiatrist from the psychiatric hospital which had kept Trevor overnight. The psychiatrist stated that Trevor had been diagnosed with ‘major depressive disorder’. Both Mandy and Brian seemed relieved to get such a diagnosis.

(Trevor’s dad later explained the meaning of diagnosis for him:

Trevor’s suicide provoked not only trauma and grief, but an investigation. Suicide was not something we, in our wildest nightmares, would ever think our family would struggle with. Trevor was so talented, so full of life and self-confidence. He was the first to get a full-time job on his own, buy a car, buy his own cell phone, get a bank account. When we got the diagnosis from the psychiatrist that he had a Major Depressive Disorder we felt that it explained so much to us. In his last weeks I saw his feelings of worthlessness and inappropriate guilt. He felt he was a failure. Suicide presents multiple layers of trauma and inquiry that are not present with a simple tragic death.

During this session Mandy explained that she was feeling very upset having to live in this world where her son had hanged himself. She wished she had a chance to get help for him early enough.

(Brian later recounted that he felt similarly:





This has been hard for me too. Now that we have a diagnosis, every fatherly instinct in me craves the chance to go back in time to help him through this illness, and to explain it to him. He suffered all those years thinking he was just a jerk. He couldn't help it. He was suffering and didn't know it had a name. This had to play into his perception, somehow attaching to his deformity. He suffered alone, in my home, under my care, without any help. That destroys me inside. This is an added layer of severe grief in my heart, almost unbearable).

Mandy and I did some work around the image of seeing her son dead and how it made her feel that she failed because she could not save him. She also, in times of great distress, would feel that she was not loveable enough because it felt at times that Trevor did not love her. We discussed the possible relationship of this, 'I am unloveable' thought to her thoughts as a young child when her mother left the family for another man.

Mandy wanted the little boy Trevor, who needed her to watch him run, to stay with her. She remembered again praying for her son during the time that he was organizing to take his life. She believed that praying was for God to protect him and to protect herself. She kept going over and over what Trevor must have done that night. But she came to the realization during our conversations, that she was praying him out of this life and into another life without pain and with God. She stated that this realization was helping her feelings of panic reduce in intensity. She also explained that she believed it was Trevor's responsibility to make his own decisions now that he was almost nineteen, and it was her responsibility to pray for him.

When I arrived at work the next week I had a telephone message from Brian. He was concerned that Mandy might have the same diagnosis as Trevor. She had been very upset that morning and wanted to climb on the roof to be closer to Trevor. Brian restrained her and asked her if she was feeling suicidal. She said that she was feeling sixty percent suicidal. I phoned him back and suggested that Mandy might be feeling intense grief. I told him of other parents I had worked who had a child die explaining to me such very strong feelings, especially at first. It had only been a few weeks since Trevor died. I also stated after talking to Mandy, that if either of them were worried about being suicidal they could go to the same psychiatric hospital where Trevor had been admitted. They did decide to go.

Mandy came to her next session saying that the psychiatrist told her that she was having a normal grief reaction. I was beginning to like the psychiatrists at this hospital who were not so ready to think of DSM diagnoses and medications. Mandy had been given Ativan by her family doctor after Trevor's death and Mandy believed that maybe these medications were making her have suicidal ideas. She therefore had decided to take no medications for now and was feeling better.

LINDA: Mandy, are you worried for your life now?



- MANDY: No, I am not worried that I will actively do something, but I sometimes wish that I would get the Coronavirus and die. I have weak lungs and I could just die. I miss my boy so much.
- LINDA: Does that mean that you feel that you do not have reasons to live anymore?
- MANDY: That is exactly what my pastor said. He reminded me that it is not my time. That my work is not over here on earth. I have three other children and many other reasons to live. I am reminded that Mary, mother of Jesus, suffered too. She had to watch her son be tortured and see her son die tragically. I was watching my son in a different sort of torture. I just need peace. I just need God's peace and I find that in scripture.
- LINDA: How can you live God's peace?
- MANDY: Knowing that Trevor is in heaven with God, and I will be there with him some day, but he will be waiting so long, too long. I can read the Bible and it brings me peace. But that long time of waiting hurts me. However, I will see him again.
- LINDA: Do you believe that the time in heaven will be the same as the time on earth? Might it be that Trevor will only feel it as minutes when you feel it as years, or something at least differently than here?
- MANDY: Yesss. Time would be different. He is in heaven after all. And here I am and here I will stay, even if it will be hard to live in a world without Trevor. I know I tried. At least I do not feel guilty.
- LINDA: Do you see this as a gift, knowing that you did the best you could and tried so hard to help him?
- MANDY: It IS a gift. I never thought of it that way. It is truly a gift; I tried so hard.
- LINDA: Mandy, what are some of the many ways that you think the pastor was thinking of when he told you that your work on earth is not over?
- MANDY: Well we have decided to help others who might have problems like Trevor's and use his life and him taking his life as an example and a message for others. We want to help parents to find help for their children. We are working on suicide prevention. Thank you for giving us that document that can be used in the youth group. We plan to have his funeral as both a homage to Trevor and as a message about youth problems and ideas for how to get help.



LINDA: Do you think this is showing some of your hearts concern that you showed for Trevor now being used to help other young people in difficulty? Trevor wanted to help others as well.

MANDY: Yess, I must not forget that this is my plan for life, and this was Trevor's plan. I need to help other children to get the services that they need.

Our fifth session started just after isolation for the coronavirus began. Mandy was having the telephone session in Trevor's room where she could have privacy and thoughts of Trevor's death felt very close to her heart.

MANDY: I am having a lot of incorrect thinking. I wake up every night at the time he died. I am so sad.

LINDA: Mandy, could you help me understand something? When 'incorrect thinking' tries to take over, what is it saying to you and how do you respond to it?

MANDY: It is that coronavirus idea thing. I could easily go into public and expose myself to the virus. 'Incorrect thinking' keeps saying, this could be good, this virus. I would probably die with my lung problems.

LINDA: Might 'incorrect thinking' be kind of 'missing Trevor' thinking? You said last week, 'I am here to stay', but staying might still be pretty challenging?

MANDY: Yes, I AM here to stay. I just don't like a world that I have to stay in when my son died by suicide. We were looking for the book and for notes about it. We did find some little notes and a long letter. I printed them out. They are precious. That was my 'true boy'- those notes and letters.

LINDA: Mandy, I wonder if you would be so kind as to describe that precious 'true boy' for me?

MANDY: I remember two-year-old Trevor with his red tennis shoes. He had a scooter and he was so agile that even at that age, we put him on the scooter, and he rode in circles, his little shoes so eye catching. His bright blue eyes so sparkling. I always wanted a fair boy who looked like my side of the family, the others are dark haired. I began praying, asking God specifically if my next baby could please have blonde hair, and blue eyes, and if it weren't too much to ask, curls on top of all that. God gave me it all!



He had a yellow and black coat. He was so happy and thoughtful then. He asked such hard questions about God. I am so blessed to have been his mum.

LINDA: Is that one of Trevor's legacies to you, to give you the opportunity to be so blessed to be his mum? Do you have some ideas how to get even closer to the reasons why you are so blessed to be his mum, while still living in this world that you have decided to stay in and find the precious 'true boy'?

MANDY (very tearfully): I blogged daily, writing little stories about all my children. I was recording it for my family who were far away. They are invaluable now. I sleep with his two stuffies (soft toys) called Nache and Thunder that he always slept with. I kiss them on the nose and tell Trevor that I will take care of them for him.

LINDA: Mandy what do the tears speak to?

MANDY: That I forgive him. I am in his room and his smell is disappearing. That frightens me.

LINDA: Do you have some ideas how you can keep his smell closer to your heart and soul?

MANDY: I have no idea; it scares me. I am losing him.

LINDA: Could you describe the Trevor smells?

MANDY: The smell is a bit of outdoors, like sun on wood; it is warm skin, Trevor's warm skin. Independence.

LINDA: We are creatures of words. Would it be helpful if I write this down on a separate paper that I can give to you when we are out of this coronavirus isolation or mail to you now?

(I always make notes during the session that usually those consulting me can take with them, but I am doing these sessions by telephone and I wanted to write these beautiful ways of remembering Trevor very carefully. I thought I might type or send all our re-remembering in a written narrative letter (for more information on therapeutic documentation see Bjoroy, Madigan, & Nyland, 2016; Epston & White, 1992; Ingamells, 2018; McAllum Pilkington, 2018; Paljakka, 2018).

LINDA: Mandy, I am curious, what does independence smell like?

MANDY: It smells like sun on wood. That's my 'true boy', independence. Oh yes, please write it all down.



LINDA: I am writing this, 'sun on wood, a bit of outdoors, warm skin, Trevor's skin, independence'.

Do you think he can feel that forgiveness?

MANDY (very softly): Yes, he knows that I forgive him.

LINDA: What do you think that would mean to Trevor to hear you saying that you will look after Nache and Thunder for him?

MANDY: He would know that there is nothing he could tell me that would make me love him any less. But it is a bit painful to think of bringing him back to hear what I am saying. I don't want him to know that pain I feel of his loss. You know a mother is only as happy as her saddest child.

LINDA: You don't want him suffering through knowing the pain that you feel. Do you believe that he is suffering now?

MANDY: No, he is at peace. His body and mind are healed, in the presence of God. HE NO LONGER IS SUFFERING. His place and his job is in heaven. But he left us with a job on earth.

LINDA: What is that job on earth?

MANDY: My job now is, as is part of his job, to help others who suffer like him. I was reading Genesis 50:20. It is the story of Joseph. His brothers wanted to kill him, and he managed to escape and save Egypt. He said to his brothers when he saw them again, 'You meant evil, but God meant it for good to bring this about'.

LINDA: Mandy, can you help me understand your meaning of Genesis 50:20?

MANDY: Well, we are going to help others benefit from Trevor's experience and his death. God meant it for good. I hope he knows now that what he did was not him but the illness, and we will help other young people who are suffering like he was.

LINDA: If he were to hear you now, even though it is a bit painful as you told me, what might he think of your idea of carrying on his wish to help by helping other young people who might be suffering like he was?

MANDY: He would feel relief that he did not ruin our lives. If he could have stayed on this earth longer, he would have been able to turn around the voice of depression, he would have had more tools in the toolbox. If he only will know that his dying was not for nothing. That we are going to use his life and his way of dying to help others. He would know that he didn't ruin



our lives, and his life had meaning. He actually is going to help others live a better life than he was able to live.

LINDA: Mandy, I can't imagine a better legacy for Trevor than the one you plan to bring to us all. I am so curious about your ideas, how are you going to make Trevor's life and death be helpful to other young people who are suffering. (I realized that in my role as a narrative therapist, I need to lead people to find their own legacies of their child. This was a much more powerful legacy than what I had first considered, which was the book Trevor was writing).

MANDY: Well we have developed this website. It is to help others find hope. We are discussing what tools he had and what tools we wish he had. We are going to give resources, where you might go.

LINDA: Yes, you told me about how you organized his service to be both a memorial to Trevor and a help to others. Would you be willing to describe this in a bit more detail?

MANDY: Well, we had twelve counsellors come to be there for the young ones of our congregation. They are all so close we were concerned about them. The counsellors talked to the young ones on an individual basis and gave them ideas of where to go if they need help. We had moved here from another country and did not know what services existed. The surgeon who did Trevor's chest surgery asked if he could have Brian's talk at the memorial service. Brian talked about what it was like to be a parent of someone with such problems that Trevor had suffered from. The surgeon hopes to use this in some way to help other children at the Shriners with deformities as a way to try to prevent such an outcome as happened to Trevor.

LINDA: Oh, I am very interested in how he might use this. I will talk to him, perhaps I can be of some assistance to your ideas and to his, in relationship to the Shriners Hospital for Children.

What would you like to do about appointments?

MANDY: Well I know you are so busy, Linda.

LINDA: It is truly up to you.

MANDY: I think I would be OK for two weeks.

Mandy called and cancelled her next session. I had planned to spend our last few sessions exploring ideas about how she and Brian could help other young people. We were still in





isolation for coronavirus isolation when we began to co-write this article. Mandy told me again about blogs when Trevor was so happy and living what she called a wonderful life. She was reading books to understand suicide and discussed them with me. She would still question the cause of Trevor's challenges. She talked some more of all that she had done to try to find the cause when he was alive and to get help for him. With a few questions she came to the conclusion that Trevor died to protect his parents from more pain, pain that he lost his beliefs, pain that he couldn't feel better.

She also talked of her 'true boy' who could be around even later in life. For example, she mentioned how he wanted to be so independent, he wanted to pay for his own counselor. He even wrote in his 'I'm sorry' note that they could sell his car, perhaps to pay for his funeral.

She suggested this was his warmhearted way of showing that he did not want them to be in debt by his death. And most importantly she discussed how she believed Trevor had a healed mind and a healed body and that now he is free. She read to me his wonderful, kind letters. She told me beautiful stories of navigating the parenting journey as Trevor developed from childhood into adulthood and of walking alongside him even when he was making choices she would have preferred that he not make.

But mostly Mandy described her hopes and dreams for being of service to other youth, to follow Trevor's hopes and dreams. She understood better what Trevor stood for. Mandy believed that God has a purpose for every life, and both her purpose and Trevor's purpose was to call greater awareness to youth challenges and help youth with this calling. There was no more talk of catching the coronavirus and meeting Trevor sooner. Mandy felt that she and Trevor now had a common, earthly goal that her husband and her complete congregation were getting involved with. She felt that this was keeping her 'true boy' in her heart and soul. Mandy requested that we do one last bit of work together when the isolation due to the Coronavirus was over. This was to work to help her manage better some of what might be called day and night dreams of the last image of 'her boy who was not her boy'. She planned to replace these images with her 'true boy' and with other young people who were living instead of dying. Finally, Mandy explained to me, that somehow, Trevor did not disappear but will live on in the helped lives of others.

Brian wrote to me when I asked him to edit this paper. In his letter he expressed words similar to those I have heard from others who have had a child die. They were so poignant and heartfelt that I wanted to honour his thoughts here. This is Brian's perception of his particular experience of having a child die by suicide.

I am not the man I was before February 8, 2020. When Trevor died my life changed. My wife changed. My family changed. I changed. And I'm trying to come to grips with the new me and my new world. Life has a different meaning. My faith has more gravity. My perspective on my life in this world has been elevated beyond the temporal in a way it has never been before. When I walk beyond the curtains to grief and back into life where my heart and mind are





released from the shadow of my son's suicide, who will I see when I look in the mirror? My grief is not just grief. A transformation is occurring. A lot of people who lose children have a very difficult time getting past the loss, as if their legs have been cut off from under them, and they will never stand on their two feet again. I have been in the depths of these waters, but I will not stay there. I know that these ashes that cover me now will be redeemed by God.

I feel so honoured to be a part of such conversations which could explore what Trevor gave value to and then to witness Mandy and Brian finding ways to use what Trevor gave value to help others. I was able to assist them to develop Trevor's legacy and to carry it forward with their family and others who loved him. I feel that this journey that we took together was also a healing journey for me.

I got to know both parents so much more through our co-creation of this paper. I have co-written papers before with those who consult me and am always so appreciative of the experience. I am happy to add Mandy's final remarks when she returned this final draft to me:

I also just want to say thank you again. As I was reading through the paper as a whole, it helped to be 'counseled' again. In grief, your mind so quickly forgets what you've determined, or learned. Now I will have this paper to get a quick reminder of the progress and conclusions you've helped me with. Brian wants to say he really enjoyed working with you on this paper. Me too! Blessings.

*All names are changed at the request of the parents. The young man's parents have read this version of the paper and feel comfortable for it to be published so others can learn how they managed to survive the almost unsurvivable and to carry on their son's legacy wishes.

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Narrative Therapy with Someone Experiencing Significant Loss and Grief: An Illustration with Reflections on Practice

By Sasha McAllum Pilkington¹

This story is dedicated by “Claudia” to “Tom” in memory of his loving ways.

I would like to thank “Claudia” for her generosity in joining me in adventuring into new territories. There would be no story without her.

I would like to thank Aileen Cheshire, Catherine Cook, William Cooke and Peggy Sax for their insights and helpful suggestions and David Epston for his editorial support.

Introduction

Grief can be excruciating. The pain of loss may be overwhelming at times and its duration and intensity can be a shock to many. However, it is not always so. Relationships are shaped differently and there are many possible stories that can be told of such an experience. The following illustration of Narrative Therapy² was originally written as a therapeutic document for a woman who had been forced to contend with the death of her partner while she parented their young children. “Claudia”³, as she chose to call herself for this paper, was experiencing significant loss. At the same time she was struggling to find compassion for herself. I hoped that if Claudia viewed herself in a story of our conversations the narrative might lend strength to the new understandings we were co-constructing. Claudia was enthusiastic about the idea of co-creating such a document and after going through a careful consent process (see Pilkington, 2018) we agreed that we would record our conversations and write a story from the transcriptions.

Our purposes for writing a story evolved. As time passed, Claudia wanted to share her knowledge of grieving with others. When we discussed the possibility of sharing the story with a wider audience, I hoped the story might show the unfolding of therapy and in particular, narrative practices that companion a person⁴ and invite them to explore new meanings of their experience.

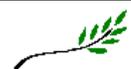
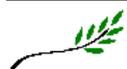
I have therefore added footnotes to the story. The footnotes explain more of what I was thinking as Claudia and I spoke, and why I asked particular questions. They also include some

¹ I work as a counsellor for Harbour Hospice in Auckland. Email sasha.pilkington@harbourhospice.org.nz

² Narrative Therapy was co-founded by Michael White and David Epston.

³ All names and identifying details have been changed. Claudia chose the pseudonyms used in the story.

⁴ By companioning I am referring to being alongside a person and fully present as I try to understand their experience rather than attempting to fix or solve what is unsolvable.





thoughts on narrative practice with people who are suffering as they live with loss. You may choose to read the story and the footnotes together or separately.

For those of you who are interested in experimenting with writing a story, in contrast to other forms of therapeutic documents, please see an earlier paper I have written on writing narrative therapeutic letters (Pilkington, 2018). I have described the process of story writing and some of the possible benefits within that paper.

A Small Hope: Co-creating a Narrative of Grief

A Cupful of Time Folded in with Love

“It’s urgent”, the community nurse told me solemnly. “Yesterday Tom was told he was bleeding internally by the doctor at the hospital. When he heard nothing could be done to stop it he asked his wife Claudia to take him home. Understandably they are reeling, this has all happened so fast. We’ve offered counselling support and Claudia has agreed. She’s asked if you could ring after 10 o’clock so you don’t wake the baby from her morning nap.”

I walked back down the hallway towards my office reflecting on what it might be like to receive such news. Just after ten o’clock I telephoned. Claudia answered. “Hello, it’s Sasha speaking. I’m one of the counsellors from the hospice. I understand you might be interested in meeting up with me. Have I got that right?” Quite often people have another understanding from a referrer so I was tentative to give Claudia space to say what she wanted⁵.

“Yes, that would be great”, she replied.

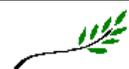
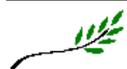
“How would tomorrow suit you?”, I asked, thinking of the urgency of the situation.

“Look it’s very kind of you. I know it’s Friday tomorrow but it’s going to have to be next week. I’m sorry. I promised our five-year-old Imogen I would bake a cake with her tomorrow. It’s her birthday and I promised”, Claudia apologised in a rush.

“Are you the kind of mother who honours promises?”, I asked with a smile in my voice⁶.

⁵ Sometimes families have been referred by their doctor or a hospital service for counselling without it having been discussed with them. Alternatively, a family may have had a conversation with a referrer about seeing a counsellor but they do not understand it as one in which they have given consent for a referral. When I enter a conversation with a tentative question such as this one I am seeking to create space for a discussion should this be the case. Instead of the family member immediately answering, “No I don’t want counselling”, we begin a dialogue recognising a possible lack of consent. Such a conversation almost always leads to the person deciding they would like to meet with me (see also Pilkington, 2016).

⁶ A life ending illness is likely to significantly impact on the lives of many people not just the person who is unwell. This question illustrates me positioning Claudia as knowing more about her life than I do and listening for what is valued by her. When I bring forward and acknowledge her value of honouring a promise I am creating a very different entry into the relationship from one where a health professional assumes they know best.





I heard Claudia let out a long breath. “She’s been looking forward to it all week.”

Warmly we now began to make a time to meet up. In the back of my mind I was thinking about Claudia prioritising a promise to her daughter when she was possibly having the worst time of her life. Images of baking with my own young daughter many years ago floated through my mind. I wondered, “What might Imogen remember of this time when her Daddy was dying and when promises were kept to her five-year-old self? What might she say about the way she was cared for by her Mum at such a terrible time?” I also appreciated Claudia’s ability to put me off and say what she wanted. I was well aware it wasn’t easy to delay health professionals, especially to honour the wishes of a child.

I looked forward to meeting Claudia and Tom and learning more about them.

A Surprising Renewal

I parked the hospice car down the road from the house, worried that the signage on it might communicate to the neighbours something Claudia and Tom wished to keep private. It wasn’t the anonymous unadorned car I usually drove. A young woman opened the front door of Tom and Claudia’s home and, as I looked at her animated face I realised I knew her.

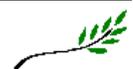
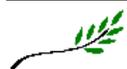
“Do you remember me?”, she asked, wide eyed as if she could hardly believe who she was seeing.

“Yes!”, I replied flooded with memories. It was nearly twenty years since Claudia and I had last seen each other. Her father had been dying at the time and Claudia was caring for him. I was working as a counsellor in a university counselling service and we had met together across the last eighteen months of her father’s life. I easily recalled Claudia’s devotion to his care at a time when her contemporaries were more focused on parties and the opportunities study could provide them.

I walked further into a room that had ushered in many unfamiliar health professionals over the prior week, full of gratitude for this chance reunion and hopeful that it might make some difference for Claudia and Tom.

Claudia invited me to come into a bedroom for some privacy and together we sat on the bed. She was dressed comfortably in shorts and a T-shirt with her long fair hair tied back off her face. Clothes that would be practical for parenting work and caring for Tom I thought. There were dark circles under Claudia’s red lidded eyes, easily visible because of her fair skin, and her face had a hollowed appearance in spite of her warm smile.

Claudia explained she had been up all night with their baby who was sick and on top of that she herself had toothache. “Somehow I am going to have to fit in an appointment with a dentist but I don’t know how I’m going to find the time”, she exclaimed, throwing up her hands in dismay. After talking further, Claudia led me into a small darkened room to meet Tom. He lay on a





single bed unmoving and silent. Claudia touched Tom gently and he turned his head towards us. “This is Sasha”, she said. Tom looked up at me and we exchanged a greeting.

I sat down on a chair facing Tom while Claudia ignored the other chair which was placed near his pillow. Instead she sat on the floor with her arm resting on Tom’s shoulder. Tom’s skin was a faded tan colour suggesting to me he had once spent considerable time out of doors. In response to my greeting, he slowly shifted in the bed with jerky movements. Once he had settled I leaned forward looking at him. “Tom, it’s lovely to meet you”.

He was a tall man I guessed, with fair hair and a kind face, softly lined around his eyes and mouth. “I’m aware talking can take a lot of precious energy. Is this an OK time for the three of us to talk together or would you rather we spoke another time? I want to do whatever best suits you and Claudia. I can easily fit in either way”, I offered, smiling warmly at him.

“I’d like to talk for a bit. I won’t last long. We’ve been looking forward to it”, he responded, glancing at Claudia.

“When you find yourself beginning to tire will you notice and be able to let me know?” I inquired, thinking I would need to be alert for any signs I was extending the conversation longer than he could comfortably manage.

“Claudia will know. She’ll tell us both”. Claudia nodded, her face soft and relaxed.

“Thank you.” Sitting back in my chair I made myself comfortable while I looked from Claudia to Tom. “Illnesses have a way of taking over people’s lives and yet people are so much more than the illness they are living with. Would it be OK if I asked you a bit about yourselves and your lives before all this happened?”

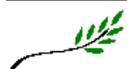
“Gosh it’s so nice to be asked that”, Claudia exclaimed. “It makes me feel like I matter, we matter. Tom’s a teacher and you probably noticed the garden. He grows plants from seed and often ones that are good to cook with”.

In a faltering voice Tom contributed, “Yeah... I’ve taught younger age groups and I love to garden and cook”.

“Food is very important in this house!”, Claudia laughed.

Tom quietly added, “In the last year I’ve worked tutoring from home ... it’s been ideal with me having cancer”. I considered asking Tom about how he lived with cancer but decided to pursue

⁷ This question draws on a practice of getting to know people ahead of the difficulties they live with (Epston, 2004). I find bringing forward identities other than the illness identity can shape the therapeutic conversation by dignifying the people I meet with and connecting them to skills and knowledge they hold. In doing so the conversation may shine a light on seeds or even well-established narratives of an alternative story to be inquired into later. This practice can also contribute to people having a sense of being truly “seen and heard” (See Kabat-Zinn, 2005).





getting to know them more a bit more first. Claudia continued the conversation in a lively manner sharing with me stories of her work and interests.

“Tom, if I were to know Claudia as you do, what might I come to appreciate and respect about her?⁸”

Tom looked at Claudia as he answered me. “I love Claudia very deeply. She is kind. Really kind. I saw that from the first. She is honourable and dedicated to the people and things she believes in. Her loyalty is like none other and there is nothing I wouldn’t share or confide in her. Claudia is a wonderful loving mother. Knowing that makes it easier for me to be sick because I know I will be leaving the girls in her care.”

“Could you tell me a story that illustrates some of these attributes you love and appreciate in Claudia?⁹”

Tom spoke of the care Claudia had given her father as he was dying. “She will always have your back”, he told me.

“What difference has Claudia ‘having your back’ made to you?”

“It has given me a whole new life that I wouldn’t have had without her. It’s meant I can be myself and pursue my interests. It has meant I have had the joy of becoming a father.”

Claudia responded by clasping Tom’s hand. “I love you so much”, she whispered.

After I asked Tom a few more questions, I turned to Claudia.

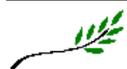
“Claudia if were to get to know a little of the Tom that you love so much what might I come to respect and appreciate about him?”

“You’d appreciate his authenticity. Tom is real. He has a wicked sense of humour too! He’s always polite but he doesn’t suffer fools.”

“Would it be OK to ask you for a story of Tom’s authenticity and his wicked sense of humour?” I grinned at Tom and his eyes twinkled in return. Claudia launched into some stories with enthusiasm. Tom lay back quietly enjoying her words.

⁸ This question draws on David Epston’s practice of wonderfulness inquiries. See chapter 2 in “Narrative Therapy in Wonderland. Connecting with children’s imaginative know-how.” Marsten, D. Epston, D. & Markham, L. (2016). I have sometimes, with David’s agreement, referred to this practice as “virtue inquiries” when they take place with adults (See video of November Collab Salon, 2018). I only ask such a question early on if I have assurance that the relationship is a happy one. I had already had prior information that this was the case for Tom and Claudia. It is important to note I cannot assume this. Such a question could be unhelpful in a differently shaped relationship.

⁹ My intention in asking Tom this question is to add depth to the story of what makes Claudia loveable. As Tom replies I am listening for what matters to them both, how Claudia goes about her life and whether what is spoken of could offer her a sense of living meaningfully. I then repeat the process with Tom (see May, 2015).





As the conversation progressed, it turned quite naturally towards the cancer and what they had been going through. I looked over to Tom and inquired,

“What do you give weight to in your days as you live with this cancer?¹⁰”

“My family, being a father, I like to be involved with the girls”, Tom confided. A small smile emerged on his face. Tom tried to raise himself in the bed but, before Claudia could help him, slipped back down and, seeming to give up on a sitting position rested his head on the pillow. When he looked comfortable again I asked, “Could you help me to understand a little of what it means to you to be a father?”

“I love it! I wasn’t truly happy until I was a Dad. I took one look at Imogen our eldest and I fell in love.”

I was aware Tom’s words might carry meaning that could be passed on and retold down the years, perhaps providing solace for his girls.

“Could I ask you about this experience of falling in love?”

Contentment seemed to flow over his face for a moment, relaxing the lines as he contemplated my question. “Sure. I didn’t know what happiness was till Imogen came along. She made my life complete.”

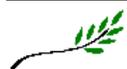
“What did Imogen’s birth give you that has you experiencing this sense of completion and happiness?”, I responded smiling.

Tom pondered, “I think it was a proper purpose...”

Claudia joined us. “...Being parents connected us to what’s important....I think Tom’s found a role that really fits him. He’s a good father.”

Tom’s quiet voice gained strength and the corners of his eyes turned up. “...And then Libby was born and I felt overwhelmed with wonder”.

¹⁰ My purpose in asking this question is to learn more of what matters to Tom. Questions that connect Tom to what he values and how his values are expressed in his life may form a narrative that generates for him a sense of living a meaningful life (see May, 2015). In addition they can create for Tom a sense of agency by casting light on how he would prefer to respond to what is happening to him. I used the language of “living with” to offer Tom a wide terrain of possibility in which to describe his experience. Once he does so, I can use language he prefers to use and check its fit with him in subsequent conversations as the narrative of his relationship to the illness evolves. If I was to reproduce dominant discourse and use a battle metaphor (Harrington, 2012) not only would it create a binary of “winning or losing” that can be unhelpful for people with a life ending illness, I would be limiting the possible areas of inquiry into Tom’s responses. Note that such questions are made possible by me using externalising language when referring to cancer.





“What had you overwhelmed with wonder when Libby was born?”, I asked collecting stories again¹¹.

“Libby having her very own personality and the way she could let her feelings be known”, he responded with a chuckle. Claudia joined in, “He sent me a message when I was at work that said, “Baby does not want to sleep in the bedroom today. She was very vocal on the matter!””, Claudia laughed. “Tom always appreciates her strength of character and being able to understand what she’s trying to say.”

Enjoying their delight I responded, “What is important to you both that the experience of parenting has connected you to?”

“Our values and beliefs”, Claudia told me. Tom nodded meeting Claudia’s eyes. “What we treasure”. I was keen to ask them more about their values and beliefs but I didn’t know how long we might have for our conversation. Tom was likely managing fatigue and so I decided to pursue another path. I would return to the detail of what they treasured at a later date.

“Would it be OK to ask how this giving weight to what you believe in and treasure shapes your experience of living with cancer?¹²”

“It’s given us good times, wonderful times in amongst the hard stuff. The girls make each day worth living for”, Tom answered.

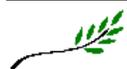
“We spent one morning just watching Libby learn to roll”, Claudia laughed.

Our laughter was cut off by sounds of crying from the room upstairs followed by shuffling as Tom’s mother walked quickly to attend to Libby.

Claudia tilted her head as she listened for signs Libby had been soothed. Tom stilled listening as well. “How will I do it without you?”, she whispered, looking back to Tom. Tears began to flow down Claudia’s face. Stifling sobs, she rested her head on Tom’s chest and stretched her arms out as if to cradle the entire length of his body.

¹¹ I am gathering detail to highlight and add depth to a potentially beautiful story that can be re-told to Tom’s and Claudia’s children in the future and hopefully support their relationship with him.

¹² This question draws to Tom’s attention agency he may have in shaping his experience. I began the question by seeking permission as I turn the conversation from parenting which may have been easier for them to discuss back to the illness. The topic of Tom’s illness and approaching death is one that requires every respect I can offer as it may be unfamiliar or uncomfortable for them to talk about especially in this early stage of our relationship. When I seek permission to talk about a topic I convey with my intonation and often a pause that I am truly offering them a choice. As Claudia said to me once “you really mean it when you ask”. Polite entries into questions (see Ingamells, 2016) are genuine and if the person indicates they are uncomfortable or says “no” I will then inquire into their “no” and other ways of talking that might be more comfortable for them. Note also that I have used externalising language in order to place Tom in relationship to a practice of “giving weight” to what he believes in so we can reflect on how he goes about it.





“I’m still here now. I’m still here now”, he crooned, patting her back.

“How will I raise the girls without you?”, Claudia reiterated.

“I trust you. You will do a good job”, he said, trying to placate her. Tom continued to pat Claudia’s back in the age old rhythm of comfort. I remained quiet, touched by her pain and his attempts to console her¹³.

After a time I asked him, “What is it that you know about Claudia that allows you to trust her?”

Tom began to describe his faith in Claudia, gently patting her back all the while he talked.

“Could you tell me a story that illustrates this trust you hold for Claudia and her parenting?”

Tom expressed his admiration for Claudia as a mother. “She always puts the girls first.” He told me stories of her kindness and her beliefs about mothering, explaining how important their shared parenting beliefs were to them. As he spoke, Claudia listened silently, intent on his every word.

“How might you like to carry these beliefs you share forward so Imogen and Libby might know something of what is important to you as a couple and as a family?”, I responded.

Claudia suggested they create a family charter that recorded their values¹⁴. Tom was enthusiastic about such a project and together we discussed what might be included in the document.

I checked with Tom as to how his energy levels were at regular intervals. Mindful that it is hard to send someone away, when I noticed his eyelids start to droop a little I began to bring the conversation to an end.

“How has this conversation been going? Have we talked about what you hoped we might or have I taken us off track?”, I checked.

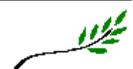
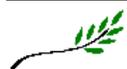
“It’s been good”, Claudia said.

“Thanks. I liked talking”, Tom said warmly.

Claudia showed me out a few minutes later.

¹³ As I bear witness to Tom and Claudia speaking about what may have been previously unspeakable I am completely in the moment. My focus is entirely on listening to them and there is no thought or question in my mind. Sometimes I notice with hindsight I have even breathed in time with the person as I witness their experience. I am in no hurry to move out of such moments but rather sink into them and let the people I am with guide me as to when they are ready for the next question. They might do this by a change of position or a pause or the passing of an expression of emotion.

¹⁴ Claudia and Tom followed up with this idea.





A Small Hope

Over the following week I heard that Tom had stopped eating and was now unable to leave his bed. The nurses told me that Claudia had insisted no one speak to her about his symptoms or deteriorating condition.

At the end of the week I went to see Tom and Claudia as we had arranged.

Claudia and I sat outside in the garden at an old wooden table. Tom was inside sleeping, too sick to talk. The garden provided a quiet private place away from the activity of the household as the extended family all worked together to care for him and the girls. Tired harrowed faces had welcomed me and in the heavy movements of the family I thought I could feel unspoken sadness weighing down their every step.

Claudia looked up as the leaves ruffled in the moving air. "It's been a better week."

"When you look back on the last two weeks, do you have some ideas about what has contributed to this week being better?", I asked incorporating her words into my question.

"I've stopped looking ahead", Claudia replied. Not wanting to presume what Claudia meant I responded, "May I ask, where do you look when you're not looking ahead?"

"No one can know exactly what's going to happen, can they?", Claudia replied. "Now I only think about today and I have some hope".

"Could you help me to understand a little of what this hope¹⁵ is to you?"

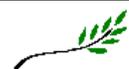
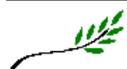
Claudia paused bowing her head.

"It is only a small hope", she said in a quiet voice as if confessing something. "...To be with Tom, for another day or maybe even a few days." Claudia looked up at me with tears gleaming in her eyes.

"May I ask what difference this small hope makes to you?", I replied, moved by the humility of her hope.

"It means I'm not crying all the time. I sat by the window and told Tom what I saw outside. We spent some time talking quietly together once Imogen was at school. I made him a little

¹⁵ Claudia could easily have been positioned as "in denial" but researching the meaning of her actions reveals something quite different. See Pilkington (2017), for my thoughts on practice with people who have been positioned as "in denial". This chapter illustrates me using language to externalise hope and explore Claudia's relationship with it (see White, 1988/89). Doing so generates a previously invisible narrative that gives new meaning to Claudia's desire to not speak about Tom's symptoms with the nurses. This is in contrast to other conversations we had which are sometimes referred to as "externalising conversations" (See Bird, 2000). By externalising conversations I am referring to therapeutic conversations where many ideas and attributes are externalised through the way language is constructed.





something for lunch and we sat together. He told me being together like that was ‘perfect’, and he has never said that before.”

“As you look out the window describing the view to Tom, what does this small hope do that has Tom finding your time together perfect?”

“I can enjoy the moment and he feels that. It helps me forget what is coming”, Claudia explained.

“When you spend these moments that the small hope has given you, what has been made possible that hadn’t been there in the week before?” I knew that the week before had been distressing for them both.

“Close time together. Over the past few months we’ve been arguing because of the stress and that isn’t us”, was Claudia’s reply.

“How did you come to find closeness in sharing the view from the window and talking and bringing Tom food?”

Claudia told me with eagerness now edging into her voice, “It’s what we’ve always done together, enjoyed the simple things. We like to enjoy those things that money can’t buy”. Claudia continued telling me stories illustrating this.

“What else do you do in the day that speaks to the closeness you share as a couple, and as parents together, and brings you closer to Tom?”

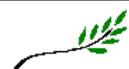
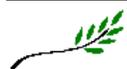
“Gardening”, Claudia readily answered. “I feel close to him when I do his garden and I will keep doing it. I just couldn’t do it before. I was too shocked. Now I have some hope and it gets me through the day.”

“How important is this hope in keeping you close to Tom and getting through the day?”

Firmness was in her voice as she stated, “Very, very important. It means I can enjoy some time with Tom and that is the most important thing to me. The time is so precious. And I don’t want to cry every minute.”

We carried on talking about how Claudia and Tom were enjoying the window of time they still had together when Claudia confided, “Did you know I’ve stopped the nurses telling me about Tom’s symptoms?” She glanced up at me and paused, “Maybe that means I’m in denial, I don’t know.”

“What sort of talk are you encouraging or hoping for when you halt discussion about Tom’s condition?”, I asked.





Her reply tumbled out. "I know what's coming...I just want a little longer, just a little longer with him without thinking of that. It's always there in the background but I don't want to go there before I have too."

I could easily understand why Claudia might want to protect the hope that was allowing her to savour time with Tom. To me it was not denial of his approaching death but rather embracing what was most important to her - close time with Tom before he died.

I left that day not knowing when Claudia and I would next meet. The uncertainty Tom and Claudia were living with made it difficult for Claudia to plan. We had agreed she would call me when she next wanted to meet.

The following week I heard that Tom was dying. The hospice nurses were visiting daily and every effort was being made to keep him comfortable.

One morning I arrived at work early. I sat down at my desk noting the light was blinking on my answerphone. I punched in the numbers to access my messages. There was just one. One of the hospice community nurses had called to let me know Tom had died. "Claudia would like to see you", she said.

Holding Tom Close

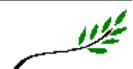
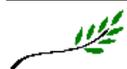
Two weeks later¹⁶, Claudia and I sat talking in the living room. Tom's vegetable seeds sat in a basket on the kitchen bench behind us and photos of him were pinned to the walls. Claudia sat near me, perched on the edge of a small green sofa as she straightened children's books on the coffee table in front of us. Her long fair hair was pulled back by a clip so I could easily see the smattering of freckles that stood out against the pallor of her skin. She looked slim in her navy shorts and top, unusually so for a mother of young children. I wondered if she could stomach food or even had time for it.

"Such a lot has happened since we last met. Would you like to talk about the last fortnight or is there another place you would rather begin?", I asked, seeking to create some space for her to guide me as to how she wanted to begin our conversation. I didn't know how talking about Tom dying would be for Claudia or what language she preferred to use¹⁷.

Claudia spoke slowly contemplating her words as if they were transporting her back in time. "I moved Tom back into our room after I saw you. I'm so glad I did. It was much nicer for him". She smiled tenderly. "I lay beside him on the bed that last week as he was dying. I told him over and over, 'You're loved and you're safe'. It was just him and me when he died...". Claudia

¹⁶ The week or two after a person dies is often busy for a family. They may be organising the funeral/ tangihana and have extended family and friends in constant contact offering support. People usually indicate they are ready to meet with me again once the support they are receiving drops off and their day to day life quietens. I am guided by the family as to what they want.

¹⁷ I am guided by the person and their knowledge of themselves as to how to begin and what to explore.





paused, her eyes staring unfocused. Returning her attention to me she resumed speaking. “The family had left for the evening to give us some time alone together but I called them when I realised he was dying. They came straight back. In the end, he died like he’d wanted.”

I imagined Claudia reassuring Tom with her love. “May I ask... what difference did it make to Tom to feel loved by you as he was dying?”

Claudia sat back in the sofa. “I guess he could bear it. He’d had a tough childhood because he was different and he was bullied a lot. But when he died, he had a family. He was loved. He had all the things that were really important to him.” She glanced at a photo of Tom and the girls on the wall. I too looked at the picture of Tom holding Libby while Imogen wrapped herself around his legs.

The slow pace and rhythm of my words matched Claudia’s as I returned my entire attention to her and expanded my previous question. “What did it mean to Tom to have a family and to be loved as he was dying do you think?”

“Everything. A chaplain visited Tom at the hospital just after we heard the news he was going to die. The chaplain asked Tom, ‘Has it been a good life?’, and Tom said, ‘Yes. It has been a good life’. It comforts me to think that. He always said he’d got a life through me he’d never expected to have.”

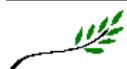
I leant towards her as I replied, “What was it that he got from his relationship with you that made his life good?”

“He said he learnt new things. He became a father. He said because of our relationship he got to have a life he wanted but never imagined having”. Claudia’s body stilled and her mouth turned down. I responded tentatively,

“Would you mind sharing with me a little more about this good life that your relationship gave Tom?” I hesitated... , “Might Tom have said it was *a longed for* life?”

“It *was* a longed for life”, Claudia replied emphatically. She wrapped her arms around her body as if to hug herself and began to recall how she met Tom and the friendship they shared. The words came out quickly matched by the tears that fell from her eyes. After a few minutes of talking Claudia slowed, releasing her arms from her body and sat back on the sofa. “He said he’d always been on the outside and never felt like he belonged. It all changed for him when we were together. We both valued friendship and loyalty and it built our relationship.”

I was spellbound by what they had given each other. “People mean many things when they talk about friendship and loyalty. What were yours and Tom’s understandings and how did they show in your relationship... that had Tom moving from feeling on the outside to stepping inside and experiencing belonging, friendship and love a longed for life?” It was a long question and I said it slowly with expression. Claudia stared at me attentively. Eagerly she replied, “We





had each other's backs. Even if we didn't agree we always loved each other. We respected our differences and opinions. Our love was always there even in the way I cared for him. When Tom got sick he said it changed how he dealt with having cancer".

"How did this love you shared and the loving ways you cared for Tom influence how he lived with the cancer?¹⁸"

Claudia leant towards me seeming oblivious to anything other than what she was about to express. "It meant he could go on enjoying his life. We were good at loving each other. We both changed and grew because of the relationship. I will never have another like it. It kind of gives me more to hold on to and I keep saying to myself how grateful I am for my relationship with Tom but it's also so much more to lose." Claudia lowered her voice, her passionate tones fading rapidly and almost whispered, "I've been on the edge of a cliff for so long knowing there was a chasm ahead of me. I know I'm falling into it now but there's this numbness. I hate it. It disconnects me from Tom. It's like this isn't real and it is".

I reflected on the enormity of such a loss and Claudia's ability to express gratitude at such a moment. "When you've had such a special relationship which both gives you more to hold on to and more to lose, how do you understand this sense of numbness?" Claudia nodded when I gave weight to the words "more to lose" and then replied hesitantly, "It's an anaesthetic. My body being kind maybe".

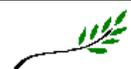
"What does this sense of numbness speak to about the relationship you have with Tom and the magnitude of the loss do you think?" I wondered if the numbness was an expression of their close connection and the magnitude of the loss Claudia was experiencing.

Claudia straightened her back and lifted her chin. "Tom dying is bigger than any loss I have been through before. Other people I have loved have died but nothing compares to this. Nothing!" She uttered the words emphatically as if arguing with an unseen audience. Then, making eye contact with me added, "Does that make sense?"

I nodded as she spoke, reflecting that she was in a much more informed position to speak of this than I was. "Losses are not the same, relationships are different and circumstances are different. Would it be OK to ask what it is that contributes to Tom dying being an incomparable loss, the biggest loss you have ever experienced in your life?" I wanted to fully acknowledge her experience¹⁹.

¹⁸ As we explore the love Tom and Claudia shared I want to bring to Claudia's attention how they crafted their experience of living with cancer. The narrative that Claudia shares may be her only opportunity to speak of it and gives her the opportunity to weave their loving relationship into the cancer story. The cancer story then holds threads not just of tragedy and pain but of the love story too.

¹⁹ In contrast to normalising Claudia's experience here I acknowledge and inquire into the distinctions in her experience of loss. I seek to companion her and try and understand her hardest moments. Claudia has told me that there is nothing comparable to what she is feeling. If I were to normalise the unique aspects of her experience, I





Claudia wriggled back on the sofa unfolding her arms. Her chest rose as she took a deep breath. “He has been the most important person in my life. He is my best friend. I don’t want to forget.” I remembered how upset Claudia had been by the sense of disconnection she was experiencing. “Could you help me understand more of what you don’t want to forget?”

“There will never be anyone like him again for me. It would be like forgetting who I was to not remember or think of him”, she responded, looking up at me seeming to seek reassurance. I nodded. “When you have shared so much I imagine Tom is an important part of who you are”. Claudia sighed relaxing her body and moved back in her chair with a hint of a smile.

“Would you mind telling me more of who Tom is to you so that I might get to know him a little better through your eyes and perhaps understand more of what you might like to carry with you and remember?” I reflected on the ever present pressure on people to “move on” and “say goodbye” and thought how sad it was that she was forced to justify her desire to remain in relationship with Tom.

Claudia seized the chance to talk about Tom. “He loved the natural world. Tom knew so much about the Warkworth area, the plants and even insects. It used to surprise me at times what he came out with.” Her eyes sparkled as she continued to share her knowledge of Tom and how he was special to her.

“What might Tom be saying about how he would like you to remember him?” I finally asked.

“He’d want to be close to us. He would want the girls to know him and to know how much he loved them”, Claudia replied.

“If you were to hold Tom close in your lives, how might that influence the way you experience this loss do you think? Is that something that might fit with how you want to remember and connect with Tom?”

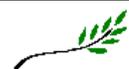
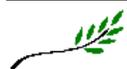
Immediately Claudia reacted with energy. “It fits definitely. It’s what I want and he would have wanted. I think it would help me.”

Tears edged their way out of her eyes as we began to explore how she might go about this.

I then thought of the family whom I had met when Tom was alive. “Who else loved and cared for Tom? And what role might they have in supporting you in keeping Tom close?²⁰”

could render invisible meaning that is particular to Claudia and risk inviting her to pathologise herself. For example she might ask herself “Why am I not coping like other people?” By asking about the pain and distinctions in her experience I create an opportunity to fully acknowledge the pain and fully honour her efforts to live with it. Normalising isn’t always unhelpful. For example I notice that normalising can be helpful for people who are grieving when they attend groups or if they feel isolated in their experience.

²⁰ A community of people who re-member Tom into their lives (see White, 1989) will be more powerful than Claudia trying to do it on her own.





Claudia answered with a smile. “All the wider family loved Tom. His mum is a great support with the girls and she talks about him with me. I want people to talk about him. It helps me feel connected to him. I like hearing how he mattered to other people.”

“How are we going with this conversation?”, I checked. “Are we talking about what you hoped we might or are there some other things you think might be important to talk about?²¹”

“It’s such a relief to talk about him and what this means to me. I feel closer to him”, Claudia confided.

As we continued to talk the conversation moved towards the girls, and how Claudia could support them. I left half an hour later having given an assurance we could meet again in a week. This was a crisis and I wanted to do all I could to support Claudia. I reflected on the prescriptive ideas that could put pressure on Claudia to conform to thinking she had to “say good bye” to Tom and “move on” and the ridiculously short time frames that accompanied such concepts. Such unhelpful ideas often had people judging themselves as failures. I would support Claudia to counter them where I could. It isn’t easy to stand against an incoming tide.

Bringing Memories to Life

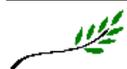
“I want to remember the precious times we had together in those last weeks but already they are fading and I am forgetting”, Claudia said with resignation. It was now a month after Tom had died and the conversation had just shifted from the challenges of getting through each day.

“Is gathering up memories of the precious times something that you might like to do in this conversation?”, I checked.

“Yes, those last four weeks”, Claudia said through tears. “From when we were told in the hospital Tom was dying and decided to come home. In the hospital, I asked one of the nurses, ‘How long does he have?’, and she replied, ‘Maybe a week’, though as you know he lived for four weeks... Tom didn’t ask how long he had to live but I wanted to know.”

“Would it be Ok to ask... what was important to you that you asked for the nurse’s guess as to how long he had to live?” I added the word “guess” as no one ever definitely knows and that uncertainty is often unfamiliar to people.

²¹ Checking questions are a regular part of my practice. I would ask a checking question such as this one at least once in every meeting as I want to make sure we are talking about what a person hoped we might. I am also often speaking with people in territories that can be unfamiliar and tender and I want to create space for them to share how that experience has been for them. Another area I ask checking questions in is around how someone is managing in light of their energy levels if they are unwell. I ask these questions with care, creating as much space as possible for a person to answer as they would wish too. I might do this by scaffolding the question with an explanation as to why I am checking in with them.





Claudia's voice broke, "I just wanted to know how long I had with him. I think I was just trying to get a clear view of the future".

"Did you have any hopes for what a clear view might provide you and Tom?"

"I was thinking this is valuable time. It clarified that we wanted him to come home", Claudia affirmed.

"In this decision to go home, what kind of valuable time were you and Tom hoping for?²²"

"It meant he could see the changes in the girls. They are so young they change rapidly, especially Libby who develops in small ways every week. I knew that visiting in hospital is just not the same. Everything is different, distorted and not in their natural state", she explained. Visions of hospital rooms with their lack of privacy and noisy nights floated through my mind. I tried to imagine visiting such an unfamiliar environment frequently with a baby and young child.

"What does it say about Tom's relationship with Imogen and Libby that he prioritised noticing small changes in them even when he was dying?"

Claudia smiled. "He treasured and valued every little thing about them. He's been quite good at appreciating small things for a very long time", she answered speaking of Tom in the present.

"Could you tell me a story of Tom appreciating Libby and the small changes in her perhaps? And then Imogen and what he enjoyed about her?" I was aware that I was collecting memories, not only for Claudia, but for her girls as well. Together we would build a document of memories she could keep²³.

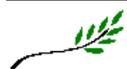
After Claudia had shared some stories, I became aware we had diverged from what Claudia had originally said she wanted to discuss. "I notice we have moved away from speaking about the four weeks you said you wanted to focus on. Would you like to continue on this track or would you like to spend some time talking about the last weeks of Tom's life? What would you like to do at this point?²⁴"

"The last four weeks. It's fading so fast. I've even forgotten subtleties that were routine to me like giving him his morning wash and that was something I treasured doing", Claudia stated. I

²² Note how this deconstructive question gathers detail of what valuable time consists of for Claudia and Tom. Lost or overlooked stories often reside in details.

²³ The therapeutic document I mention here eventually took the form of this story. In addition, Claudia has the recordings of some of our meetings and the transcriptions of those recordings that I used to write this story with, plus therapeutic letters and copies of the notes I took during our meetings. The Charter of Values Tom and Claudia wrote provided another storehouse of memories.

²⁴ This is another example of a checking question.





was glad I had checked. I didn't want the conversation to end without it having been what she wished.

"Would asking you about treasuring his wash be a good place to begin?" Claudia nodded and sat back on the sofa. "Would you like to walk me through how you went about giving him his wash?"

Claudia began to recall previously unspoken details of the daily routine with me inquiring into their meaning. Towards the end of collecting as many details as I could I asked, "When you were washing him was there a particular way you touched him?"

"Yes. When he was moving less I would give him a little massage or I'd move his legs around. I could tell he liked it. After his massage we'd put frankincense on his palms and the soles of his feet and he'd go, 'Oh Frank!' and wiggle his fingers making a joke!" Claudia laughed.

"Did he keep his sense of humour even..."

Claudia's words tumbled out in her enthusiasm. "Always, right up until that last night. A carer came for the night to help. When she saw Tom she said, 'Still unresponsive', so he wriggled his eyebrows at me. It was our little joke! Frequently through the day I would wash his face and I'd say, 'Would you like a cool flannel or a hot flannel to wash your face?'"

"When you were giving him that choice... what was your intention?"

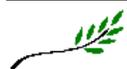
"He had very little control over his life. He deserved respect", Claudia explained.

"What did you want him to know by giving him that choice and respect...and control?" In tender tones Claudia answered, "He was still just as valuable. Even though he couldn't move or see much, he was still my Tom, he was still the same to me". Moved by her love and respect I responded, "May I ask, what would have Tom noticed that would have told him it was you washing him rather than someone else and that he was still the same to you?"

"He would have felt my love in the way I washed him. I was given a choice of washing him or having a carer do it. There was no way I was going to let someone else do such a personal private thing for him", Claudia stated, flicking her hair behind her²⁵.

"What were you valuing do you think, when you prioritised this loving moment with him and protecting his privacy even as you were parenting two small children and doing everything else that was required of you?" I reflected on the exhaustion that comes with parenting very young children. Such a choice was not right for everyone. Claudia lowered her voice, leaning towards me as she spoke, "I wanted to protect his dignity and have that intimate time with him".

²⁵ In Aotearoa New Zealand, carers are available to do personal cares such as showering at no cost to the family. For many families this service provides an essential break at a time when breaks are scarce. Not only that but physical strength is required to wash someone who is seriously ill and is often a task for two people.





“May I ask, what did you experience as meaningful in the relationship when you managed to get that time together and share love and intimacy?”

“It felt like this was why we had him at home. It meant I was the one changing his nappy... And I did feel proud and honoured that I could do that for him. It’s not something a wife normally does for a partner but I guess it was a new intimate thing we could do where there were precious few of those new things.”

Struck by her ability to generate such a deeply loving experience in something so far from what couples ordinarily do together I responded, “What does it say about you that you felt proud and honoured to do that care for Tom ... that you could find intimacy in changing his nappy for him rather than seeing it as a chore?²⁶”

Thoughtfully Claudia answered, “I think I understood what he needed; I understood the best way to do that for him”.

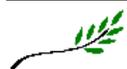
“What was it that you understood about Tom in those last weeks that was important to you both?” Claudia pondered. “We were able to slow things down a bit.”

“How did you do this slowing?” I wondered. Claudia spoke slowly as she considered, “Just focusing on little things. I’d go and get him milkshakes and I’d say, ‘So what flavour milkshake do you want today and where do you want me to get it from?’ It was treasuring very small decisions. I got great pleasure from him eating or drinking something and he got to make decisions and think about that milkshake and what he wanted. Life zoomed in and focused on those nice moments.”

“What did you know Claudia, perhaps about living with such a serious illness, or about Tom, that had you recognising that making a decision about the flavour of a milkshake was worth treasuring?” I couldn’t help but notice her extraordinary sensitivity to Tom’s experience and I hoped that my questions might draw Claudia’s attention to her wise and gentle care.

Claudia laughed. “Tom knew his own mind. I would never make that decision for him, particularly around food”, she said, reminding me that Tom was a skilful and passionate cook. “Choices in his life were dwindling. He didn’t have a lot of control.” She dropped her head for a moment reflecting. Tears glistened in Claudia’s eyes as another thought occurred to her. “Tom knew how much it would hurt me when he went.” The tears gathered and a sob escaped but she went on speaking. “He didn’t want to go but most of all he was worried about me...”

²⁶ Claudia and Tom being able to find intimacy in such a moment is unusual. Many people speak to me about losing elements of intimacy in their relationship as a person becomes less well and requires more care from their partner. If this is the case they can find it helpful to have health professionals offer some aspects of care to give them the space to reclaim aspects of intimacy in their relationship. Some people choose to die in hospice rather than at home for this reason. It is important to note that the amount of care a person requires and the duration are highly variable. In addition, relationships are not the same, nor are family circumstances and the physical demands of care on a partner may be extensive.





Claudia started to cry unreservedly. Her face reddened as more of her body joined the experience of grief. Rather than a break in the conversation it was as if these tears spoke what words couldn't as we reflected on Tom's love for her even as he was dying²⁷.

Quietly I eventually asked her, "What were these worries Tom held for you?"

Claudia was barely able to speak yet she persevered, wanting to express what the emotion meant in words. "He just knew how hard it was going to be... he cared enormously about me being alone."

We were quiet for a time as Claudia continued to weep.

"He was sad for himself and the girls but he was really sad for me", she eventually explained.

I thought about Tom worrying about Claudia even as he lay in bed so sick. "What does Tom's compassion mean to you? that he couldn't bear to think of you being on your own...that he cared so much about what might happen to you...?"

"It was a demonstration of how much he loved me", Claudia choked out. "I usually cried", she explained, smiling at herself through the tears. "I felt guilty every time I cried and got comfort from him but he's the person I turned to when things were wrong. He said comforting me was something he could do". She stared at me with her eyes wide waiting for my response.

"Do you have a sense of what it was to Tom that you chose him to seek support from?"

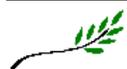
Claudia exhaled, "I think he was thinking about the time when he wouldn't be able to support me and he was doing what he could."

"How would Tom have understood the way you saw him when you sought comfort from him?"

Claudia considered, speaking what seemed like newly formed thoughts. "He was my best friend and we were there for each other. It didn't change when he was sick. I think it was hard but very important for him. It allowed him to show support for me I guess. He saw it as something he could do for me when he could do so little, when I was doing so much for him. I didn't feel the need to protect him."

"What do you know about Tom that you knew you didn't need to protect him?"

²⁷ I am steady in these moments that I sit with people partly because of some ideas I hold about suffering. One of these ideas is that I believe in the resilience of the people I meet with. Another is that I believe that if I join Claudia in the dark place she will have a companion alongside her for a short time, rather than being alone. Note I don't end the conversation when Claudia is expressing how hard it is for her but continue it so she has the opportunity to make sense of her experience and will later check in with her as to how it has been. I understand Claudia's pain to be an honouring of her relationship with Tom rather than something to be fixed or solved and so my attention in these conversations is on meaning making and witnessing Claudia's experience.





“He was strong. He said he wasn’t scared of dying.” Claudia let out a big long sigh collapsing in on herself in seeming resignation.

“Would it be OK to ask you one more question about the way you shared your grief together?” Claudia nodded.

“What did you know about the relationship that told you that talking would be best for it?” I wanted to bring forward Claudia’s knowledge of their particular relationship because I knew that this kind of talking wasn’t best for everyone.

“It’s what we’ve always done”, she readily replied.

Our time was coming to an end. After I summarised what we had been discussing I checked with Claudia, “How has our conversation gone today? Has the experience of reflecting on the last four weeks connected you with anything that is helpful or important to you?²⁸”

“I think it’s highlighted how we did it according to our values. That’s incredibly important to me. It eases the pain just a little to know that”, Claudia responded.

“How might you carry that knowledge do you think? That you did it according to your values?”

“I guess by carrying on doing that with the girls”, she replied thoughtfully.

“Perhaps we might come back to that next time if it interests you.... but could I ask you something else? As you reflect on the last weeks of Tom’s life, was there anything that happened that moved you a little closer to being the person you want to be?”

With some energy and perhaps surprise in her voice, Claudia answered, “Now that I talk about it, lots of things. Doing it our way and speaking up to make that happen. The way I was able to show him how much I love him through what I did. It was so hard but I was there to support him die the way he wanted to do it. I hadn’t really thought about it before.”

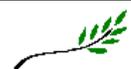
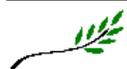
Turning Towards Pain

Claudia and I met each week until I was scheduled to be away on leave²⁹. Before I left we planned who Claudia might turn to in difficult times for support and what she might do. Not long after I returned we were once again sitting in her home. After greeting each other warmly, Claudia brought her cup of tea into the living room and we sat down.

“We had a fortnight gap this time, how did that go?”, I inquired.

²⁸ Here I am wondering if there are untold narratives that Claudia can fold into the story of Tom’s dying.

²⁹ It isn’t usual for me to see someone weekly; however at that time Claudia described herself as “only just hanging on” and so I fitted my practice around what she said was best for her.





Claudia let a rush of air out. “My sister said, ‘Have you seen your counsellor this week?’ And I said, ‘No we couldn’t make it. Sasha was away’. And she said, “I always know when you haven’t seen her”. I thought I’d be fine but I’ve had a really awful fortnight.”

“What is it that you do differently in the week when you’ve had a chance to talk?³⁰”, I inquired, but I was off track.

“I was thinking about what it was that changed. You know how I was feeling numb? Well I’m raw now. I can’t seem to stop crying...” Claudia’s voice broke and she could no longer speak. The pain gathered and eventually she sobbed, “It’s all the time... just crying all the time. I’m right back to raw and where is he? And how can this be happening?”

I listened feeling the echoes of her pain³¹.

Claudia bowed her head and tightly wound her arms around her body. It was as if she was holding herself together. “I’m right back there... and that lovely numbness... that I was feeling has just gone”, she stuttered through the sobs. “It’s horrible... just that relentlessness... And I went to see a clairvoyant and she was just ghastly. I think that tipped me over the edge a bit. I realised I had a lot of hope riding on it.” She looked up at me with wet eyes.

My voice was soft. “May I ask ...what were your hopes in seeing the clairvoyant?” I wasn’t surprised Claudia had visited a clairvoyant. Many people search for connection with someone who has died through spiritual understandings they hold.

“I didn’t realise until afterwards that I was hoping that it would be for real. I would have got a feeling of peace knowing that he is somewhere and can be with us. I didn’t get that at all. I just felt duped. I was already feeling quite low but hopeful, I realised afterwards.”

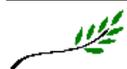
“Would it be okay if I ask a bit more about these hopes?” Claudia nodded as she blew her nose. “Would you mind speaking a little about what you were hoping for?”

“That he’s somewhere...And he’s not just puff gone. That he is somewhere and sometimes, somehow, he is around ...that’s what I really want to believe...I need a message to say, ‘I’m Ok, I can never see you again but I’m OK...and I know you are Ok’. It is one of the hardest things I think, the not knowing.” I reflected on how much not knowing there could be surrounding illness and death.

Claudia’s anguish layered her words as she again tightly encased herself with her arms. “I’m stuck in this awful hole... I don’t know how to go on. I just don’t know how to hold on. I feel like I’m clinging on to a ledge. I have to but I don’t know how to keep going and going and

³⁰ Note that I move her into an agentic position with this question.

³¹ Claudia had no other space in which she could speak fully of her suffering. For her, being able to speak of her pain and have it acknowledged by me was significant and meaningful. Hence the presence of such exchanges in this story.





going...³²” I tried to imagine the relentlessness of continuing on. Her words created a vivid picture of the ledge. I made sounds of empathy as I listened, a witness to her pain and sorrow. “How important was knowing where Tom is in this holding on?³³”

“Very important”, she cried.

“Yeah... yeah...”, I replied, almost crooning in my compassion for her. “What would it have given you in the holding on?”

Claudia cried, hiccupping as she answered, “Some sort of peace that he’s OK...that he’s with us...and that I might see him again...It’s so hard. It’s not like breaking up with someone and you know they’re Ok. Somewhere they’re alive...”

“Completely different”, I affirmed.

Claudia voice was husky, “I just can’t get my head around it. It’s the absolute worst that could happen to me...I’m really struggling....” Her tears took over and we paused, neither of us hurrying or censoring her expressions of grief...., “and I’m sure having less help this week is making a difference. The family have been away. I’ve actually been feeling OK with my parenting.”

My ears pricked up. “Yeah...?” We had talked a lot about the impact of grief on her parenting as Imogen and Libby were Claudia’s top priority. However, I didn’t want to move Claudia away from her talk of the struggle sooner than she wanted so I resisted asking a question and kept my query very small.

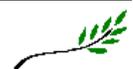
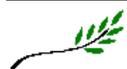
“We’ve found a routine and I’m not shouting. I’m not feeling desperate about those times”, Claudia told me with an energy that conveyed to me she might have a possible interest in speaking further about her parenting.

“Is this something you would be interested in talking about?” When Claudia indicated she would like to follow this direction I continued, “What’s allowed you to be Ok with your parenting especially when there is so much struggle?”

“I think routine has helped. It’s soothing. And I’ve got really, really good at filling in the time now. Those girls are bloody tired by the end of the day because I’ve worn them out. Like last Sunday we went to the markets and met a friend for breakfast, then we went to a school children’s art exhibition which was a couple of hours and then we went out west to another

³² Note how our conversations develop stories of hope, purpose, connection and meaning. These are all protective factors for people who may consider suicide.

³³ I don’t avoid inquiring into Claudia’s pain. I can’t truly witness and acknowledge her experience or companion her if I don’t try and understand it. This inquiry however takes place in the context of our relationship which provides safety for Claudia and a history of permission giving for these kinds of questions.





friend's. We got home at 6pm". Claudia sighed, sounding exhausted even by the thought of what she had just relayed to me.

While being so busy was not Claudia's preferred way of parenting prior to Tom's death, this was a survival strategy she was using. "I'm really tired but that's how I cope. Just fill in every hour possible. It's not because I don't want to think because I like to think about him. It's just the only way I can cope with the kids. It's helped."

I returned to the aspect of parenting Claudia was feeling good about and, remembering Tom's belief in Claudia's parenting, decided to bring him into the conversation.³⁴ "And what would Tom make of you doing your parenting in a way that you felt good about? Finding a routine and being more how you want to be with the girls. What would he be thinking about that?"

"He'd be saying, 'I knew you could. I'm proud of you'".

We both smiled. With a lighter voice I asked: "What might Tom have known about you that allowed him to know you could do it?"

"That I put them first...", she replied as tears trickled down her face. "...That I'll always look after them..." Intensity and what sounded like determination entered her tones of sadness "...and I'll hold onto that ledge for them hard as it is..."

"Is Tom under your feet helping to hold you up a bit too?", I asked, wanting to add his support if it was there.

"I don't know...I hope so.... He would if he could.... if he can he will...I forgot about the rawness. It's so horrible." I nodded.

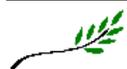
"It's only three months since he died", Claudia told me with emphasis.

"No time at all and yet perhaps a long time too. How would you describe it?", I reflected, slowly waiting for what else she might be about to share. Claudia replied, crying as if her heart would break, "No time and yet forever. It's part of why I hurt so much. How's three years going to feel since I saw him? And thirty years? I feel like I'm only living for my girls... to give them a good life... and not enjoying any of it myself. The hole just keeps getting bigger."

"Is it hard to imagine that the hole might stop expanding and steady a bit? That it might be less gaping one day?", I said offering a future possibility.

"I can't ..."

³⁴ Claudia told me she was only just able to hold on earlier in the conversation. As I turn the conversation to parts of her life that might strengthen her ability to hold on I add in Tom's voice for further support.





I nodded.

“Is your wanting to parent the girls so they have good lives...”, I began to ask as I looked to connect Claudia to parts of her life that might help support her keep holding on. Her virtuous desire to care for her children in spite of the pain of living stood out to me.

Claudia interrupted me, staunch as always in her love of her girls. “I want them to have good happy lives absolutely.”

“How would you describe a good happy life for your girls?”, I invited, seeking to connect her with a future for them that might be possible to envisage.

“Doing things that stimulate them and interest them with me... positive times with me and ...being strong in themselves ...able to weather some storms... and get enjoyment out of things...and finding passions. I want that for them but not for myself. I don’t believe in having that for myself. I can’t see it again. It feels like it’s all gone...”

We paused together for a time³⁵ and Claudia wept. “I feel like something in my soul has gone... an intrinsic part of me.” Her description touched me as I murmured a quiet acknowledgment. After a pause I added, “May I ask what part of your soul would that be?”

“All of my adult self...is connected to Tom. Everything I do and think is influenced by him and our relationship. All my memories of being an adult...are with him. The way I view things is because of him. It is lovely and I’m very glad. But it’s such a wrench.”

“Was your soul entwined with his?”, I wondered. Claudia nodded. “And was his entwined with yours?”

She nodded vehemently. “I don’t know where he is! It’s just so hard.” Claudia’s body shook and she put her head in her hands. It was my turn to nod as we both acknowledged the hardness. It was so hard³⁶. As we sat there for a time, I considered Claudia’s disappointment with the clairvoyant and how it had made the pain worse.

“I wonder if we can think about that a little bit ... if we could figure something out, away from the experience you had with that particular clairvoyant...”

³⁵ Some conversations are punctuated by periods of not speaking that witness and honour Claudia’s expressions of grief. I enact my willingness to be present for Claudia and not shut down her expressions of loss in many ways. Some of these ways include honouring her grief by giving her distress space and not talking over it. I seek to stay present to her distress and don’t pass her tissues if she is in the midst of crying nor give any message she should finish her tears. I am willing to speak about those topics not usually discussed in everyday conversation and will intentionally research pain to understand her experience. The pauses such as this one in the story are comfortable moments that don’t draw attention to themselves but rather as I have described are a continuation of the conversation perhaps in an embodied way or as a reflective moment.

³⁶ Acknowledgement is important especially as stories of pain and suffering are usually shut down or silenced. If the hardness of the experience isn’t fully acknowledged then Claudia’s effort and steps to live with it can’t be either.





Claudia laughed heartily through her tears, "...Who believes in herself even if she is a complete fraud. I can't accept that he's not somewhere or not existing".

"What are your understandings of possible places or ways that Tom could be existing?", I asked. People I meet with often have very different ways of understanding death even if they identify as belonging to a well-known faith tradition. They also often re-evaluate beliefs they've held for a lifetime in moments of illness and loss. I can never assume I know what someone believes.

"That he is part of the energy, the finite energy of the universe ...that's scientific", Claudia explained to me. I listened attentively as she continued, "Or he could be in a different realm or a different world which is potentially scientific as well".

"... like a parallel universe?" I inquired, noting her tears had stopped. "Yes. Or in some heavenly place, some place souls go where there's peace. I'm sure there are other frontiers but those are the ones I think of... I want him to be conscious somewhere and aware of us. If I think about another world or a heavenly place he would be conscious of us". She stared at the sky out the window. "What would a sense of Tom's presence give you?" Claudia returned her gaze to me. "I would know he's with us, present in our lives".

"Do you think you have any impact on that sense of presence or how that presence could be felt?" I inquired. Claudia looked at me quizzically. "Clairvoyant people say we do, don't they? If we can be open to it or not open to it."

"I don't know.... Can you influence the way you feel Tom?", I wondered curious.

"I don't know. I'd like to," she affirmed. I cast my mind back to a previous conversation. "When we met last time you mentioned you had felt him."

Claudia confirmed, "I felt him really strongly".

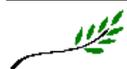
"May I ask what you were doing at the time?"

"I wasn't doing anything out of the ordinary. I was probably having a laugh which was unusual as it was maybe two or three weeks after he died. The girls were playing around so a bit of a lighter moment and I was laughing with Libby playing peek-a-boo."

"Would it be possible for you to have faith in yourself even if you can't have faith in the clairvoyant you met?³⁷"

"I've tried very hard to separate those two. It's where I came to on Saturday. I didn't have a very good experience with her but that doesn't mean it's all out. I didn't pin my hopes on just one person. I booked two clairvoyants. I've booked the other one for August and I've heard she

³⁷ In this section I am seeking to build Claudia's sense of agency so she isn't reliant on outside people in order to have faith in her own experience.





is authentic and very good. I'll keep that booking. I'm not giving up on it altogether." Claudia sounded calm.

Laughing she added, "I can spare another \$120! If she's good!" I laughed in response before inquiring, "What about your own experience of feeling Tom was with you?"

"It was very strong. But it's very easy to doubt myself. That's what's hard I think", Claudia explained. "I had another experience where I was looking for a necklace and I felt Tom very strongly. I was looking and looking and then I found it one day and I had a very strong feeling that Tom had helped me find it. I know that sounds strange. But it was such a strong feeling that I said, 'Thank you Tom! That's for Imogen'. It just came out. I need more! Greedy, greedy!"

"When you feel Tom with you, what does that feel like?", I asked curiously.

"Normal! The old normal", she explained with energy.

"How do you know he's there? When he helped you find the necklace, what happened that told you that?", I wondered, keen to learn more.

"It just felt like everything's OK again."

"Ah." I sat back in my chair.

"And I don't have to have this new normal. Both times I just felt lighter and happier. This nightmare is over or maybe not what it seems."

"If you met with another clairvoyant whom you did or didn't find authentic, could anyone take away those experiences that you've had?"

"No. They're authentic to me", Claudia stated.

"You said you want more of them..."

In a sing song voice Claudia interrupted, "I do!" She was grinning.

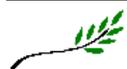
I returned her grin. "On demand!" I echoed in the same sing song tones. Claudia laughed³⁸.

"They felt authentic to me and I'm a big believer in going with your gut instinct. I'm quite in tune with those things. They felt real." Claudia sat back looking steady.

I drove back to the hospice some time later reflecting on the many understandings people hold about what happens to a person after they die³⁹.

³⁸ I have reflected with my colleague Wayne Gates about the skill and timing that humour requires. We both have many laughs with the people we meet with and agree that while humour can be powerful therapeutically it requires great care. Note Claudia initiates this humorous moment and I follow her lead.

³⁹ Counselling conversations about spirituality occur frequently in palliative care.





New Understandings

Claudia returned to work and, as the routine settled and time passed, the pain of Tom's death intensified. As Claudia explained to me, "It is now not just days or weeks since I last saw Tom but six months. The longer it is since I last saw my Tom the more I miss him." I wasn't surprised as many other people have described a similar experience to me.

It was a rainy day. Claudia had finished breastfeeding Libby and had returned from laying her down to sleep. She walked up the stairs with a heavy tread and sat down. "It feels like we are now in a new normal. The new normal makes me so sad. I don't want a new normal. I want the old normal. I'm feeling guilty. Sad and guilty."

I made a few acknowledging sounds as she talked, "It is so tough. Who would want this normal when comparing it to having a partner they loved alive?" I paused a moment as I looked at Claudia's drawn face. "Would it be helpful to share with me some more about this sadness and guilt?", I continued, wondering if it might be useful to get to know the experience in more detail. I didn't know the meaning of the guilt Claudia had spoken of⁴⁰.

Claudia sighed. "I associate the amount that I'm crying with the amount of love that I feel for Tom. So... if I'm crying less, I know it's silly, but I feel guilty as it seems like I don't care. Then I feel really sad."

"Hmm, I guess we often make an association between our love for a person and the amount we cry and sometimes, perhaps for some of us, it does represent some of what we feel. What ideas do you have about how the amount of crying that you are doing to express this loss got linked with the amount of love you have for Tom?" For just an instant my mind turned to the gendered nature of how we express grief, as I pictured some of the men I had met with who were experiencing enormous grief without a tear. My attention returned to Claudia,

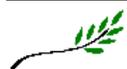
"I think it's from trying to explain to Imogen why I am so upset. Why I'm so tired or frustrated or short tempered all the time or... I was trying to say to her it's because I love Daddy- that's why I'm feeling so much."

"Would it be OK to consider that idea for a moment? Could I ask you a little more about how you do this grieving for Tom and how it shows up in your life?⁴¹"

"Sure. I cry all the time when I'm feeling the pain. I can't seem to think or do anything else."

⁴⁰ I find it important in my practice to not assume I know the meaning of what people say but to ask them.

⁴¹ Loss may be expressed in many ways not just through tears. It may be expressed for example as irritability, anger, frustration, a sense of not coping or exhaustion. I cannot assume I know how loss shows up in Claudia's life. People often blame themselves for feeling less resourced as time goes on especially as it is not widely known just how long it takes for a person to steady and find ways of living with loss. The invisibility of the effects of living with loss over time and the nonlinear nature of the experience may lead them to conclude there is something wrong with them rather than recognising it is the effects of grief.





I listened to Claudia intently and nodded. “You mentioned that you said to Imogen it was why you were feeling so tired or frustrated or short tempered. Do you think you express the pain and loss in some other ways as well as crying?” Claudia began to reply thoughtfully, “It’s mostly crying ...or ... a feeling of stress...ornot feeling able to cope, not being able to sleep, not enjoying food much, not enjoying much”, her speech speeding up as more possibilities came to her.

“Would you say you interact with people in the same way or is the loss colouring that?”, I inquired inviting her to consider additional possibilities.

“Definitely. I feel much more reserved and I’m generally reserved anyway. It does effect everything!”

“Can you think of any part of yourself which is not touched by this loss?” I wanted to acknowledge the enormity that is so rarely named or acknowledged in Western societies.

“No, not any part”, Claudia affirmed.

“If in the moments when you’re not expressing the loss by crying, is it possible you could be expressing it in other ways?”

“Yeah... “. Claudia sat back on the sofa with a slight frown on her face as she reflected.

“If we consider the last few days, where you said you’ve been feeling a bit better; how do you think you’ve expressed the loss of Tom’s physical presence in your life in these days when you’ve felt less in pain?” The frown disappeared and energy came into Claudia’s voice, “Ah now that’s interesting. Gosh! Actually when I think about it, those two days are work days and they are a very busy. Up till now work has been filling my hours but it hasn’t been filling my mind. I’d frequently run to the bathroom and cry but I was almost too busy to do it, I got distracted. It’s maybe what it was. How I express it.”

“Did the busyness of work distract you from connecting directly with the pain?”

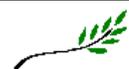
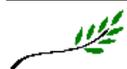
Claudia gave an emphatic, “Yes”.

“Would it be OK to ask... how did you carry the loss that was different?”

Claudia readily described her experience. “It felt pushed aside and I didn’t like it. It’s possibly where the guilt was. It felt a little bit shunted off to the side... away... I wasn’t doing it on purpose. Work was busy and I was quite focused.”

“What does your ability to focus at work and....to even do work (!)...your commitment to work...What does that represent in terms of your family going on?”, I stuttered, in growing awe as I again connected to what Claudia was managing.

“Earning money! Surviving!” Claudia asserted.





“What part of your life would you say you are prioritising in the times when you focus your attention on earning money and surviving rather than on your own experience of this pain and loss?⁴²”

“The girls...maintaining my employability, that’s how I’m doing work. It fills in the hours and maintains my employability so I can provide for my family. I guess I’m making sure we can go on”, Claudia explained thoughtfully, as the implications of what she was saying seemed to sink in. Claudia lent back in her chair with a look of wonder on her face.

“OK. May I ask, what might Tom make of that?”

“He’d be saying ‘keep the standards up at work’”, she responded imitating Tom’s voice.

Slowly, giving weight to my question I asked, “In the moments when you carry the loss in different ways so you can keep going and provide for your family as Tom wanted you to, do you think you are loving him less?”

“No...”. Claudia was attentive.

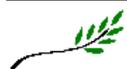
“Would it be OK if I summarised a little of what we’ve been talking about? Would you mind helping me out if I don’t get it quite right or as you understand it?⁴³” Claudia nodded her head, her eyes alert.

I cast my mind back over the conversation. “You said earlier in our conversation that you had been experiencing some feelings of guilt because you haven’t been crying as much. My understanding was that you thought this was because of an idea that the amount of crying you were doing showed how much you love Tom. Is that right?” Claudia immediately acknowledged our shared understanding so I continued. “As we know that your love for Tom is unquestionable, we then explored the idea that you might be expressing or responding to the loss of Tom’s physical presence in your life in different ways... not just by crying. We’ve uncovered some different ways you express it besides crying and one of these is by attending to your survival and that of the girls. Something that Tom would very much support. How am I going so far?”

Claudia sat forward and speaking quickly replied, “Good. I do express it in many ways and I always love him. I think it might be that I feel a bit less close to him in those times when I have to concentrate on other things.”

⁴² This question is one of many that I would never had asked if it hadn’t been for Johnella Bird’s teaching (see Bird, 2000; 2004). It moves Claudia into an agentic position of prioritising and choosing where her focus is. The question suggests there are many parts to Claudia’s life and that the loss can be present regardless of whether she is focused on it or not.

⁴³ We have discovered new meaning through this conversation together. I now summarise to underline these new understandings as they are significant to Claudia and could easily be lost. I bring in Tom to enlist his support for Claudia.





“Is that a useful understanding in view of the guilt you were experiencing before?”

“Yes, it’s more helpful and I don’t need to feel guilty. I wish he was here though”, she added wistfully.

“Of course”, I acknowledged.

Sometime later I left, having made a new plan with Claudia to meet at the hospice. While it was usual in my practice as a counsellor working with the hospice community team to visit people who were unwell and their families at home, it was not usual for me to visit people who were grieving. However, for Claudia who was breastfeeding a baby and parenting another young child as she lived with the profound loss of Tom, trying to arrange to see me at hospice had previously been too difficult. Now however, as we explored different ways Claudia could get some breaks, it had become possible without adding another burden.

The Ebb and Flow of Time⁴⁴

Week after week Claudia shared her experiences of living with loss and the ways she found to endure and live according to her values. It was inspiring. I was in no doubt that she was teaching me.

One day stood out to me nine months after Tom died. It was pouring with rain and we had struggled to find a private space for our conversation. Claudia and I had been talking about Imogen and Libby.

“I’ve been doing some new rituals with Libby to keep her close to her Dad. People say she’s too young to remember him and won’t remember any of this time. It’s so sad she won’t know him. I don’t want her going through her life with that idea. It creates an identity that is so powerless and unhelpful.”

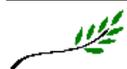
I reflected that this chronological description of Libby and Tom’s relationship was an unhelpful one as Claudia had easily recognised. Relationships last beyond the life of our bodies (Hedtke & Winslade, 2017; White, 1989) and are not frozen in the past. They can even grow if nourished.

“What have you been doing with Libby to keep her close to her Dad?” I asked, as the idea of “not knowing” churned in my mind.

Claudia eagerly began to share all the rituals she was doing with Libby to keep Tom present and an active part of her day to day life.

“If Tom was only relegated to the past and all his influence ended when he died, then maybe Libby wouldn’t know much of her Dad. But what if you were to continue to keep kernels of

⁴⁴ See chapter 7 called “Elastic Time” in “The Crafting of Grief: Constructing aesthetic responses to loss” (Hedtke & Winslade, 2017) for background reading on working with time.





memory alive, as you already are, and grow them through retelling them to the girls and the wider family?"

Claudia was emphatic. "I want to!", she exclaimed. I reflected that Claudia was in fact already doing all she could, however the idea 'relationships end in death' surrounds us and it's hard to step outside dominant ideas.

We spent some time reflecting on what Claudia was already doing to support the girls sense of knowing their Dad. "I think it will make all the difference", Claudia told me. I considered who might support Claudia and the difference that support could make.

"If you all as a family spoke of Tom's influence on the girls and their lives as they unfolded, what might Libby and Imogen say about their father and their knowing⁴⁵ of the relationship then? Would they have an experience of 'not knowing their father'?"

"Tom's Mum has some beautiful ways of talking about him to the girls. She tells stories of him as a boy and reminds the girls of ways they are like him. I think if we all do it as an extended family they will know their father perhaps better than many children whose father is alive. It's not the same as him being here but they will 'know their Dad'", Claudia said with determination. I noted her quick grasp of such a concept.

"Would you mind sharing a memory you have of Libby with her Dad and then Imogen with her Dad so that we might explore them a little further?"

"Tom putting Libby to sleep stands out. Libby was born in the evening and the next morning she went to sleep on her Dad's chest. I would breastfeed Libby to sleep, I know the books say not too.... but he couldn't obviously. So he would lay her down on his chest and she would go to sleep. When I went back to work he knew I was missing Imogen who was at school, and Libby and him at home, so he would send me messages and photos telling me how they had got on. It was so lovely. I have six selfies of him with Libby on his chest sleeping with messages saying, 'Baby's sleeping well'".

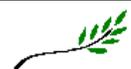
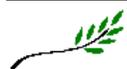
"What do you think he gave Libby by having her sleep snuggled into his chest?"

Claudia spoke without hesitation. "Love and comfort. He soothed her and relaxed her. She was a content and happy baby."

"How might that love and soothing have seeped in and influenced her do you think?"

"She's always been a happy baby. I thought of it as entering her very cells", Claudia laughed, before responding to me with a story.

⁴⁵ Note the use of "knowing" in this section. I use "knowing" to convey that it is something they will do (activity) suggesting agency, to create movement rather than a binary, and to underline the relationship is ongoing.





“Do you have a name you give to Tom’s love and soothing entering her very cells?”

Claudia furrowed her eyebrows but then her face relaxed, “Could that be what people mean by ‘embodied’?”

“Does an “embodied memory” fit?”, I checked, thinking of the extensive knowledge Claudia brought to such a conversation.

“An embodied memory”, she affirmed smiling.

We were both warming to the topic and I asked another question. “Sadly, we often hear of the long term effects of neglect and abuse on a small child but what about the opposite? How might the love and soothing Tom gave Libby and the happiness it generated in her, influence how she will grow up and the person she will become?”

This drew an enthusiastic response from Claudia and we spent some time canvassing the topic. I am always curious about reciprocity in relationships, especially when it is usually invisible⁴⁶. Consequently I then asked her, “What do you think Libby gave her Dad when she slept on his chest each day?”

To Claudia it was clear. “She gave him love and connection. And a reason to stop. As Tom got sicker I remember him saying, ‘I feel so weak and tired and old’ and he didn’t want to feel like that. Libby gave him a reason to rest without having to think, ‘I have to lie down because I’m weak and sick’.

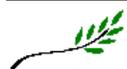
“What difference would this gift of Libby’s have made to her Dad; the gift of drawing Tom’s attention to what he was doing for her by resting, rather than being forced to think he was lying down because he was weak and sick? What difference would that gift have made to him and his life?”

Claudia pondered as I watched her. She then answered thoughtfully giving weight to her words. “She gave him dignity. She protected him from the pain of knowing how tired he was and of thinking about himself as a sick person.”

I was struck by the beauty of such a gift as the words of many people I have met with swirled through my mind. “What difference did it make to Tom and the way he thought about himself, to have his dignity and not be thinking about himself as a sick person?”

Claudia’s voice softened. “He would have liked thinking of someone else and not focusing on himself and how he felt.”

⁴⁶ The gifts some groups of people offer can be rendered invisible by dominant ideas. For example what children teach adults, and what the elderly or those who are sick give others. I also find what constitutes a gift is often well worth examining carefully.





“What was important to Tom, that thinking about someone else would have been helpful to him?”

“He would always put the children first, so not only would it have given him dignity, it meant he was able to be the parent he wanted to be.”

“If you were to tell Libby the story of what her Dad gave her and what she gave her Dad, what kind of understandings might she have of their relationship do you think? How might she describe herself as a daughter?”

“I think one day she will be happy to know she did that for her Dad. She was the only one who could have done it which is very special”.

“...and if it was retold both by the family and by Libby herself, how might it influence the way Libby described herself as a person and her relationship with her Dad do you think?⁴⁷”

“I think the family would add details and their impressions. I guess it could become one of those stories that gets told at family parties and special events and everyone would know it. The story of Libby’s gift to her Dad. I bet it would get longer each time too! She would be proud to know she had done something so meaningful and kind.”

“What kinds of knowing of her Dad and herself might she glean from this story of how she slept on his chest as a baby?”

After we had talked about Libby, we then easily moved on to a story of Imogen but this time I wanted Claudia to think about how she might go about thickening⁴⁸ the story.

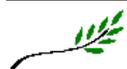
“Last week I was in Tom’s garden with Imogen. We saw a button from one of Tom’s gardening clothes in amongst the dirt. Imogen picked it up and she said, ‘This is a magic button! Maybe it will bring my Daddy back’”.

“Wow! How might you retell this story so it spoke even further of the relationship Imogen had with her Daddy?” ‘What a poignant story’ I thought. I began to wonder how Imogen had learnt about magic and what role her Dad had had in helping her gain such knowledge but I remained quiet as I listened to Claudia add what was important to her.

Claudia had lots of details and stories to add to the moment she had described and quickly it began to grow. I then asked her, “What might Imogen have been treasuring about her

⁴⁷ Here I am inviting Claudia to consider the effects of creating an audience to the story. By recruiting a wider audience to this story where it can be retold, the story will gain more solidity. See chapter 9 “Spreading the news” in “Narrative Therapy. The construction of preferred realities” (Freedman & Gene Coombs, 1996).

⁴⁸ Claudia and I had discussed previously what she could do to help treasured memories last. Thickening refers here to adding threads that develop detail and strengthen the story so it is more likely to endure (White, 2007).





relationship with her Dad in that moment when she wanted to use the magic button to bring her Daddy back?”

“They spent every Friday together from when she was very little. They’d usually go off on an adventure together. It might be local or it might be catching the ferry somewhere, to the museum or go and eat Chinese food in a food hall in town. They had whole days together which was lovely. And they were always interesting adventures. Maybe she was thinking of having another wonderful adventure.”

After we had talked for a while I began to summarise some of the ideas we had been considering and added some final questions.

“When someone talks about a child not remembering, what are they taking into account and what would you say has got left out?”

Claudia began hesitantly but as the words came out they gained solidity. “I guess saying ‘they don’t remember’ is only talking about the pictures and movies in the girls’ memories that happened that they may not recall. But we’re talking about what is all around that and in between. The relationship and what things mean to us and go on being important to us. And the memories their bodies carry that has shaped who they are even if their brains don’t have the pictures. Actually, the important stuff! And Tom doesn’t have to be just in the past, a memory movie that fades. We are putting him into our daily life now with our rituals and talk.”

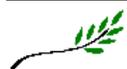
“I couldn’t have said it better”, I thought to myself.

This New Life

Claudia sat down exclaiming how hectic the morning was with two young children. After expressing gratitude that the rush was over she relaxed back in her chair sipping on a steaming cup of tea. It was more than a year since Tom had died and over previous weeks we had been discussing the demands of her new life, in particular being a parent and living with loss.

Claudia opened our conversation by making some comparisons between her life now and how it was in the months just after Tom had died. After some discussion I asked Claudia, “How would you describe the reshaping of your days and your life with the girls now as you live with this grief a bit further down the track?”

Claudia readily answered, “The grief is changing. It’s deeper and I’m covering it up more now. The waves of loss come and go. In spite of that, I’m trying very hard to enjoy Imogen and Libby’s company and to remind myself what matters. For a long time, I needed to keep the girls busy to survive but now I’m not planning as many things to do and we’re able to just spend time together.”





This was a significant and welcome change for Claudia and so rather than asking about what mattered to her or further questions about her changing experience of grief I requested further details. “Would you mind sharing with me a story of the three of you just spending time together?”

“Last Saturday I took the risk of not having anything planned. Imogen and Libby were playing nicely at home when Imogen asked me if we could go to a café. I said we could go to the one up the road. Libby asked if she could push her dolls pram and when I said ‘Yes’, Imogen asked if she could too. I knew it would be hard work but I said ‘yes’ to both of them. We walked up the street with the girls pushing their dolls’ prams having a wonderful time. The five minute walk took half an hour and all the time I was trying to enjoy it. By the end of the day when I reflected back that was my favourite part of the day! I’m trying to create moments which are valuable rather than rushing around”.

I noticed Claudia acting on her own life to try and make it more like how she wished it to be. “As you prioritise such valuable moments what might you find yourself doing more of and what might you find yourself doing a bit less of do you think?”

Claudia answered me with energy. “More breathing and less jumping in! The mess on the floor really isn’t a big deal. I sat down with Libby and played with her rather than complaining about the untidiness for example. It takes practice and effort and yet it was much more valuable to both of us.”

Claudia smiled at me and I returned her warmth with a smile of my own.

“When you look back at the end of the day on those valuable moments, what makes them worthwhile?”

“I feel like I contributed to Libby’s enjoyment and learning by playing a game. And even though there is a whole list of things to do this is an important moment. An opportunity”, Claudia exclaimed.

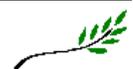
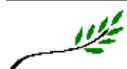
“What is it an opportunity for?”, I asked, collecting detail.

“For connection I guess. It’s parenting how I want too.”

“What were the three of you able to enjoy together that wouldn’t have been available to you if you’d been rushing around doing other things?”

Claudia spoke as if in unfamiliar territory. “This was a shared experience that we were all getting enjoyment from rather than me creating an experience that they could enjoy and one that would help me survive.”

“You have spoken previously of needing to fill up the spaces in your day to survive. While that still may be a useful strategy at times given what hard work parenting can be and also that you





are living with loss, I was wondering... what would you say this process of moving from filling in space towards savouring some valuable moments represents?⁴⁹

"It's something I've been trying to do over the last couple of months. I was aware my survival methods weren't necessarily what they wanted so I've been watching to see how the girls play at home. When I noticed they could be at home and play, I thought I might try it a bit more."

I noticed the care Claudia took in taking this new step so I asked, "Did you try it out gradually?"

"Yeah... I am acutely aware that time, while it plods, goes very quickly at the same time."

"Would you say that savouring those moments that are valuable to you is wisdom that you've come to appreciate differently from this process of grieving?"

Nodding Claudia replied, "Yeah. Definitely! Since Tom has died I have imagined life when the girls are adults and I'm old. I asked myself what memories I would wish to keep and I realised I wouldn't have him to help me remember. I also realised that if I was in a rush all the time I would only remember a blur. So I'm trying to slow life down and create memories I want to look back on."

I was fascinated by her reply. "How did you develop or hone this ability to move forward in time and then think about what might be valuable to you when you look back on your life?⁵⁰

Claudia's reply of, "I learnt it through grieving. It's more important especially as I may be doing it on my own", was followed by further examples.

"Is this ability to move forward in time and think about how it might be looking back on your life, is it leading to you making different decisions in the present? For example, did it contribute to you deciding to walk with the girls and their prams?"

"Yes, and it's also what Tom would have done with Imogen."

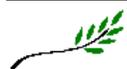
I remembered the adventures Tom took Imogen on and his ability to savour life. "Are you taking a leaf out of Tom's book?"

"Yeah trying too." Claudia's eyes twinkled.

"If you were to create a present you would wish to look back on when you are old, how might that impact on the kind of life you will end up living do you think?"

⁴⁹ I want to avoid a binary here of "savouring the moment or not", or "filling in time to survive or not", and so ask this in a way that suggests there could be a spectrum of parenting from filling in time towards savouring moments. (See Bird, 2000, p. 23.)

⁵⁰ This question positions Claudia as agentic and highlights her ability to collapse time and think about what might be important to her. This struck me as important knowledge that might be worth drawing to her attention. We had a much longer conversation about it than is recorded here.





"I guess if I keep doing it I might be happier. I've been reflecting and I want to try and live more according to our values. At first, I just wanted to make it to the end of my life but now I can see I don't have to claw my way through minute by minute that there can still be some valuable experiences I can enjoy. I'm thinking about how I can make my life as good as it can be, even though Tom's not here. Well...not physically. I've actually developed this belief that he is somewhere near...from that experience I had and lots of reading. I was thinking of him as somewhere a bit removed and not able to be with me every minute. But then I thought.... WHAT IF HE IS WITH ME? What if I change my thinking and think he's here every minute of the day. How does that effect how I think about things? And it's quite nice. I wondered 'what if that's crazy?'.... but does it matter? No one's ever going to know if I'm crazy or not...Some people might think that's a bit of a crutch or make believe or a bit crazy but they don't know! And I don't know so that doesn't matter. If I think that he is with me all the time, then that helps me get through. It feels like a nice very deliberate connection."

"If Tom had any say in the matter, no matter how small, where would he choose to be?"

Claudia grinned. "I know that if he had a choice he would be here with us. Even if he was told he had other things to do, I think he would still chose to be here with us. I think he'd go, 'No, no, no, those things can wait. I want to be with my family.' I like that. That's a new way of thinking about him being with us."

Thinking out loud I responded, "What difference does this way of thinking make? That if Tom had any say he would be deciding and prioritising being with you as a family in whatever ways he could...?"

Claudia interrupted my stumbling. "It helps! It eases it a bit. I don't feel so alone."

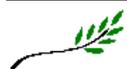
"How does it help in terms of the day to day? What difference does ..."

Claudia jumped in with energy. "He can't unload the dishwasher still and he can't help with the kids". She laughed and then paused looking up at the ceiling, "but.... maybe.... we can have our friendship... which is the thing I miss the most". Speaking as if to herself she reflected, "The parenting by myself is overwhelmingly hard but what I really miss is having the person who knows me so well and who loves me for who I am that partner that's what I miss the most. He can't talk back but I can imagine he's here. There's no harm in thinking that, is there? People might think I'm crazy but they don't know. We don't know! We don't know!"

"No we don't!", I agreed.

"And it helps me!", she enthused, her eyes twinkling.

I smiled. "What might Tom be saying about that?"





“Mmmm! He’s saying, ‘I want to be with you. I don’t want to go and wash my halo!’” Claudia started laughing.

Claudia, still laughing, lowered her voice and imitated Tom talking “I have obligations! And I haven’t made a choice to be out here.”

We continued to laugh and talk, with Claudia then speculating what Tom might know, given she thought he could read her mind. It was good to see her enjoying the joke.

“I would definitely not have chosen this life but as I have to have this new life I’m choosing to have him with me and if he can, he will be choosing to be with me”, she concluded.

Neither of us for a second thought that this moment of realisation and laughter meant the sense of loss and pain had gone. But we enjoyed the value it offered and together we savoured that moment.

POST SCRIPT:

Claudia you are the anonymous co-author of this story and have generously shared your experiences in order to benefit others. “How do you see yourself through the eyes of the story?”

“I must have read it at least twenty times and all the different versions. Whenever I read it I see my values but differently. In a focused way. I see myself and I think ‘gosh I must be a good person’. Even at the moment when I’m feeling so low and stressed I read it and it makes a difference.”

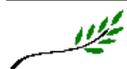
When I performed⁵¹ the first part of this story for you three years ago, you described seeing yourself “through Tom’s loving compassionate eyes”. Would you like to add to this description now that you have glimpsed yourself in the fuller version?

“It was incredibly important for us to spend that last part of Tom’s life according to our values. I want people to know we weren’t perfect. When I read the story, it’s like seeing you. I can imagine what you might ask me. I miss writing it! Now I’m looking out and forwards. I feel really good, better than in years.”

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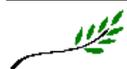
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⁵¹ By “performed” I mean reading it in the tones that we first spoke the words in. Claudia and I had already discussed the meaning of this word.





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