

Interview with

ROBERT NEIMEYER, Ph.D. and FROMA WALSH, Ph.D.

“Parent Loss in Early Childhood”

Interviewed by Barbara Alexander, LCSW, BCD

(Edited slightly for readability)

(from the “Neimeyer Collection: Finding Meaning in Loss” program)

Welcome to ON GOOD AUTHORITY. I’m Barbara Alexander. You will be reading or listening an interview from On Good Authority’s program, “The Neimeyer Collection: Finding Meaning in Loss.” If you have not seen the movie, I highly recommend it—it is a remarkable movie.

This program was based on the award winning film, *Ponette*, to which the speakers will be referring throughout the interviews. Here we will discuss how we might work with a child like Ponette.

D.W.Winnecott said that healthy children are better at dealing with death than healthy adults. Every child has a different coping method for dealing with the news that a parent has died. And the most important thing is that the child knows her remaining parent is available. After the initial shock is over, the most important thing the surviving parent can do for his child is to insure that her life remains stable. Plus children need adults to help them navigate through the chaos of death, through the many questions, through the magical thinking, through all the intense feelings of grief and loss.

What do you think? Did this happen for Ponette? Was any adult available to help Ponette transform her grief from a debilitating negative to a sustaining positive? How do we determine if Ponette’s grief reactions were normal or dysfunctional? We will now hear from a panel of experts on grief and loss: Bob Neimeyer and Froma Walsh. They will share their thoughts with us on how to best help Ponette.

Robert Neimeyer, Ph.D., whom we have previously interviewed in Volume 7, is Professor of Psychology at the University of Memphis, where he also maintains an active clinical practice. He has published fourteen books including The Death Anxiety Handbook; Dying: Facing the Facts; Lessons of Loss: A Guide to Coping, and Meaning, Reconstruction and Loss. Dr. Neimeyer is the editor of the respected international journal, Death Studies, and he is the president of the Association of Death Education and Counseling. In recognition of his contributions, he has been granted the Distinguished Research award by the University of Memphis and has been designated “Distinguished Psychologist of the Year” by the Tennessee Psychological Association. And he has been made a Fellow of Division Twelve, which is the clinical psychology division of the American Psychological Association.

Froma Walsh, M.S.W. Ph.D., is a professor in the School of Social Service Administration and the Department of Psychiatry at the University of Chicago. She is also a co-director of the University affiliated training institute, The Chicago Center for Family Health. She is the editor of the Journal of Marital and Family Therapy, past president of the American Family Therapy Academy, recipient of the Academy’s award for Distinguished Contribution to Family Therapy and Practice, and she is an Association of Marriage and Family Therapy approved supervisor. Dr. Walsh is author of Strengthening Resilience and editor or co-editor of Normal Family Process; Living Beyond Loss and Women in Families. Her most recent book is Spiritual Resources in Family Therapy.

Now to our interview.

Alexander: Dr. Walsh and Dr. Neimeyer, before we begin actually discussing the film, I’d like to ask each of you to tell us about your respective orientations. Dr. Neimeyer, you win the coin toss. Let’s begin with you.

Neimeyer: A question about orientation to grief work can be answered on so many different levels. I think probably for all of us who do this kind of work, one of the most fundamental of those is the personal. I certainly felt a kind of identification with Ponette because part of my personal story, I guess, at least includes in an important way, my father’s death when I was a child. He took his life when I was, well, just before my twelfth birthday.

So, some of the processes that this little girl experienced, I experienced just a few years later: the sense of kind of trauma bereavement; the need to make sense of a completely changed family constellation; to try to figure out ways of realigning my relationship with my father; understanding what this meant for me in terms of my own identity; restructuring of peer relationships, and the rest. So I suppose for me it was an interesting film on personal as well as professional levels.

So one of the hallmarks of Constructivist Therapy generally is that people are engaged in a sort of “effort after meaning” in their lives. They’re seen as trying to make sense of their own unique biographies and their biographies with other people. One of the greatest challenges, I think, too, in these sorts of life stories we put together, even when very young, is the important entrances and especially exits of major characters from those life stories. You just don’t get any more central than a mother-child relationship. So I see Ponette as thrust, cruelly, into a world where she has to make sense of things that no child should have to, but many do. So some of my remarks about the film, will be organized along those lines.

Alexander: Dr. Walsh, in your book Spirituality and Family Therapy you said that your work on resilience was what led you to looking at spirituality and family practice. So, can you tell us about that please?

Walsh: Well, I’ve been working in the area of loss and family bereavement most of my career. Also through personal experiences of loss of parent, my own parents, and of coming to find so many clients in my practice and in training other therapists, come in after traumatic loss not having realized what they had been going through and not having been helped in that process and kind of dealing with the kind of long term sequelae of complications that arise when grief isn’t handled at the time of death.

As I was working on my Resilience book, I found that the concept of resilience is especially important in thinking about

death and loss because we're talking about strength through trauma and tragedy and the ability to rebound -- not springing back as if life is unchanged but in a way, in a transformative way, as Bob has said, having to reconfigure one's whole world and incorporate the meaning of that loss without cutting off from it.

As I was working in the area of resilience, I was more and more impressed with the importance of spirituality as a dimension that clinicians have largely been unaware of in their practice because we were trained not to ask. And clients, sensing that it didn't belong, would often not offer aspects of their experience from the spiritual dimension, in our practice. So it's very important for us to consider, in this film especially, the importance of this little girl's relationship and her attempt to connect through God and through Jesus as an important aspect of her healing process.

Neimeyer: That's the critical thing: to move past a kind of standard abstract theology or church liturgy or the rest or even the simplest explanations that adults give children about deeply complex spiritual matters, explanations which in this film, though often compassionately offered, and well intended, often seemed to be a source of more bafflement and a source of more questions on Ponette's part that were really never fully addressed by the adults, who seemed in general more interested in giving quick explanations and answers rather than really asking questions that revealed her unique struggles.

I was struck also by her resilience in the sense of persisting in her efforts at re-establishing connection with her mother and in this way really putting the lie to a whole kind of cultural ethic we have that the function of grieving is to let go, to seek closure, to withdraw emotional energy from the one we've lost. I think Ponette's struggle to re-establish that connection is far more true to our experience of loss.

Walsh: I might add that my work is from a Family Systems orientation and so I am interested equally in how the family and loved ones approach and handle the loss experience for a child and help

that child make meaning of the experience.

It's interesting, as you spoke about your constructivist orientation, family therapists, for the most part, have been moving in this direction as well. So that in my model of key processes in family resilience, the most important domain is around family belief systems and the very first one is making meaning of the crisis and the challenge.

What I'm interested in here is how the adults in her world help her to make meaning, particularly in the opening scene. It's very touching when the father and daughter are driving, and the father is beginning to tell her that the doctors say that her mother probably won't live. I think he's clearly very loving toward her and wants to help her with it but at the same time his own emotions intrude on this process in ways that can be more hurtful. As he tells her, in a very appropriate way that a child her age could understand, that "Your mom was all broken. There was nothing more they could do fix her," it was a way in which she could understand that from the accident that she herself was in. But then the father can't resist going on and saying, "Your stupid mother," because he's so angry at the mother for having driven in a reckless way that resulted in her death and the possible death of Ponette, as well.

Neimeyer: I think that that underscores, again from a systemic stand point, how frequently we assume that because people have had the same loss of the objective person, that they have the same grief. And of course they don't. As you point out, they occupy quite different positions in relation to the mother or wife who died. They grieve in a way that is developmentally appropriate to them. They grieve in away that reflects their own gender conditioning, and the rest. And so, they do have partly overlapping and partly quite distinct struggles as they try to figure out, renegotiate, this loss for them.

Walsh: That's right. And from a family systems perspective, what I'm always wanting to work on is how adults can comfort and support and nurture and protect the child at the time and in the aftermath of the loss and unfortunately, the father, again his

own needs intrude, and he says to her, “Promise me you’ll never die.” And even at her young age, she can sense she can’t make a promise like that. And then he goes on immediately to drop her off with relatives, essentially, from a child’s perspective, abandoning her to go off to another city for his work.

I think that’s something clinically we really need to pay attention to. How we can help the surviving parent, while dealing with their own loss, be present in a helpful way for the child and to have a dual responsibility at that time; one to themselves and the other to the child.

Neimeyer: Froma, there was one piece of that that I found to be touching and very resonant with me: in the leave taking, I too would question his sense of priorities, but there was that wonderful exchange of linking objects, the teddy bear for the watch...

Walsh: That was wonderful.

Neimeyer: ... and she just carried that with her the entire movie. It became a very important kind of symbol of connection.

Walsh: Although she did trade it off towards the end.

Neimeyer: But in a loving way.

Walsh: Yes, and she said, “If I need back, promise you’ll give it back to me.” But the father did, in a way he gave her an object and he said to her, “Take my watch and when you’re sad listen to it ticking and that will be the ticking of my heart.” I thought that was so touching.

Neimeyer: Yes, that really was.

One of the things that I thought was curiously absent or sadly so perhaps, because it was intelligible why it would be absent, but I thought that in general, the adults in the film failed to help this little girl retain and cultivate and vivify her connection with her mom which they could have done through shared

reminiscent, through linking objects, through really inviting discussion of this relationship that had been so central to her.

Walsh: Exactly. We didn't have a sense of -- we had a sense of this event of the mother's death and funeral taking place around her but they're not actively involving her in it because funerals are rituals that help in the grieving process: help both with the acknowledge of the reality of the death, and that mother won't come back. Going to the gravesite together is another way of communally of visiting the grave, honoring the mother and being present as a shared support network to one another.

It's so interesting because she know what she needs and has to create it through her imagination and her fantasy with her dolls and her animals to replace what the adults aren't able to give her. So she sets up those conversations with them and she goes by herself to the cemetery for that important connection or contact with her mother, exactly, as you say, because that hasn't been facilitated for her.

Neimeyer: Could I just add a note of qualification or maybe a little more dialog on that point? I, too, am really struck by the power of ritual particularly personal rituals that people create where standard liturgies fail, but what I'm often struck by in my own practice with families around grief is that the very things that makes rituals powerful: the fact that they're sort of a condensation of many possible meanings -- it's like they're performed projective tests in a way -- that very thing also makes them potentially problematic.

For example, had the father accompanied the daughter to the mother's grave and then had that kind of angry outburst that we saw earlier in the film, what message would that send? I think, too, of the planting of the trees following the Littleton High School shootings and the way in which thirteen trees, two were cut down because they were construed by some people, probably family members, as honoring the killers. So rituals have this ambiguous quality that makes it real important to choose your audience for the ritual performance very carefully.

Walsh: But it isn't the ritual per se, it's how individuals who carry their anger and enact it in the ritual can -- their anger can have more destructive power because it's taking place in the midst of a ritual. In general, at least in American society, we tend to want to protect our children from the reality of death and if anything, we think we're being helpful to them by sparing them the witnessing, the touching of the body or the presence at the funeral or at the gravesite, when emerging research and clinical practice finds that the children are, in fact, helped by being part of this process. Even though it's painful it's also comforting to be with loved ones sharing the grief.

Neimeyer: Particularly as those ritual encounters or participation in the ceremonies and so on are foreshadowed by conversation with the child, and if they're given some choices as to the way in which they engage that ritual.

Walsh: I think the other point about the rituals is how children can construct rituals, for instance, the Jewish girl who is the "Child of God," who constructs a set of trials for her to go through and if she passes the trials she can then be a "Child of God" and then maybe she can be in contact with God and with her mother through these games which are ritualized. They are a way, in a sense, of strengthening her through those trials to feel that she is now better able.

But the danger with rituals like that, just as with the story of Jesus that her aunt tells her, hoping to comfort her -- Yes, Jesus dies but he's resurrected and comes back with his friends -- inadvertently is misguided because it only springs in her fantasy that maybe her mother will come back and makes her hold on to that hope that her mother will return and that she will have physical contact with her.

Alexander: I just want to clarify something about the film itself. Towards the end, was that her mother's grave she was digging?

Neimeyer: I think so.

Walsh: Yeah. At first I wasn't sure because she sort of came upon it,

but when she first tried to bury herself, a little bit, it looked she wanted to go into the grave with her mother.

She was trying to be reunited in so many different ways: first when she found -- she was sort of letting herself down in one way, as if, "Well, maybe mother won't return. Well then maybe I have to disappear. Maybe you have to kill me or maybe I deserve to be dead and then I can be with mother in heaven." and then she actually goes to the grave and it's almost as if she's trying to dig up her mother and yet puts dirt over herself to join her mother and then her father comes because he knows where to find her. That's where I'm sure that it has been her mother's grave and that she came on your own to the cemetery.

Neimeyer: I thought it was a beautiful thing and also a sad thing as the whole film was both beautiful and sad. The way in which Ponette's resolution, to the extent the term can be used meaningfully in connection with grief, which I think is only in a very qualified way, her resolution was a very personal one. It required conjuring the contact with mom in this way and it wasn't something that could be offered, at least simplistically, as an explanation by adults or something. It required a real personal engagement with the search.

Walsh: Yeah. Well, to me that was perhaps one of the most meaningful parts of the film, where I really take issue. I agree with you, resolution, I don't even think, is the appropriate concept for grief especially loss of a parent in childhood or for others who lose a child through death. It's something that you come to live with. You incorporate it in you as part of your life experience but it's never resolved. I think in our society we tend to push people to just put it behind you, to close the door, to cut off, to move on, as if one could just put it behind one.

Instead I like very much at the end here the conversation with the mother: you could see in sort of a dream-like sequence, a waking dream, really does what the resilience literature speaks of, which is a transcendence and a transformation, that the mother says to her, "You will always have me. It will be

through memory. And we will connect through dreams.” And also, the connection through stories of what they shared together that she will carry on with her in her life. And her mother’s spirit, that will continue to live on in her heart. And, finally, the message the mother gives her, to go on and live her life, as her mother would have wished, for her to be happy with daddy and have a happy life.

Neimeyer: “To learn to be happy again.”

Walsh: That was wonderful: “To learn to be happy again.”

That’s where we have to slow down well-intentioned friends and relatives who say to parents, “Oh, just have another child”, or say to a father, “Well, just get married again and have another mother for your child.” This is a process over time. It’s slow. It’s not a straight line progression.

Neimeyer: There are no stages that are intelligible.

Walsh: That’s right. Instead of stages there are different facets of this process that emerge at different times and that are re-evoked by certain smells, holidays, birthdays. Smell was important in this film, the scent of her mother, In so many ways, re-evoking her mother’s presence.

And the last gift of her mother to her -- I often recommend to families -- is that she gives her her sweater to keep her warm, that she wears away; her mother’s sweater. I often say to family members: “Each of you take something that was meaningful of your parent.” Often they’ll take a sweater or a scarf and they may wear it until it’s frayed, wear it for the rest of their lives as a way to have a meaningful memento that also gives them a physical connection to their parent.

Neimeyer: Too often, I think, one of the unfortunate legacies of our traditional ways of conceptualizing grief, is that we do focus on grief as kind of stagic progression through these unbidden emotional states, which eventuate in some form of resolution, recovery or the like. Almost everything about that seems wrong

to me. One of the subtle things that seems wrong is that the preemptive emphasis on emotion disconnected from both action and meaning trivializes the emotion and so I would see the connection to mother through her sweater, and so one is very much an embodied kind of meaning-making, not of an abstract sort because that's not what Ponette is needing. She's needing something tangible, that can be held and be comforting.

Walsh: ... that smells like Mother.

Neimeyer: As we speak about the ill fitting nature of terms like "recovery," then I think that speaking about the integration of a loss is an alternative with transformative potential.

Alexander: Dr. Neimeyer, I listened to the interview that we did a few years ago and you did make some very strong points about the stages, Kubler-Ross's stages, as being really the only model that's presented to all the grief therapists and bereavements counselors, etc, and you had some pretty strong thoughts about that.

Neimeyer: I do have strong thoughts about that. I wouldn't say that it's the only model because when I do workshops, I talk about Froma Walsh's work, as well as others that I see as much more progressive.

I want to preface all of this by saying that I have a great respect for Elizabeth Kubler-Ross as a person, as a pioneer. She made it possible to talk about something that had, in the popular press and professionally, been taboo, just total neglect. But I think that it's a very poor reflection on our indebtedness to a pioneer if we find ourselves mouthing his or her words literally, nearly at this point over thirty years later. Yet survey research done on professional schools in both in North America and Europe suggest that her work is not only the primary resource used to educate professionals, medical and psychosocial professionals, about grief and loss, it is typically the only model. It is still true as of 1998.

We have to get some messages out there about the way in

which a focus on kind of a stagic progression of universal sequences of adaptation trivializes the uniqueness of loss, its individuality. It subtly dis-empowers us as professionals from doing anything other than providing some version of the reassurance that “time will heal all wounds.” I think it’s much more helpful to see this choice-less event of “bereavement” as rich in choice nonetheless.

Alexander: What do you think would have happened had the mother not returned? You know, I interviewed the writer and director of the film, Jacques Doillon, and I asked him why he did that because it did seem, in a certain sense, maybe like a cop-out. He said that he “had to give that to Ponette because she wanted it so much.” But what do you each think, might have happened had the mother not appeared to Ponette? It really seemed to me also like she was breaking down at that point.

Walsh: My thought there was that if the adults in her world, especially her father, had not retreated and if he could have had some of those conversations with her ... From a systemic view, I look at meaning-making as socially constructed. It’s the way in which he and the aunt in particular would help her to transform, to help her with each of those steps. I thought the aunt was really quite wonderful at several points where she was tender. She was loving and yet she was firm in saying, “All right, you’re coming back to the house now. You’re having dinner now,” when she sees the child hasn’t eaten for a period of time. The family could have used help in how to be helpful to her.

The other issue here is that she’s an only child. So she also was the only one, as a child, to lose a parent. Her cousins tried, and I thought they were very sweet, and they were very caring and protective and yet, as children -- sometimes, her little boy cousin said a couple of mean things too, as did other kids on the playground but, you know, we can’t rely on children. I think sometimes children have to turn to other children when the adults aren’t available to them for meaning-making.

A couple of the children were great. They said, “You should ask,” and they referred her to the two adults, the two older ones

who would help her with that.

But I think, going back to your question, if the mother hadn't appeared, I think that she might have retreated further and further into her own fantasy world. I thought that it wasn't helpful at all that the father labeled this, early on, as "crazy." And I think sometimes people don't come for help, clinically, because they're afraid that the thoughts and the feelings that they're flooded with are going to be deemed "crazy."

I think, at the same time, if we don't give them a place where they can express these feelings, where we can witness them, where we can help them move along with them, that they do have the risk of retreating into their own private fantasy world.

Neimeyer: I wondered how much of that, too, that is, that kind of *deus ex machina* conclusion by having mom appear and so on -- how much of that represented the only possible resolution that the director might think of, given the constraints on grief theory which tend to very much privatize the experience as Froma says. We pay attention to, in some cases, the way in which grief is an intimately personal process but we don't pay much attention to way in which it is also intricately social. And so those possibilities might not have really vividly occurred for the director, even.

Alexander: Could you explain that a little more, Dr. Neimeyer, about how it is intricately social and how that worked with Ponette and the other children?

Neimeyer: Yeah, I think that this happens on many levels, and that is that our own efforts at renegotiating the world, relearning the self, and so on, after a loss -- those efforts are very personal, as Ponette's clearly were. She exemplified the idea that grieving was something we do; it is not something that is done to us. Throughout the movie she is creatively trying to adapt to a circumstance that is unimaginable.

At the same time she's not doing this in isolation and I think too many of our grief theories position grief in the head or in the

heart within individuals. Even the way we assess it tends to be very individualizing and, as Froma mentioned, very pathologizing.

I think that if we see the individual's efforts as nested within a family, a family that both constrains certain forms of grieving and enables others -- and by a family, I certainly include the larger family system of an aunt and the other children, and then that's also nested within a broader set of cultural meanings which pre-exist any given family or person by many generations -- all of those things can be resources or they can be constraints.

Walsh: Might I also add the gender piece to this as well? In most societies we tend to see grief as "women's work" and so for the father to go off to work and turn over the helping process to the girl's aunt is entirely consistent and very common, the most common way, so that we often don't look to the Father as someone to involve helping a child make meaning and the father may not have been socialized in such a way that he feels able or skilled to do that. In fact, we see in that scene, he's very awkward and stumbling over it, in one moment doing something very helpful and in another moment doing something very unhelpful. But the gendered part of it is that it's the women in this film who are helping her with it, at the school, the ones that she turns to.

What's important in my work is trying to reduce some of those barriers or constraints of the gender roles because it also does a disservice to men: where does the father take his grief? He goes off to work and most men in our culture just swallow it. Many of them turn to heavy drinking. Many of them have affairs. Many of them become workaholics as ways to handle the loss in culturally sanctioned ways. Anger is sanctioned for men but sadness and vulnerability are seen as weaknesses that shouldn't be displayed. So one very important aspect of my work with families is when I notice men in the family going off to work and leaving the socio-emotional aspects of the grief process to the women, I very much want to include them in that process. I also would see, for instance with the death of a child, that marriages are at risk if the husband distances from his wife's grief because

he does not want to get in touch with his own vulnerabilities. It puts their relationship at risk.

Neimeyer: One thing that I've been encouraged by and it's an encouragement that spills over into my practice with bereaved families, is that the best current data suggests that the divorce rate among bereaved parents is no higher than that among non-bereaved parents.

Walsh: That's fascinating and to me, that's what underlies the whole notion of resilience because people who work with parents who are bereaved see both ends of the spectrum and how it puts those relationships at high risk. And at the same time, if those partners are able to turn to each other and support and comfort each other, they often report that their relationship has been strengthened through that adversity and even where their relationship might not have been particularly strong going into it, they come out stronger as a couple. So I think that we see both the risk for marital conflict and dissolution but we also see the potential there for strengthening a relationship.

Alexander: Dr. Neimeyer, I know that you do groups with grieving people. Have you done groups with children at all?

Neimeyer: No, I have not. I can see a role for that but I guess my inclination would be to regard the family as the primary resource for the children. I really see helping them renegotiate all that the loss means for them collectively as the primary intervention with kids, rather than seeing individual play therapy or a child's group per se as the primary modality.

I was also intrigued by some of what Froma was saying about these gender issues and I found myself agreeing and then also having slight caveats or something around the edges of that. One was that I actually thought that the father did come through occasionally, like in the exchange of gifts, which might be seen as a very "male" vocabulary for the expression of connection. But that doesn't make it an inappropriate vocabulary. You and I were both moved by that in the scene of the exchange of the

watch and the teddy bear.

Walsh: That's where I think we need to see the potential and not just assume that fathers are not going to be able to do this. And we also need to see that some of his distancing may be out of his own defenses and his own avoidance and that his child really needs him to be with her more of the time, at least for a period of time. One of the primal fears of a child at the death of a parent is that they will be abandoned and that they will be orphaned, and to have the other parent go off is secondary trauma because then you're not sure: "Will I lose him too?" So there's a heightened need for reassurance that your other parent is going to be there for you.

Neimeyer: There's an interesting model of grieving that's being shaped up now by Maggie Stroebe and Hank Schut in the Netherlands, the "Dual Process" model of grieving. I think it's interesting to note in this context, because what they state is basically that grieving consists of two spheres of activity, one of which we tend to understand fairly well and focus on much of the time if we're doing good clinical work, and that is the "loss-oriented" processes of adaptation -- what we conventionally refer to as "grief work"--getting in touch with and expressing the feelings, sharing acknowledgement of the loss, the kind of work in stages you have also modified, Froma.

And then there is this other, more neglected, and in some ways marginalized sphere of activity which they refer to as "restoration-oriented" processes. The difficulty arises in that most of our understandings of what grief entails are based upon women's ways of grieving. Something on the order of ninety percent of our research studies focus on women. They typically focus on older women who are widowed from the loss from a long-term relationship. Moreover, these are almost always white widows. And so, you start getting a whole set of ethnic qualifiers that complicates generalization, especially if you try to generalize those ways of grieving to people of a different gender or ethnicity or age. You run aground. It may be that males, for example, tend to specialize, if you will, in restoration-oriented processes, so the complication for them, as

Froma points out, is they may avoid the loss-oriented grief work but it maybe that women's specialization in the loss-oriented processes may also at times mean they avoid the restoration-oriented work.

Walsh: That's interesting. One other statistic that fits in there is that there is a tendency in our culture for couples to go on and have another a child too soon as a replacement, and for a widowed, spouse, especially a husband, to be encouraged to go on and remarry too quickly: an instant undifferentiated replacement. I think that restoration is something that I try to slow down a little bit, for men especially, because socially they're encouraged to just move right along, just put it behind them, not to suffer.

Neimeyer: Yeah. There was a person-on-the-street interview done some years ago in which the interviewers just put the question to people in malls, whatever, asking them, "How long does it take to recover from the loss of someone you love, through death?" Do you know the average answer?

Walsh: A year?

Neimeyer: Two weeks!

Walsh: Oh, no. Oh, no.

Neimeyer: So if you carried it out a few months, that was going a bit far.

Walsh: If you look cross culturally, most cultures in the world have rituals and mourning periods of about a year, coming from a sense, over millennias worth of experience, that this is a process over time. And that, yes, I agree with the restoration, and the Warden model and the model that McGoldrick and I fashioned for family systems -- we have the first two parts, the acknowledgement and the emotional sharing, and the second two parts being the reorganization and reinvestment. I think that sits very well with these two spheres that you're talking about.

Neimeyer: I would agree.

Walsh: Can I make just one comment that struck me as well? Another thing that small children worry about was brought up: I thought there were some many facets of the grief and the loss that got displayed in this film, sometimes through the mouths of young children, where this other little boy says to her, “You’re mean, and that’s why your mommy died. It’s your fault.” I think that taps into a small child’s fear that “Was I bad?” and “Was it my fault?” She’s disbelieving and looks perplexed and then he adds, with his own logic, “Well, I’m nice and my mom’s alive,” as if that’s proof of his point. I think that’s another concern that as clinicians we need to address, so that adults are aware that even if children don’t verbalize it, that maybe something that they worry about. Or they may worry that their last conversation with a parent was one of complaining or one of being pouty -- those regrets about those last contacts stay with them.

Neimeyer: You know, I would even extend the point. I think it’s an excellent one, and I’d say that it applies with almost the same level of force to adult grieving, especially with parents who have lost children, even adult children. They are often preoccupied with their own guilt and sense of responsibility, a lot of counter-factual thinking: “If only I had done this.” I think in some way that can be seen as an “effort after meaning.” It’s better to have a causal theory that what you do makes a difference even for the worst than to live in a world that is random and cruel.

Walsh: However, this is also in a larger context of Western philosophy and religion, where we have a mastery orientation. We live in a culture that emphasis personal responsibility and we are more prone to guilt and blame, which is why doctors have to carry such high malpractice and why they are often reluctant to say that there’s no more they can do to treat a patient. I think that’s why it’s also so difficult for doctors to help families with the dying process and give up their efforts to save a life when they really can do no more.

Alexander: Is there an opposite to the mastery orientation?

Walsh: Eastern philosophies, Eastern religions, have much more a balancing harmony with nature and an acceptance of things that can't be changed, much more of a human life cycle across the generations. In Islam, for instance, it's Allah's will, maybe beyond our comprehension. But people, I think, in Eastern orientations, spend less effort trying to look for causal, human casual, factors. But in our culture, it is an essential part of the making meaning: to understand. With the crash of an airplane, TWA, was it sabotaged? Was it an accident? Was it pilot error? -- to make meaning by understanding how it came about.

I have people who come to me; a woman came to me in her forties who was suddenly having dreams of the death of her sister when she was fourteen. Her sister died in a car accident. Now she needed to understand how did that accident happen. Had the driver been using drugs? Was it really an accident? Could it have been prevented? Did her sister suffer?

Part of the work I do as a family therapist is to move beyond the limitations of the information or introjects that they have to gather information through whatever sources they can: people who are still alive who may have been on the scene; newspaper accounts. To fill in the blanks of the actual death itself is very helpful to people to be able to put it place and move on.

Alexander: Dr. Neimeyer, I'd like to ask you to get out your crystal ball and look out to the future for Ponette as to what possible meaning you think she will make of all this. You know, over the course of decades of her life.

Neimeyer: That's an interesting question. Again, as a psychotherapist, I'm going deflect it (laughs) ...

Alexander: Oh, don't! (laughs)

Neimeyer: I'll get back to it, I promise you. But I want to piggy back on something that Froma was saying: this whole process of trying to attribute meaning and causality to a death, I think, is both essential Sense making about the cause of death itself often is a

helpful first step, research is telling us.

But the longer term adjustments that people make to a bereavement, years out from the loss itself, seems to be predicted less by sense making than by “benefit finding.” That is, being able to say, “In this dark experience, was there a silver lining for me?”

I’m working with a woman now who had lost her adult daughter to a brain aneurysm four years ago. Only now is she beginning to take another look at this question that has been preoccupying her compulsively ever since the death: the question of “Why did she die? Why did my daughter die?” We’re beginning to make progress at the point that the question is starting to get rephrased as “Why did my daughter live?” Not what was the meaning of her death but what was the meaning of her life? And what is the extension of the meaning into my life? How is my role now, for example, by becoming a vicarious mother to this grandchild who was orphaned by the experience -- what does that suggest about my identity reconstruction?

Walsh: It’s interesting because that’s a core process in individuals who are resilient. Across the studies, this transformative process that the worst of times, the worst tragedy, can also bring gifts and benefits. If there’s a death and there’s time to anticipate it, that can also be the most precious time in a relationship. In a sudden death like this, you don’t have that opportunity, so it leaves all the grief work to be done in the aftermath. But if you can come to place -- often people who are resilient, adults who have been interviewed about having come through early childhood trauma and tragedy, say that, “At first, I thought I couldn’t go on and then I found a new path for myself that I never would have otherwise.”

Most of the people in Higgins’s sample, a Harvard researcher, actually went on into commitment and dedication to help others, so that there’s also this transcendence beyond the self. The healing involves not just an internal repair but a sense of social dedication. Many became helpers, healers, and therapists.

And it can also bring people together. For instance, Mothers Against Drunk Driving was formed by a group of mothers who lost a child. So the healing process -- I underscore a point that you made earlier, Bob -- is not just an emotional process. It's, in large part, moving on in ways that draw meaning. Then that meaning leads to action and often to unanticipated pathways in life. So that it really is hard to predict the future.

Neimeyer: Yeah, it is.

Alexander: But please try. (laughs)

Neimeyer: For Ponette's sake.

Walsh: My prediction is that this is a very resilient girl and that she uses the resources she has. When the adults aren't available to her, she has those conversations she needs with her doll and when her father, in fact, in the trade, asks to take the doll, she thinks for a minute and knows she doesn't want to give up that doll so she gives him a teddy bear instead. So this is a little girl who is thoughtful, reflective and knows how to approach peers. These are all characteristics of resourceful children: they can turn to others and get help from others. When she wants to find out about God and God's room, she goes to the woman that will help her, will give her a story. When a story isn't useful to her, she gets angry and then she discards it and moves on. So this is a girl who is going to have active mastery, I think, in making the kinds of adaptations to live out that last message in the film: to learn to have a happy life.

Neimeyer: My prediction would be, too, that she will bring her father into this, that she will essentially facilitate some joint meaning making just as in that last scene where he begins to make a remark about her having "found" the mom's sweater. I think that they will also find the mom together in a hopeful way.

Walsh: That's nice, that's nice.

Neimeyer: I do think Froma's notion of moving beyond the post traumatic stress of this to a kind of post traumatic growth, as Tedeschi

and Calhoun might say, is a likely outcome for her.

Alexander: Ok, now to kind of a question: adults get scared when they see children wither, like Ponette was withering at times. There's such a trend in this country now to medicate children. Can you see that happening? That horrifies me but yet I can see that that would happen, just to sort of shut her up or make her feel better or something. I'm sure you have opinions about that.

Walsh: Go ahead, Bob. (laughs)

Neimeyer: I'm cautious because, again, placing our individual struggles in a broad social context, a cultural context, a capitalist context, we are bombarded, we are positively assailed with pharmacological solutions to every conceivable life problem. And, as the cartoonish figures of women on TV sweeping up their depression anxiety and so on and throwing it in a trash can after they take a selective serotonin reuptake inhibitor suggest, we tend not to interrogate the meaning of suffering. We simply try to eradicate it.

I think that we require a fundamental shift towards some conception that symptoms have significance, that Ponette's symptoms, her silence, her running away, her withdrawal -- all of these need to be understood in terms of their meaning for her, which was to make available a space and a way of reconnecting with mom. So until we build that empathic bridge into the world of the suffering person, I think we are forever locked out and we are involved in manipulating their behaviors and complaints, but we're not involved in a true form of helping.

Alexander: Well spoken. We're moving so much away from the true individuality of people.

Walsh: And let me add, to me, the essential point is Connection. This girl is withdrawing from the social world, which is a normal part of early grieving -- to hold onto her connection with her mother and at the same time, she's yearning for connection with others. If we were to just medicate her without that psycho-

social component to the healing process, it would keep her isolated in her own little world with her own little medication.

We need to mobilize loved ones, family, however that is meaningful, to the grieving person, not necessarily who lives in the household -- today's families come in a wide variety of shapes; they span many households -- to involve, just as traditional and ancient communities always have, kin and kith, formal and informal care givers.

When we think of the meaning of a Godmother, it was precisely for this purpose, if a parent should die. Before the twentieth century, adults typically lived only to their mid-forties and it was quite common for children to be bereaved, just as it was quite common for the widowed parent to move on into a re-marriage, or for children to move into homes with relatives and other caregivers. I think that the loss of the mother is always a hole in the heart and at the same time there are wonderful network of potential connections that we need to nurture and cultivate in our clinical interventions. If medication is necessary, it shouldn't be in the absence of our psychosocial work.

Neimeyer: I fully agree with that. You know, I was thinking as we were talking about this connection theme that we keep reconnecting to, that if we construe grief as fundamentally a disruption of attachment relationships, then surely something about the process of "healing," however that's construed and I hope not in a thin medical way, has to be one of reattachment: reattachment symbolically to the one who is lost; in a tangible way, reattachment to other people. Again, this is not just an abstract conception; it is a physical one.

One of the things that really struck me visually about the film was the physical affection of the children and I thought only in France could this happen where it's all kissy face between the little boys and girls and the love games at age four. But it was delightful as well when Ponette was saying to Matthias, the little boy, "I love syrup but I even more like when they put that liniment on me and rub it in" and he proceeds to do that for her

symbolically. Touch would be very important in working with children and enabling that tangible connection.

Alexander: Well, we've certainly covered a lot of ground and I'd like to give each of you a chance to sum up, if you care to. We'll go back the way we started. Dr. Neimeyer, anything you want to add before we close?

Neimeyer: I think that, again, if we take reattachment as much of the process of the grieving -- the goal of grieving is to reconnect in a way, then we do that in a lot of forms: we can do that by fostering in our therapies symbolic conversations with the one who has died; in the form of journaling; in the form of chair work and so on in the Gestalt tradition or even emotion focused therapy tradition. We can think about reconnecting within family systems and reconnecting those families who, especially when deaths have been traumatic, need to reconnect with communities as well.

Alexander: I just have to add in here that the Freudian conception of grieving was to disconnect, in a way, to decathect the person who had died, and you're saying, "No, it's to reconnect but in a different way." Is that right?

Walsh: Yes, to transform that connection from physical presence to memories, dreams, stories, carrying on, in your heart, the spirit of the person. Photographs are also very important; visits to the grave. Often I will send clients to the grave. They may not have gone to the grave in years since the death or maybe they couldn't go because it was too upsetting at the time. Conversations that are symbolic, reconnection at the gravesite, writing poems.

I've had families -- one woman, her husband was killed in an auto crash suddenly, and she and her daughters, this is six years later, put together a journal of memories of his life and photographs of him and of them as a family at different points. One daughter wrote some poetry. Another, who is more artistic, made some drawings and they sent it out to their whole community of friends and family. She wrote an obituary -- she

called it “an obituary,” at that point, six years after the death. So there are many ways through action as well as reflection and shared emotion that are all part of the healing process.

Neimeyer: In a slightly self-conscious way, I might mention that in one of my recent books Lessons of Loss: A Guide to Coping, I’ve tried to tease out just those sorts of practices that are really often invented by the bereaved persons themselves: narrative means of reflection; consolidating the memory of the one who died; making the shift from loving in the presence of the individual to loving them in their absence. There are lots of creative ways for people to do that and that we might consciously suggest and use in therapy.

Walsh: One last point is that I often have individuals come to me in mid-life who lost a parent in early childhood. One woman came and she said, “I have trouble stopping being a mother to my five children and I think it’s because I lost my mother as a child and I don’t know how to do this.” Part of this work was having her go back and learn about her mother as a person because when a child loses a parent, they never are able to grow up and learn about who their parent was as a person. So a lot of my work is finding out about that parent’s childhood, filling out that very short and narrow image that a child may have from their brief experience of that parent.

I guess I would say in closing that recovering from loss and healing, this healing journey, is one that continues throughout life and comes up again in other relationships, comes up as one becomes a parent to children, and it’s a journey that has opportunities as well as challenges and I think that’s where the spirit of resilience is so important.

Alexander: How do you think Ponette will take to a stepmother?

Walsh: That will depend on whether the father hurries too quickly and how he brings that stepmother in and how loving and caring that stepmother is toward her.

Alexander: And toward the memory of her mother.

Walsh: And toward the memory of her mother. Yes. That stepmother, rather than feeling jealousy for the woman who came first, can honor and respect this girl's attachment to her mother.

Neimeyer: I see that now in a case that I'm working with and it's quite a beautiful thing. When the grandmother, whose own daughter died leaving behind this little ten year old boy -- the boy was actually six when she died, not too far from where Ponette is in the film -- what has happened is that the stepmother has now moved into the picture and in a very loving way, tries to orient around her own mothering by saying, "What would your mother do for you at this point?"

Walsh: Oh, how wonderful.

Neimeyer: She relishes story telling and urges that and encourages connection with the grandparents that provide a kind of thread of continuity for this boy. We certainly see the good as well as the bad in people brought forth by these adversities.

Walsh: If you think of classic fairy tales like Cinderella, they almost all had wicked stepmothers because death of mothers, often in childbirth, was so common that fathers would go on and remarry. In those cases where the woman really couldn't have their own daughters or their own children by previous marriages, and really couldn't take on a caring role toward the father's child, that's where it's problematic. But contrast that with stepmothers who can come in in a loving way, not to replace the mother, but to be there in addition to and honoring and loving the daughter as her own.

Alexander: I want to thank you both for your wisdom and for sharing your ideas and thoughts and reflections on this film. I'm just delighted that we could do this.

Walsh: And thank you for introducing us to this wonderful film.

Neimeyer: And one another.

Dr. Neimeyer can be reached through the Department of Psychology at the University of Memphis, 901-678-4680. His books are available through Amazon.com. Dr. Froma Walsh can be reached at the School of Social Service Administration of the University of Chicago, 773-702-1250. Her books, too, are available through Amazon.com.

This concludes our interview with Drs. Neimeyer and Walsh. I hope you enjoyed this interview and that you learned from it. As always, the opinions expressed by our speakers are theirs alone and do not necessarily reflect the opinion of ON GOOD AUTHORITY.

Until next time, this is Barbara Alexander. Thank you for listening.

NEIMEYER Grief and Volume 7 #5

Robert Neimeyer, PhD. is a professor of psychology at the University of Memphis where he also maintains an active clinical practice. He has published fourteen books including Death Anxiety Handbook, Personal Meanings of Death, Dying: Facing the Facts, and most recently Lessons of Loss, A Guide to Coping. Dr. Neimeyer is the editor of the respected international journal *Death Studies* and is president of the Association for Death Education and Counseling. In recognition of his contributions he has been granted the distinguished research award by the University of Memphis, has been designated Distinguished Psychologist of the Year by the Tennessee Psychology Association and has been made a Fellow of Division Twelve, Clinical Psychology, of the American Psychological Association.

ALEXANDER: Dr. Neimeyer, how did you happen to get interested in grieving and the grieving process as such a central part of your work?

NEIMEYER: Well, I suppose I'm interested in it as a central part of my work, Barbara, because it's clearly a central part of my life. I think it probably holds true that few of us take up psychotherapy for that matter and certainly issues of grief and loss simply because there are professional interests. I think that we're driven really to pursue by deeper currents in our lives and in my case the currents can be traced at least back to my father's death when he took his life just before my twelfth birthday. I was the oldest child in a family that was struggling with immense loss and pain and I suppose I can understand most of my life trajectory since that time as a kind of personal as well as professional response to that loss and of course, can trace the struggles of other family members, most notably my mother's long course of grieving to that tragic event.

ALEXANDER: At the same time, you are interested in Constructivist theory. Let's first talk about that and then how those two things go together.

NEIMEYER: To me they are very intimately connected because I see the basic human struggle, in a way, as being the attempt to forge an understanding of our experience that gives us both a coherent sense of the world and a relatively coherent sense of the self so that we are all in the process of essentially writing a life narrative or biography in our actions, in our commitments to others, in the projects that we posit to guide our lives. I think that all of those, those projects, the relationships that sustain us, the images of self and so on, can be profoundly challenged by experiences of major losses. So the entries, and especially the exits, of loved ones from our life story can

profoundly shake up our view of who we are, what the future consists of, and even what our personal histories mean. For me Constructivism as a theoretical approach that really emphasizes the human quest for meaning making in an interpersonal arena is ideally suited to shed new light on the old problem of grief and bereavement.

ALEXANDER: Let's contrast the two: how the fairly traditional models of grief and grieving, starting with Freud's "Mourning and Melancholia," contrast with your work?

NEIMEYER: Well, of course, there are similarities and as well as differences whenever one is talking complex and multifaceted theories and the psychodynamic theory in tradition would certainly represent not a single point of view but, indeed, many points of view. So I would see psychodynamic theory, as itself being re-organized in constructivist and narrative directions across time and that applies not in the work of Spence or Gaya who are drawing attention to the narrative processes involved in psychotherapy to change but it also applied in the domain in grief and loss where people are beginning to question some of Freud's fundamental assumption about the nature of mourning. For example, the notion that recovery from grief involves being able to decahct -- being able to withdraw emotional energy -- from the lost love object. What we're coming to understanding now in contemporary research is that people complexly relocate symbolically that nature of their connection with the ones that they have lost but the relationships are really sustained rather than abandoned on symbolic levels. So that would be one fundamental change: to ask the question of how do we as persons manage not only to mourn our losses but also to maintain a sense of connection to the important relationships that have really defined our lives and defined ourselves even beyond the grave.

ALEXANDER: I'm reading a book right now, it's called, *American Pastoral*, by Phillip Roth. I just want to read you something from this book that caught me just this morning. Roth talks about the mourners rethinking about the lost person and he says, "When people die, the argument drops away and people so flawed while they were drawing breath that at times they were but unbearable now assert themselves in the most appealing way and what was least to your liking the day before yesterday becomes, in the limousine behind the hearse, a cause not only for sympathetic amusement but for admiration." He says, "The sight of a coffin going into the ground can affect a great change of heart. All at once you find you're not so disappointed in this person who is dead. But what the sight of a coffin does for the mind in its search for the truth, this I don't profess to know," he writes. So, I think he's talking about meaning making.

NEIMEYER: I suspect that Roth is speaking from his personal experience of maybe a sense of idealization that so commonly attends a profound loss as he describes the faults of the person that seem to be buried with them. I don't know that that's an inevitable outcome and I certainly, as you probably have also experienced and perhaps many of the listeners have as well, have had experiences of clients in therapy who carry on arguments with the deceased long after, years after, and sometimes decades after the death has occurred. But the conversation in a way does not cease with the person's death.

It becomes internalized but it is nonetheless, ongoing. Some of the psychotherapeutic ways in which we deal with this is, of course, once again, to externalize those voices and make them voices into which we can enter into a new and more contemporary dialogue that can move in healing directions.

ALEXANDER: Let's talk about that very thing. If you could expand on that, I'd like to know more about that.

NEIMEYER: Well, I think it's useful, perhaps in an object relations sense, to imagine that we have not only a repertory of real life relationships, of palpable living beings with whom we have various forms of social contact and negotiation, day to day, but, indeed, our own psyches are populated by the echoes of these conversations, echoes that can go on long after the actual interactions that gave rise to them had ceased. So I think that many of issues that are set forth for us, and again this is in keeping with the psychodynamic tradition, even quite early in life, remain vivid for us because we continue to replay those conversations to seek resolution to them, to find ways of somehow achieving closure with at least one part of the other unfinished business with persons who have died.

I think that we then, as psychotherapists, need to find ways of making those voices vivid again. This might be done, for example, in various kinds of therapeutic journaling in which the person might compose unsent letters to the one who has died, spelling out some of what was left unsaid at the point of the death itself. The person might also be invited to take the perspective of that lost other and respond back to those letters. Or even more vividly, one might make use of the Gestalt "two chair technique" in order to have the person symbolically place the deceased opposite him or her in an empty chair to speak to that person that which was unsaid and then to pick up the conversation from there by also enacting the part of the one who had died. So those would be just a couple of the ways in which one might go about seeking to continue conversations that were untimely stopped.

ALEXANDER: The models you've spoken about, the conventional theories, how are they useful and not useful to us?

NEIMEYER: I think, unfortunately, that the theories that have been popularized, and here I mean not only within the professional community but in the lay community as well -- their popularity is almost inversely related to their utility. Those models that have had the greatest uptake in the general culture serve us least well when we are trying to conduct psychotherapy and counseling around issues of grief and loss. Here, of course, the prototypical models would be the stage models of grieving that define human experience in relatively lock-step patterns of adjustment with a high focus upon unwanted emotional transitions which might begin with shock and denial upon learning of the death of a loved one, progress to some form of depression, disorganization, marked by yearning and searching and then move on to phases of anger and perhaps, bargaining, and eventual acceptance or resolution of the grieving.

These sorts of models are extraordinarily common, indeed; they are often the only models of grief and loss offered to health care professionals in medical schools, schools of nursing and schools of psychology and social work. And yet, I think that they simplistically distort the human experience of grieving which is far more idiosyncratic, far more intimately tied to our sense of who are as persons, far more culturally bound, far more variable, far more organized around issues of the meaning of the loss and not nearly its blunt emotional impact upon us. I think that these models serve us particularly poorly when we move into the domain of therapy.

Indeed, I think one of the ironic observations about this is that when one constructs a model of grieving that focuses upon the sort of unwanted and relatively universal stages of emotional adjustment, one subtly dis-empowers the client from making any significant changes in this course of adjustment.

ALEXANDER: How does that work?

NEIMEYER: Well, if you think about it, if, indeed, grieving takes the form of a predictable and universal sequence of emotional stages, then the most one can offer the client is the hackneyed reassurance that “time heals all wounds,” that all they need to do is sort of wait it out and the process will run its course and readjustment will follow.

Now, beyond that we might also be lead to normalize the experience of the griever to say, regardless of whether you’re feeling anger, depression, disorganization, keen yearning and so on, that these are all part of the normal process and that might provide some thin reassurance for someone who feels that they are losing their contact with a familiar reality. But in other respects, we not only disempower the client by offering this kind of relatively universal and simplified emotional progression as a map of their experience, but we also disempower ourselves as therapists. It leaves us with nothing useful to offer them aside from a listening ear.

And so, really the position I would like to take in relation to grieving is that it is, indeed, an unbidden event, an unchosen experience, but it is also an experience which is, paradoxically, rich in choice. That involves many, many critical decisions to make at emotional and practical levels: choices of various ways to progress through the experience, what paths to affirm, what ones to avoid, and in this sense, it’s a period of accelerated decision making, an amplified choice rather than being one that is a passive experience, it is fundamentally active.

ALEXANDER: I’d really like to hear some examples about this. Is it possible to go through a case or a typical way in which you might work with someone, because this really is different? It may be that we as therapists do this in ways in which we aren’t conceptualizing that we’re doing it but it would be better that we had the whole idea in our heads.

NEIMEYER: Yeah, I think ideas are tricky things. Sometimes the very problem is that we have too much of an idea in our heads of what another person’s experience

ought to be like and I think one of the helpful features of constructivism, for me, is that it gives us courage to relax that expert status and instead to accord that expert status to our clients, who inevitably know more about their experiential world than we can ever hope to learn. Our task is first and foremost to listen to what is at issue for them, not to make presumptions about the nature of their experience.

I think that at an abstract level that is a helpful frame for me, but it is also an encouragement to listen in ways that are non-conventional to what our clients are telling us. I can certainly give examples about what I am speaking about there.

I remember talking with one woman, whose name was Kenya, about the nature of her grieving experience. She related the idea that she felt very burdened by her grieving, that it felt very heavy to her. Rather than simply taking that as a literal expression and moving ahead with some inquiries along practical lines, my tack instead was to listen to the frozen metaphors that were embedded in her speech: the idea of being burdened, of grief being very heavy in some way. I asked her instead if she could visualize that for me that if, indeed, grief were a burden, what kind of burden would it be? What would it look like if it had a physical form? She paused for a minute and said, "Well, I guess it's like a great rock. Like a huge stone of some kind."

I said, "Where are you in relation to this stone? Are you in contact with it?"

"Well, it's on top of me,"

"Are you doing anything in relation to this stone? Is it bearing down on you? Do you feel its weight?"

And she said, "No. Usually I don't. As I think about it, it's almost like the stone is in some way hollowed out underneath and I'm in that hollowed place."

I said, "Ah, that's very interesting." I said, "And, what are you trying to do in relation to the stone?" And she said, "Nothing at all." "You're not trying to move it aside or get out from under it?" "No, I'm simply content to sit there."

"Aha. And where, Kenya, are other people in this image? Do you see others in this picture?"

"Well, now that you ask that, they're all on the outside."

"And, what are they asking you to do or encouraging you to do?"

"Well, they're trying to pry it, they're wanting me to throw it off and come out from under it."

"Is that your wish too?"

“No, I guess for me it’s almost sort of protective like a shell or some kind of fortification for me and I’m not really ready to come out from under it.”

So that, Barbara, would be an example of just one brief therapeutic moment in which, through the use of analogical and imagistically rich listening and speaking, I would try to get at the experience of grief as a burden or kind of heaviness and what it means for that person. What I may discover in that kind of listening is something that is quite counter-intuitive, that grieving serves a function for her, that it is something that is protective. I would be interested in what it’s protecting her from and so on. And I’m keenly interested in the way in which the experience of grief is positioned not only in relation to her but also to other important people in her life. So, that emphasis on personal meaning and the social context, I think, tends to characterize a constructivist and social/constructionist therapy that bears on issues of loss.

ALEXANDER: In terms of the choices that you mentioned earlier, this empowers her because it makes her feel, what, that it’s her choice to stay under the rock rather than complaining about it?

NEIMEYER: Isn’t that interesting that grief in this sense can itself be chosen and grief becomes an object, a kind of symbolic object, if you will, to be related to in different ways, an object that has its own relationship to her, it’s own implications for her that might be fundamentally different than the same choice of words might suggest in relation to somebody else’s experience where grieving might, indeed, be something that is oppressive, that is destructive, that is perhaps even be driving them to the edge of self destruction.

ALEXANDER: Makes me wonder if possibly all symptoms – and I’m not saying that what she had was a symptom -- but that all symptoms may serve a protective function. I think that’s something that Freud talked about too.

NEIMEYER: It’s an intriguing idea. I would be reluctant to make the presumption of “protectiveness” as the function they served. But I would assume that all feelings have functions and I would assume that all symptoms have significance at both personal levels and at the level of the social system that the person inhabits and that our first tasks as therapists is to try to understand what is the function of this feeling? What is the significance of this symptom? And then, how can I work with that, work within the person’s metaphoric and experiential world to push back the boundaries that constrain their experience of the grief or loss?

ALEXANDER: How did Kenya react to this? Did she feel lightened a little bit or intrigued?

NEIMEYER: She was intrigued. I should mention that this was in the context of a group therapy discussion so it was a bereavement therapy in which maybe eight people were participating. What happened at that point was simply that I tacked back to the group and said, “That’s a fascinating image that you’ve constructed for us. Who has

questions about this? Do some of the rest of you share my curiosity about how this has hurt Kenya?"

A fellow named George in the group, piped up and said, "Yeah, I found that to be really interesting and really different than my experience of loss. What I'm wondering, Kenya, is do you see a time when you're going to come out from under this?"

And so, what happened was that by noting the differences, in the same experience, that is an experience of keen loss occasioned by the death of someone in the immediate family, we explored eight different experiences of grief, around the room, in this group, each portrayed in its own imaginatively rich terms.

ALEXANDER: That's really wonderful.

NEIMEYER: I think, in a way, it's also very commonsensical to us as therapists. Often I think we allow ourselves to be blinded by a particular theoretical orientation and we impose that as a kind of screen between ourselves and clients so that we make presumptions about the nature of their experience or the nature of what constitutes the healthy resolution of an experience like loss rather than learning from our clients what that experience is or what would constitute resolution for them. And so, I suspect that therapists of many different persuasions, whatever their theoretical inclinations or level of eclecticism, when they function well, they engage in that kind of experiential connecting to the lives of their clients. They build a kind of empathic bridge into that person's world rather than erect a theoretical screen between them and the client's experience.

One of the things that I think we would be looking for in a constructivist theory is looking at the way in which people can actively negotiate the experience of loss in a way that moves it forward for them, that they don't remain struck in some kind of inextricable loop of experience that doesn't move forward. I don't presume though that grieving ever has a resolution in a simple sense, that the so-called "healing" from grief is every complete, that we ever recover from fundamental losses. I think instead that what we do is that we learn to relate to them differently across time.

I referred earlier to your question of how I got interested in this to my father's death. I think that I could define many of the periods in my life in terms of the way in which I changed the way in which I grieved for my father but at no point did I sort of let him go. In my dream, I continued to seek him out in the attics or basements of houses about which I would dream. Eventually, over the course of years, coming into closer and closer contact with him, until finally full contact was possible within the dream. I think within my conscious life, too, my waking life, I have a different way of relating to the grief across time so that as my own sons come near my age when he died, there is a special poignancy for me in my relationship to them as I realize that I may have a chance to live out fatherhood and the family experience with them in a way that my own dad was denied by his death. So, here across a period of some decades, I think that I've come to relate to the loss differently but never simply to "let it go," in the predominate metaphor of our grieving theories.

ALEXANDER: I think that there's so much an idea that over time people get over the loss and I really think there are losses that you never recover from, in a sense. Or recovery is defined, as you said, differently in different stages, different times of life.

NEIMEYER: Yeah, I think that a philosopher friend of mine, Tom Attig uses a nice vocabulary to speak about this. He speaks of grieving as a process of relearning the world and relearning the self in the wake of the loss. I like that language because it does suggest the very intimate connection between us and our social context. It conceives of personal identity not just as some kind of atom of identity that's isolated from contact with all other persons. Rather it sees our very definition of self as inextricably bound up with a whole living web of relationships to people, places, project, possessions that matter to us. And when any strand in that web is broken we are affected at the level of our core identity so that we in a sense have to reinvent ourselves in light of our grieving. We don't simply become our old selves again after some progressions through a series of fixed stages.

There is no way of returning to the world we once inhabited. The world itself has fundamentally changed. We wake up and we set the breakfast table for one rather than two. We no longer anticipate a retirement shared with a loved one but we recognize it will be a retirement spent alone or in connection with others, and so on. So, I think that notion of the inextricable connection between us and our relations is something else that a constructivist view places inflection on.

Also, I think another feature of this sort of new look in grief theory -- and it really is one being explored by many persons and not only by myself, with a number of therapeutic orientations including the psychoanalytic -- is the idea that we construct and reconstruct our identities as survivors not in isolation, not in some private subjective moment, but instead we do it in connection with other people, that we are renegotiating our identity socially in the wake of our loss. Sometimes this is at the very level of the language that we use, for example, to describe "widowhood." We may have social labels that help give at least some definition to that experience, but other forms of loss may be completely lacking with respect to even basic vocabulary to denote them. What do we call a single parent who loses her only child? Is she still a mother? What do we do with that? We have no language even to apply to that.

If we look culturally at the way in which we speak diversely about the experience of loss, we also see the incredible variety of ways in which human beings describe it. The Japanese term for widow is *mibojin*, which means "she who is not yet dead," implying, I think, a kind of very reduced and marginal status for the woman from the point of her husband's death to her own. So, I think, a concern with the construction of the meaning of loss inevitably puts us in a position where we shift from cultural to personal to familial levels of discourse and we try to understand the changed meanings associated with our lives at each of those levels.

ALEXANDER: I think the eighteenth century English term for widow was *relict*. I happen to see that on a gravestone. "*Relict of*," as sort of a leftover.

NEIMEYER: One of the interesting things that has transpired, really it began I think in the late nineteenth century, and has really picked up steam in the twentieth, is a reconstruction of the nature of grieving. So it was presumed as little as a hundred or a hundred and fifty years ago, at least within the Victorian literature, that one was irreparably damaged, irreparably changed by the experience of loss and that the function of the one left behind was to engage in acts of remembrance in connection with the deceased for the rest of his or her life. It was a model of broken hearts rather than our contemporary model of broken bonds.

What's happened in our current era is that we have so asserted the importance of efficient return to normal functioning and the resumption of a world that is unchanged that we now presume that people can move through experiences of profound or even traumatic losses in a way that lets them fairly quickly and efficiently pick up where they left off. Our Bereavement Leave policies at work and so on at are predicated on this notion that you may get a few days off with the death of someone important to you but you come back to work with the assumption that you'll just assume old roles. Our social world tends to make much the same assumptions. That was not true, as you point, a hundred or two hundred years ago, even within our own Western cultures.

ALEXANDER: I think it must have been easier then, in a certain way. I guess it depends on the person, really, because there would be some persons who would want to try to restore themselves as quickly as possible and would find the old way oppressive and then there would be others who would find this current "Let's get going," or "Let's get on with it," to be very unreal and disjointed.

NEIMEYER: I think that that's a good point to make. Any universal system of grieving that accords a set of presumably applicable meanings to everyone -- each such system will have its drawbacks, areas where it has relatively poor fit with the experience of the people on whom those meanings are imposed. I think instead we're better off being more conceptual agnostic with respect to what the experience of grieving ought to be for someone and listen more closely to the experience of what it actually is.

ALEXANDER: You can't just give somebody a timetable or lay a timetable on somebody and say, "Well, six months have gone by, a year has gone by, and you should be better."

NEIMEYER: I recall a case where I was talking with a woman who, oh it must have been a full decade before, had lost a child to stillbirth and she was describing me her very strong investment in having this child who had a reality for her, who had been given a name of Sara and very much was a part of her life in *utero*. Upon this child's stillbirth she experienced a very keen sense of mourning, an experience that her husband did not share. Upon finding it difficult to deal with this and really receive support within her family for her sense of loss, she ended up pursuing counseling. The counseling for her was a mixed experience. She found the counselor, therapist, to be well intentioned, a pretty good listener, and so on, but when they got down to talking about the experience of

grief, the counselor gave her Elizabeth Kubler-Ross's book on death and dying, told her basically about the stages of grieving, as we described them. The woman was left feeling that her experience was not very well represented in those pages; that she sort of wasn't moving ahead in the program in the way that the model, as presented to her, implied. So she related to me that actually she felt a double sense of loss. She felt that in some way, at a very biological, maternal level, she had failed this baby. She had failed to successfully bring this child into the world, in a sense to be her mother. Now, in the context of the counseling, she walked away with the feeling that she had failed even to grieve correctly for this baby, so there was a kind of compounding of her distress rather than any amelioration of it in the context of the counseling itself. I think that would be an example of how our models can serve us poorly in terms of leaving us very few guidelines as to what requires attention and they serve our clients even less well when they become prescriptive rather than descriptive with their experience.

ALEXANDER: What are some of the special challenges of traumatic loss?

NEIMEYER: Well, I think that one of the greatest challenges is the assault on the assumptive world that people like Ronnie Janoff-Bulman and Colleen Murray Parks have drawn attention to where they speak about the way in which not only does trauma enter our lives in terms of perhaps posing threats to our own existence and maybe costing us the lives of those we love, but it also tends to decimate the entire meaning system that we use in order to anticipate life in a meaningful way.

I'm thinking about this now in terms of a father-son combination that I'm working with who are the survivors of a very traumatic death of two other family members. This was a very difficult and tragic case in which in which the mother in the family killed her four-year-old child before turning the gun on the husband as he ran into the room in order to respond to these guns shots that rung out after he came home early from work. He saw his four-year-old daughter lying on the floor, her body broken and bleeding, and as he went forward toward the wife, she impassively looked him in the eyes and then fired a shot into his chest, throwing him back against the wall. He, nonetheless, managed to stand and came back toward her. At this point the son, who is fifteen, charged into the room as well, and the two men together managed to wrest the gun from the mother grasp. They turned then to attend to the little girl and the mother fell face forward dead on the floor having shot a second shot into her heart before the husband had arrived on the scene without his knowledge – he was unaware that she herself was wounded at the point they had this altercation. So I think that would fit anyone's definition of trauma.

Piecing together some kind of life that is sustainable and livable in the wake of this kind of tragedy led them seek therapy. Our work has focused on many things but some of them have certainly turned on these themes of meaning and trying to address the question of why and how this possibly could have happened. How does this make in light of the life story that we had constructed before and what does this mean about each of us persons that this could transpire in our family and to us? How do we reconstruct the identity of this person who we felt we loved and we felt loved us in light of this horrific act? So there are challenges to the assumptive world of the father and son that are very

deep-going and far reaching. I think therapy must necessarily attend to those and not simply provide a kind of pat reassurance that time will heal wounds or that if they only get involved in other relationships and so on, everything will be fine.

ALEXANDER: Oh, what a terrible story. Can people recover from something like that? Obviously everyone is different; I just know how you could.

NEIMEYER: Certainly I will not be the only person among our listeners who have dealt with very tragic cases in therapy. Sometimes we have a little more remove in working on them. We may be dealing with traumatic childhood experiences rather than ones that take place five weeks before referral to therapy, as in this instance. But I think in each case we need to adopt the assumption that it is possible to reconstruct the world in a way that at least makes sense of the event of the tragedy itself and makes sense of who they are now in light of this tragedy. But that is not to say that the meanings with which they shroud the event and shroud, in this case both the mother and daughter in the family, will be ones that leave them feeling warm and cozy at night. They might end up with a kind of tragic wisdom about the fallibility of human beings and the frailty of human life. They might end up with a number of illusions that once sustained them about life being fair or predictable being ripped away, being taken out from under them and they might come to live a life that feels much more contingent and provisional and uncertain, but nonetheless that too is a world and it's a world that one can learn to inhabit.

So that I think one can be forever changed by experiences of loss but in ways that also can sometimes permit a kind of post-traumatic growth. I think that as therapists and counselors we try to focus on what do represent hopeful new directions in the person's life story without trying to give fairy tale endings to a story that has gone seriously awry.

ALEXANDER: This is such an expressive way of understanding and looking at this that I hate to bring up a bug-a-boo, but that has to do with the expectations, let's say, of managed care and payers of psychotherapy and counseling and how can this kind of work get translated into a language that payers can understand, or can it?

NEIMEYER: I think so. I take it for granted that each of my conversations with people really can rely upon a different set of concepts, a different vocabulary, depending on the person to whom I'm speaking and that would apply whether I'm speaking Spanish with one friend and English with another or whether I'm speaking the language of managed care, on the one hand, versus the language of experiential engagement on the other. So the language that I use with my clients will not necessarily be the language I use with third party payers.

I have no difficulty in cases like the father and son case that I described in reporting on the necessary paperwork that this man is struggling with very significant depression and post-traumatic stress that fits all of the conventional criteria required by DSM. His level of suicidality is itself palpable and requires my involvement with him. Documenting that is not difficult. The more evocative, metaphoric and poetic ways that we engage his loss,

in a way that I think is more adequate to it, isn't part of my conversation with managed care.

I also don't make the assumption that a constructivist or narrative therapy of this kind is necessarily inefficient, wandering, and in some respect, is less than time-oriented or time sensitive. I think that therapy can be understood as the essentially the art of having profound conversations and those conversations can take place on time scales from the very brief to the very lengthy.

So I don't think that the adoption of a managed care frame necessarily frustrates working with clients in a more personal, engaged way. In fact, I think it probably argues that that's what we need to be doing from the get-go if we're going to help them achieve significant change in a brief period of time. And certainly the solution oriented therapies and narrative therapies generally have been on the pioneering edge of brief therapy innovations and I think this can be no less the case in issues of grief and loss.

ALEXNADER: How can this possibly be done in a brief treatment way?

NEIMEYER: Well, it's a question, I guess, of what is to be done. I can cite another case of mine; this is also an instance of traumatic loss, since you seem to have an interest in that particular. This is a fellow who was referred to me approximately one year after a traumatic instant in his life. He had worked as a rural electric meter reader so that he would go around to these relatively small towns and would check the electricity and write it down and so on. In the course of this work, my client, who I'll call Steve, was approached by four young men who asked for a light. When he reached in his pocket to take out his lighter, one of them pulled out a gun and pistol whipped him to the ground, cracking him over his head with the butt of this gun and then proceeded to hold the gun on him while the others beat him within an inch of his life. He recalls, with vivid clarity to this day, the image of the steel-toed boot with which this one man kicked him into unconsciousness as he felt his jaw break, flashes of light as the man repeatedly aimed for his eyes, as the others jumped on him breaking his ribs and arms and so on.

Somehow he survived this assault. He was hospitalized for not only the obvious necessary reasons in terms of his physical care but also for psychiatric care in the wake of this because he suffered post-traumatic stress disorder, in terms of the classic symptomatology in terms of intrusive flashback experiences, profound dysregulation of his own affect, a kind of anger that he found very difficult to keep under control that would be channeled toward anyone he saw as predatory in a social environment. A critical customer in the store would be assaulted by him, for example. He would just go into a kind of blind rage.

So, this was an instance that, indeed, was very complex. Steve responded relatively poorly to both the very intensive psychiatric and psychological treatment by previous providers. Finally, I was contacted by the regional managed care organization who asked me what I could do for him. I tried to describe how I might work with him a bit. They then offered me eight sessions. My response was that I wouldn't need that that I really

preferred to have only four sessions to work with him. The person on other end of line was really astonished by this but I insisted that I really only wanted four sessions of contact after which time if I felt that we needed more that I would seek it. Basically, they were very happy to refer Steve under these circumstances. He then came to see me in therapy.

We focused on a number of things. Some of them were counterintuitive from the standpoint of the previous therapies he had received. The more cognitive behavioral treatments that he had not only on an inpatient but on an outpatient basis, had really focused on controlling his anger, on minimizing his anxiety, on helping him distant from circumstances that lead him to feel discomfort. It was kind of a relapse prevention model that was being used.

My tact, instead, was to initially immerse him in the traumatic experience. To have him recount, in almost slow motion detail, with a lot of attention to the vivid nuances of his experiences at that time, what did transpire during that assault and the aftermath of it until he lost consciousness? One of the specialized technique that we used at that time was one that we might call “jigsaw memories,” where he took these originally chaotic and fragmented images of had happened which didn’t cohere into any kind of story. They would just consist of things like “saw flashes of light as boot kicked my face” or “felt my jaw give way under the jumping of this one man” and so on. He wrote each of these kaleidoscopic impressions out on index cards and then, as therapeutic homework, tried to place them into a sequence that made sense and to essentially write a short narrative or story that somehow outlined what had happened as a way of gaining some mastery of the experience itself.

In very many ways across time, we tried to help him not only narrate the experience, but also to reconstruct a sense of himself across the course of his life as someone who had experienced other adversities and found ways of overcoming them. We tried to help him fit this into a larger sense of his being a person and to project a possibly more hopeful future for him. So there were a number of things we did across the course of that therapy but much of it was achieved relatively quickly.

In order to make maximum use of the therapy we did space it out so that I typically would see him initially on a bi-weekly basis and then on a monthly basis. I think we had a total of about nine sessions of contact, with the blessings of the managed care organization, across a period of approximately five months.

ALEXANDER: Did he feel relief and did he feel restored in some way?

NEIMEYER: I won’t present to you a fairy tale ending on this but he did end up going back. He was unable to pursue his work as a meter reader, for many reasons. He also experienced some significant neurological difficulties as a result of this. But I think rather courageously, what he decided to do was to pursue vocational retraining as a mechanic. He was happily embarked on that course of study when I had a one-year follow up with him and he had been doing relatively well. He still carried with him rage

about what had happened although he was no longer acting on that rage as he had before. He still felt a kind of vulnerability and a propensity to startle, as many people, as people with people with PTSD will, in the wake an experience like that. But he no longer was using that as a guide to situations to steer away, from so his life was much less constricted one year out from our contact then it was at the point of his referral.

ALEXANDER: Dr. Neimeyer, I wish we could talk for quite a long time and hear many more examples, but in the few minutes we have left, is there anything you would like to add before we close?

NEIMEYER: Well, I think that the idea of working with people's grief puts us close, I think, to issues that are quite close to ourselves as well. I would not recommend developing a specialization in this. In fact, I don't know that I'd recommend even functioning as a psychotherapist in any way unless we have also taken a kind of inventory of our own legacy of loss and understand the ways in which we have accommodated to the major losses in our own life because I think there is a strong pull for us to look for our clients to resolve their losses as we have our own. I think that a sensitive engagement with our clients requires that we open for them more possibilities than we are ourselves have found in terms of the losses we have sustained. I think that, again, doing a kind of personal inventory is an important part of this.

I think I'd also like to add that I think that there are a number of innovative psychotherapeutic techniques and methods, many of them inspired by a narrative metaphor, some of which I've written about in the book that you've mentioned, the *Lessons of Loss* book, published by McGraw-Hill, that might be of interested not only for therapists but also for clients who might find them a useful way of orienting to loss in a different way and taking perspective on it.

There are some genuinely new directions in grief theory that are being explored by people of many orientations. I would hope that the listeners might take the opportunity that these developments offer to learn to relate to a universal problem in more personally sensitive ways than many of our theories enable us to.

I guess that's my wish for the listeners as the end listening to this interview.

ALEXANDER: Dr. Neimeyer, thank you so much for sharing your understanding with us.

NEIMEYER: It's been a pleasure, Barbara.

This concludes On Good Authority's interview with Dr. Robert Neimeyer. We hope you learned from this interview and that you enjoyed it. To order Dr. Neimeyer's most recent book, *Lessons of Love: A Guide to Coping*, call McGraw-Hill 800-338-3987.

I must say here that the opinions expressed by our speakers are theirs alone and do not necessarily express the opinion of On Good Authority. Until next time, this is Barbara Alexander. Thank you for listening.