

Reauthoring Life Narratives: Grief Therapy as Meaning Reconstruction

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Abstract: New conceptualizations of bereavement have begun to highlight the process of meaning reconstruction in the aftermath of loss, and the important role this plays in adaptation. This article summarizes theoretical and empirical contributions to this emerging perspective, and discusses several specific implications these carry for the practice of grief therapy.

Bereavement theory has evolved considerably in recent years. Gone is its unquestioning reliance on presumably universal stage models of recovery, its pre-emptive focus on emotional responses to loss in isolation from both cognition and action, and its penchant for quantifying grief only in terms of psychopathological symptomatology (1). In their place is a newfound sensitivity to different patterns of adaptation as a function of age, gender and ethnicity (2), concern with the disruption of life assumptions (3), and the quantitative and qualitative study of the transformations of self and world occasioned by loss (4, 5). My goal in the present article is to extend this latter effort by exploring the concepts and methods of one recent contribution to grief theory — namely, a constructivist and narrative approach — as they pertain to the practice of grief counseling and psychotherapy. I therefore will begin with a brief recapitulation of emerging paradigms in grief theory that are more extensively summarized elsewhere (1, 6), noting their compatibility with a constructivist approach to psychotherapy, which focuses on the personal and collective processes by which people construct and re-

construct the meaning of significant life experiences (7). Finally, I will conclude by detailing seven strategic implications of these perspectives for the practice of grief therapy.

Toward a New Theory of Grieving

The past decade has witnessed the development of several new trends in grief theory and research. In this section I will highlight a few of these trends that have special relevance for clinical practice, and that converge with a constructivist model of meaning making in the face of adverse life experiences (8). These include (a) the shift toward idiographic approaches and away from stage models of grieving, (b) the growth of qualitative research, (c) notions of sense-making, benefit-finding, and identity reconstruction, (d) the adoption of non-pathologizing models of transformation, and (e) explicitly narrative models of grieving.

Idiographic approaches. Despite the near hegemony of stage models of grief since the publication of Kubler-Ross's (9) *On Death and Dying* (10), the shortcomings of such

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models have been increasingly recognized. Corr (11), for example, notes the virtual absence of empirical support for a conception of bereavement as involving identifiable universal stages of adaptation, and both Worden (12) and Rando (13) have offered more active, task-based models of what the bereaved person needs to accomplish in order to reinvest in living. This critical effort has been supplemented by growing recognition of subtle ethnic and gender variations in grieving (2, 14), further undermining the presumed authority of a "one-size fits all" approach to post-loss adaptation.

With the critique of traditional models has come a call for more personal, idiographic approaches to loss, which do not so much seek to offer alternative models of human experience as to afford new windows on human complexity. Thus, Attig (15) depicts the many ways in which bereaved persons "relearn" the world following loss, and Gilbert (16) underscores the quite different fashion in which different family members, by dint of their different positions, accommodate the "same" loss. Constructivist theorists in particular have developed a range of methods for studying and facilitating individual processes of bereavement adaptation (6, 17), contributing to many of the remaining trends discussed below.

Qualitative research. Coinciding with the upsurge of interest in idiographic approaches has been a proliferation of qualitative studies of grief, supplementing the traditional emphasis on quantitative assessment of grief symptomatology (4). Much of this work concerns the unique experiences of bereaved parents, whose belief in a benign and predictable universe can be cruelly undercut by the experience of the "off time" deaths of their children (18). Braun and Berg (19) and Milo (20), for example, have performed grounded theory analyses on accounts of bereaved par-

ents, identifying the core meanings that parents attach to their loss, and discussing how such meanings relate to their broader adaptation. Some investigators have also begun to promote a cross-fertilization of qualitative and quantitative methods, for example, by using grounded theory analyses of the discourse of bereaved persons to provide the raw material for constructing conventionally validated items for grief inventories (21). "Thick description" of the experiences of bereaved persons accords with the overarching goals of a constructivist approach to clinical practice, which prompts the therapist to build an empathic bridge into the life world of the client as a precondition to facilitating its expansion in valued directions.

The various faces of meaning. Perhaps the most common and least satisfactory approach to the problem of meaning in the wake of loss is one that views it as a narrowly cognitive achievement, a kind of "positive reframing" of a "stressful life event." In a constructivist view such a conception trivializes meaning-making by turning it into a "cognitive coping strategy," rather than revealing it in all its complexity as a quest for a new orientation in the world in both practical and existential terms (22). This anguished process of searching for new significance draws on symbolic resources in the self, family, community and broader culture, and often requires a figurative "stretching" of the expressive power of language to be adequate to the nuances of loss (23).

Viewed over time, meaning reconstruction includes several processes, which vary in their impact and relevance at different points in the experience. For example, longitudinal research by Davis and his colleagues (24) has established that the ability to "make sense" of the loss itself predicts early adjustment to bereavement, whereas only the capacity to find indirect benefits in the loss (e.g., learning important life lessons) pre-

dicts longer term outcome. As the bereaved person moves from efforts at assimilation of the loss into his or her existing meaning system to the eventual accommodation of that system in light of the loss, profound reconstruction of one's sense of self can be set in motion (1). Symbolizing and validating such shifts can then become an important goal of grief therapy.

Transformative processes in grieving. These considerations lead naturally to an acknowledgement that grief is — or can be — a transformative process, one that can trigger not only post-traumatic stress, but also post-traumatic growth (5). Although some theorists have attempted to accommodate these observations by extending conventional stage models to include a final stage of transcendence (25), others have viewed grief as inherently transformative, requiring qualitative changes in one's sense of self, world and spirituality (26). In a constructivist view, however, the transformation of any system can be regressive as well as progressive, in the sense of reducing or augmenting its richness or complexity, or moving a self-narrative farther from or closer to its own fictional goals (27). But, at least in favorable social and personal circumstances, this system transformation can be deep-going, establishing whole new core sets of values and organizing principles for living. The challenge of grief therapy in this sense is to foster just such transformation, but in a form that preserves sufficient continuity with the individual's pre-existing self-knowledge (28).

The narrative trend. Finally, a number of theorists and investigators have begun to adopt an explicit narrative model for conceptualizing trauma and loss, in a way that is highly compatible with a constructivist analysis.

For example, Walter (29) construes grieving as a social process of constructing a biography of the deceased through discussion with others who also knew them:

Bereavement is part of the never-ending and reflexive conversation with self and others through which the late-modern person makes sense of their (sic) existence. In other words, bereavement is part of the process of (auto)biography, and the biographical imperative — the need to make sense of self and others in a continuing narrative — is the motor that drives bereavement behaviour (p. 20).

An emphasis on the importance of "telling one's story" of loss (30) and seeking an audience for a new self-narrative (31) accords with such a view. The efforts of constructivist theorists to conceptualize loss in terms of narrative disruption (32) and to develop methods for the qualitative analysis of loss narratives (33) are part of this broader trend toward understanding the breakdown and reorganization of life stories. In this sense, grieving consists of the sometimes anguishing process of reconstructing a world of meaning that has been challenged by loss (1). The guidelines that follow are intended to clarify this process of narrative reconstruction.

Strategies for Grief Therapy

For each of the strategies considered below, I will first enunciate a general principle that guides a constructivist approach to grief therapy, and provide some conceptual and empirical underpinning for this emphasis. I will then conclude with a brief discussion of two specific techniques that are coherent with the strategy, as a means of illustrating the concrete implications of a narrative framework in working with persons who are struggling with major life losses and transitions.

1. Find or create new meaning in the life of the survivor, as well as in the death of the loved one

Although the palpable loss of a loved one's presence is the most obvious outcome of bereavement, other losses are no less important, even if they are more subtle. Chief among these "secondary losses" (13) are disruptions in the continuity of the survivor's self-narrative, necessitating that he or she "relearn the self" (15) in the context of grieving. Thus, the immediate need to seek meaning in the death of the loved one ("Why did this happen?") is often followed by a reappraisal of one's identity ("Who am I now?") in the aftermath of the loss.

Upon reflection, this interbraiding of loss-of-another with loss-of-oneself is an ineluctable expression of the relational basis for the construction of self (27). Kundera (34, p. 46) contemplates this theme in his recent novel entitled *Identity*, in which the middle-aged main character relates to his partner a recent encounter with a high school friend on his deathbed:

At the end of my hospital visit, he began to reminisce. He reminded me of what I must have said when I was sixteen. When he did that, I understood the sole meaning of friendship as it's practiced today. Friendship is indispensable to man for the proper functioning of his memory. Remembering our past, carrying it with us always, may be the necessary requirement for maintaining, as they say, the wholeness of the self. To ensure that the self doesn't shrink, to see that it holds on to its volume, memories have to be watered like potted flowers, and the watering calls for regular contact with the witnesses of our past, that is to say, with friends. They are our mirror; our memory; we ask nothing of them but that they polish the mirror from time to time so we can look at ourselves in it.

The loss of this "mirroring" function in a close relationship that has been disrupted by

death risks the suspension of aspects of ourselves that were uniquely tethered to memories shared and called forth by that relationship. Identity reconstruction is required on practical levels as well, as we are forced by the reality of our losses and our changed circumstances to take on new roles, revisit old priorities, and find new meaning in the life we must now lead.

Some indication of the extent of this identity reconstruction is revealed in my ongoing research with Adam Anderson and James Gillies, as we study transformations in the assumptive world of over 350 persons in the first two years of bereavement. Among the questions posed to them is one concerning changes they have noticed in themselves, as a function of their loss. A preliminary summary of the themes coded in their free-form responses appears in Table 1.

Table 1. *Changes in identity reported by 356 persons bereaved in past two years*

Theme	Percentage
Appreciate brevity of life, reality of death	19%
Made me more sensitive, open to others	15%
Made me stronger, more mature	12%
Made me sadder, more fearful	12%
Take better physical care of myself	10%
Harder for me to be close to others	6%
No important change	15%

It is striking that the most frequently reported changes in our bereaved sample's sense of self are existential in nature; confronted starkly with the reality of death and loss, nearly 20% our respondents describe themselves as appreciating life's brevity more keenly. An enhancement in their capacity to relate openly and sensitively to others is also commonly reported, in keeping with newer trends in psychoanalytic theory, which argue that grieving commonly intensifies, rather than blunts, one's responsiveness to others

(35). While a greater appreciation of one's strength and resilience is perhaps a predictable outcome of surviving adversity, it is notable that this is in no way assured, as equal numbers of participants reported negative emotional changes in their sense of self over time. Likewise, a small but not insignificant subgroup reported inauspicious relational changes as well, perhaps adopting a pattern of distancing from others in a self-protective fashion that could prove problematic if maintained over time. These findings underscore the point that identity reconstruction can be regressive as well as progressive, and suggest that at least in the former instance, therapeutic attention to the meaning made of the loss and the life that remains could be beneficial.

I have found two techniques to be particularly beneficial in advancing this therapeutic goal. The first is the *loss characterization* (6), which invites respondents to draft free form narrative explorations of who they are "in light of their loss." The full instructions, adapted from Kelly's (36) self characterization method (37), encourage the respondent to

[W]rite a character sketch of _____ [your name], in light of her loss. Write it just as if she were the principal character in a book, movie, or play. Write it as it might be written by a friend who knew her very intimately and very sympathetically, perhaps better than anyone really could know her. Be sure to write it in the third person. For example, start out by saying, "_____ is...."

By permitting the respondent considerable latitude in defining the emphasis of the sketch, the technique invites him or her to explore those aspects of the post-loss self that are sufficiently structured to make exploration meaningful, but also sufficiently novel to make it interesting. The 2 to 4 pages of "insider commentary" that typically result can then be analyzed for themes, conflicts, and transitions, using any of a number of herme-

neutic guidelines (6). For example, a therapist might read the text in light of such questions as, "What are the primary dimensions of meaning implied in the protocol, and what essential tensions does this suggest in the client's life and loss experience?" However, the completion of the loss characterization is often a useful prompt toward meaning making on the part of the client even in the absence of this therapist feedback, suggesting its use as a self-help exercise for taking perspective on identity shifts that have occurred as a consequence of bereavement.

A second technique that serves this therapeutic goal is the *past/future self letter*. In this method, the therapist encourages the client to write a letter to the person he or she was at the time of the loss, perhaps expressing support for the child he or she was at the point of a parent's death, from the standpoint of the resilient adult he or she has become. Alternatively, a recently bereaved client might be invited to write to the present self, as if from the vantage point of a future self five years hence who has integrated the loss and found new meaning in life. Both the variations share the aim of mobilizing the client's own resourcefulness in constructing a new and more hopeful self-narrative, as previous losses are placed in greater perspective.

2. Seek strands of continuity in the relationship to the deceased, as well as in points of transition

One of the most fundamental recent changes in grief theory has been the growing recognition of the importance of continuing bonds with the deceased, in place of the immensely influential psychodynamic concept of withdrawing "emotional energy" from the lost loved one in order to "invest" it elsewhere (38). The traditional emphasis on seeking "closure" or "letting go" is being re-evaluated even within the dynamic camp, leading to the belated acknowledgement that main-

taining symbolic connection with the deceased can assist, rather than hinder the process of adaptation (39). Indeed, current data suggest that even vivid sensory forms of "contact" with a deceased spouse (e.g., sensing his or her presence, hearing his or her voice) are not only commonplace, but are also typically welcomed by the bereaved as a source of comforting connection (40). Developing a continuing bond with the "inner representation" of the one who has died seems especially useful in the case of bereaved parents, particularly when such reconnection is validated by the community of others who have suffered similar losses (26).

In keeping with these findings, a number of authors have been exploring concepts and strategies for understanding and facilitating a helpful ongoing connection between the bereaved and those they have lost. For example, Attig (41) has described grieving as a process of moving from "loving others in their presence" to "loving them in their absence," figuratively creating a "place in the heart" in which ongoing contact with memories of the deceased are not only possible, but freely accessed and shared. Perhaps the most sophisticated theoretical elaboration of this process is Rubin's (42) Two-Track Model of Bereavement, which conceptualizes post-loss adaptation as occurring along two distinct but interactive axes, one of which is concerned with biopsychosocial functioning, and the other of which focuses on the ongoing emotional attachment to the deceased. By clearly enunciating the latter dimension, the model integrates a great deal of clinical data concerned with how people both maintain and change their relationship to those they have lost, in terms of their memories, images of their loved ones, and implicit models of self and relationships over the course of bereavement. Likewise, the Two-Track Model has also proven useful in defining a focus of clinical intervention when

bereaved clients present with particular symptomatic or relational difficulties in one or both spheres of functioning.

Other clinically oriented writers have provided various guidelines and exercises for facilitating constructive connections with the deceased, along with examples of their application. For instance, Vickio (17) asks bereaved persons to reflect on the many ways in which they have appropriated the values, characteristics, and even mannerisms of those they have loved and lost, even when the deceased is unrelated to them in a biological sense. By writing about these *life imprints* in domains ranging from ways of speaking to important projects and life philosophies, the bereaved is better able to reaffirm strands of continuity with the deceased. A more elaborate method entails literally writing a *biography* of the one who has died, perhaps through researching archives describing relevant events in his or her life, or interviewing others who knew the deceased in ways that the author did not (1, 29). Biographical research of this kind naturally invites autobiographical extensions, as the author glimpses or explores the many ways in which the deceased person's life interacted with his or her own. From the standpoint of the present article, such techniques could be seen as means of restoring a measure of relational continuity to the construction of self, by again finding some anchoring in a relationship that can be carried on in symbolic, rather than literal ways.

3. Attend to tacit and preverbal, as well as explicit and articulate meanings

As noted above, cognitive accounts of meaning making are often simplistic, in suggesting that reconstruing life in the wake of loss is a logical, verbalizable process. From a constructivist standpoint, however, the "deep structure" of any belief system is in principle tacit (43), requiring recourse to

metaphorically and imagistically rich speech that "stretches" the expressive power of literal language.

Research in psychotherapy process underscores the importance of metaphoric exploration in making meaning of life challenges and transitions. For example, Martin (44) has measured the impact of figurative language in psychotherapy, demonstrating how mutually constructed metaphors (e.g., of grief as a "burden" that has a certain size, weight and relationship to the deceased) play a key role in fostering and anchoring therapeutic change. Similarly, Levitt and Angus (45) have applied a Narrative Process Coding System to the transcripts of numerous psychotherapy sessions, and traced the way in which richly "reflexive" and "internal" modes of narrating problematic experiences supplement more objective "external" accounts to produce positive outcomes. Such research programs underscore the importance of attending closely to the "language of loss," suggesting a number of concrete discursive processes that could enhance grief therapy (23).

Two techniques that are natural extensions of such an approach are *poetic explorations* of loss, and *metaphoric stories*. Many bereaved persons find value in attempting to give poetic expression to their grief, whether they are accomplished authors (e.g., Edgar Allan Poe, Paul Verlaine), or parents writing in a mutual support group newsletter (26). Similarly, the tacit meanings of loss can be given voice in more extended metaphoric stories, such as one father's richly descriptive account of the "three sided house" he is attempting to rebuild in the aftermath of the violent storm of his son's death (1). By elaborating a metaphor into a poignant depiction of the author's grieving process, people can be prompted to capture the seemingly ineffable changes they have experienced, in a way that it can be validated by both the self and others.

4. Seek the integration of meaning, as well as its construction

All constructs on which we rely can be viewed as situated in a unique "ecology of meaning" that is partly organized in hierarchical terms (46). Thus, the "same" meaning can be relatively peripheral for one bereaved person (or at one point in the bereavement process), while for another it can function as a central organizing framework for living. For example, the tentative affirmation that "I'm a survivor," with all of the implications for resilience that that entails, might be drawn upon by someone early in grieving as a means of buttressing a shaky adaptation to a loss that risks undermining his or her sense of self. To another person who has integrated many losses across a period of years, however, the same belief in personal hardiness can become a cornerstone of a secure and valued identity. A similar transformation from relying on spiritual beliefs as "coping mechanisms" early in bereavement to later embroidering these same beliefs deeply into a transformed identity has been carefully documented in the work of Richards and Folkman on the grief of gay men whose partners died of AIDS (47, 48).

One means of fostering this sort of integration of meaning is through the use of *laddering technique* (37), a method for teasing out the higher order implications of the concrete actions, roles or emotions we display. Laddering consists of a simple set of recursive questions that can be asked with minor variation to first establish an interesting contrast in the person's experience, to elicit his or her preferred placement on that contrast, and then to pursue the deeper implications of that choice through interrogating the reason for that preference. For example, one of my clients spontaneously remarked how she had become a "take charge kind of person" in the midst of her mother's long illness and eventual death, piquing my curiosity about the deeper meanings of this

identity shift. I therefore asked her, "What is the contrast of that?" and she replied that, before, she "always had a tremendous fear of authority, and was afraid to take action." As I asked her which she preferred, she noted that she clearly valued her new role, a choice I further elaborated by asking her why. Her response, that she was now "able to do what was right," in contrast to "being afraid to be a mover and a shaker," laddered to a higher order construct, providing a new contrast whose preferred pole could be explored through further "why" questions. Ultimately, this conversation articulated her new sense of "having a voice" and "sharing control with others," affirming her valued sense of strength that arose from "doing battle with death" during her mother's hospitalization, and that had now visibly carried over to her contemporary relationships. A more elaborate method for exploring how people accommodate to the losses of their lives is the *biographical grid* procedure, which involves asking respondents to compare and contrast chronologically significant life experiences to elicit important themes in the person's life narrative (49). This technique has proven illuminating in research as well as clinical contexts, allowing investigators to measure the extent of "meaning elaboration" regarding traumatic experiences, a factor that has been empirically linked to the perpetuation of post-traumatic symptomatology (50).

5. Facilitate the construction of meaning as an interpersonal, as well as personal process

Although traditional theories have typically placed grief within individuals, focusing on the intrapsychic stages and processes of accommodation to bereavement, contemporary perspectives situate these private reactions in a more public context. From a constructivist view, meaning making is a highly interactive affair, in which the significance of a loss can be affirmed or

disconfirmed, congruent or discrepant, supported or contested within families or other reference groups. Particularly when conflict arises over different "grief styles" within families or communities, clinical intervention may be called for.

A number of qualitative researchers have begun to shed light on the interpersonal processes by which families adapt to loss. For example, Nadeau (51) has studied meaning making as an interactive conversational process among family members, tracing the delicate discursive "dance" performed by survivors as they renegotiate their intimate relationships and "mind read" the probable reactions of the deceased to his or her own death. Rosenblatt (52) has used similar grounded theory methods to reveal those patterns of interaction that generate both comfort and conflict for bereaved parents. For instance, he and his colleagues have clarified meanings of sexual intercourse (e.g., sex is how we made this child; sex is a selfish act; sex is a way of seeking comfort and connection) that have the potential to unite or divide couples in the aftermath of the tragic death of their child.

Therapeutic techniques that capitalize on this interactive dimension of meaning making include *collective remembering* and *videography*. The former simply reflects the recognition that remembering a loved one is as much a social as personal act, and prompts families and other relevant collectives to engage in this planned or spontaneous form of storytelling as a means of drawing closer to their loved one and each other. The latter makes use of a family video camera to record interactions within families, especially those families in which one member is living with a life-threatening illness (53). By allowing different members to "direct" different "scenes," and by capturing important messages from the dying member for others who will go on living (perhaps even for generations yet unborn), the family can build a

precious legacy that can foster continued meaning making concerning previous interactions.

6. Anchor meaning making in cultural, as well as intimate contexts

Personal reconstruction draws upon frameworks of meaning that are too large to be confined to a single local network of relationships and too enduring to be accumulated in a single generation. In the case of bereavement, grieving individuals routinely innovate upon the discourses and rituals of the cultural traditions in which they are situated. By ritualizing a loss in personally and communally significant ways, people symbolically mark their life passages and reintegrate themselves into a changed social world (54).

Death of a community member may be the most elaborately and universally ritualized of life's passages, and the symbolic practices that guide mourners in both their public and private expressions of grief can be healing for many. For example, the *halacha* or Jewish law prescribes elaborate customs of mourning, such as *shiva*, which ensure that the principle of *kibbud hamet* (or respect for the dead) will be observed through the suitable mourning practices of a *minyan* of 10 or more adults. The subtle timing of such practices, as well as their melding into a private period of mourning (*shloshim*) that usually begins concomitantly with *shiva* but continues beyond it, provides a sacred and tradition-rich context within which both the inner and outer aspects of mourning can be coordinated (55).

Unfortunately, however, the majority of important losses in life are "under-ritualized," given little or no social sanction or formal support. Thus, the gay man whose partner dies of AIDS may be blocked from even participating in the funeral service arranged by the family of the deceased, and the woman who experiences a spontaneous late-

term abortion might have the baby's disposal treated as a medical procedure rather than a human burial. Other non-death related losses are even more likely to be "disenfranchised" (56) in this sense — although nearly every culture provides formal rituals for recognizing the commencement of a marriage, almost none provide appropriate rites of passage to guide its ending in divorce. Thus, professionals can often assist the bereaved by helping them find suitable expression for their unique losses in personally or communally sanctioned ways.

Two broad categories of techniques that serve this goal are *personal ritualization* and *ceremonies of inclusion*. The former refers to individualized ritual acts that validate the grieving person's experience, perhaps through symbolizing his or her important psychological transitions in uniquely relevant ways (1). For example, one Native American woman of the Zuni Nation had grown remote from her cultural roots as a consequence of marrying a European American man in young adulthood, and moving to a large city far from her southwestern homeland. When her husband died of a progressive illness some 20 years later, she experienced a spiritual crisis that she creatively addressed by undertaking her own personal "spirit quest," literally and figuratively retracing her footsteps to her place of origin. Studying the traditional ways of her people under the tutelage of surviving elders, she benefited from a series of ritual practices that both helped her give form to her grief and symbolize her spiritual reawakening. For her then, personal ritualization involved innovating upon longstanding traditions, whereas for others such practices may be wholly of their own invention, such as the construction of a collage or mobile that includes images or materials symbolizing features of a life shared with the deceased. Ceremonies of inclusion stretch these personal practices of meaning making by symbolically affirming the ties of a whole

family or community of bereaved persons. Examples include the communal planting of trees for children who die in a high school shooting, or the recitation of poems or stories regarding the deceased by mourners at the funeral of a family elder. As with all public observances, however, those persons who construct innovative grief rituals need to consider their appropriateness in the eyes of all participants (32). For example, a tree ceremony following a recent school shooting in the United States involved planting trees for each of those who died in the massacre, including the two adolescent gunmen who then turned their weapons on themselves. However, two of the trees subsequently were cut down by members of the community, who could not abide "honoring the killers." This divisive result underscores the fact that the very same polysemiotic quality that gives rituals their power — their ability to attract a range of projected meanings by participants — can also invite conflicting interpretations, suggesting the need for considering the intended audience to any ritual observation.

7. Use narrative as a method, as well as a guiding concept, to facilitate the re-authoring of the self in the wake of loss

A constructivist focus on challenges to one's self-narratives and the utility of engaging in "narrative repair" can provide a useful conceptual framework to guide grief therapy. But narrative also has concrete implications for therapeutic practice, as the bereaved often benefit from various narrative forms of self-expression and self-exploration. Frequently, these personal forms of writing can give voice to a story that is untold, or help the mourner find new coherence in a sense of continuity disrupted by profound loss. At other times, reflective writing can represent messages "from ourselves, to ourselves, about ourselves" about what we need now (57).

Perhaps the clearest evidence of the therapeutic effects of evocative writing derives from the research program of Pennebaker (58), who has determined that writing for as little as 20 minutes over a few consecutive days about a major loss or trauma measurably reduces health service utilization, while improving psychological functioning and antibody resistance to various viruses. Moreover, effects seem to be enhanced when the writing spontaneously includes signs of emergent insight and positive emotion, suggesting its role in facilitating emotional reappraisal of earlier loss and trauma. Our own current research is attempting to extend these findings, evaluating whether the explicit use of a narrative plot structure and internal/reflexive perspective on the part of the writer further enhances these effects.¹ Thus, research from different laboratories supports the relevance of therapeutic writing as an adjunct to (or in some cases, possibly a substitute for) formal psychotherapy for persons attempting to explore and integrate the meaning of loss (59).

Two narrative techniques that have relevance for grief therapy are *personal journals* and *unsent letters*. Journals can be free-form productions, perhaps providing a forum for extending reflections engendered by the therapy itself, thereby feeding into the focus of future sessions. Therapists can encourage clients to write in many voices in their journals, including voices of protest, catharsis, reminiscence and problem-solving, depending on their needs (60). Generally, it is wise to write privately, for an audience of one, rather than for wider consumption, although the selective reading-aloud of client-produced narratives can spark important processing in the medium of psychotherapy (61). Unsent letters represent a further expressive resource, which might have the goal of formulating what was left unsaid in a lapsed relationship, or articulating what the mourner still needs to "hear" from the one

who has died. Such letters can be used to reopen the symbolic communication with the deceased by inviting the mourner to respond to the letter from the vantage point of the person to whom it is addressed, perhaps prompting an ongoing "exchange" of letters, much as might occur with a living person. Used appropriately, correspondence of this kind has the goal not of "saying goodbye," but more typically represents a way of "saying hello again," re-accessing and reprocessing a relationship that had been disrupted by death or the pressure of well intentioned others to "move on."

Conclusion

The recent evolution of the field of bereavement has engendered a broad range of conceptual, empirical and applied developments, which have collectively begun to extend the principles and practices of grief therapy. My goal in this article has been to survey some of these developments as they pertain to a newfound constructivist perspective on loss, and to use these to frame several strategic emphases that might assist professionals in intervening in meaning in the worlds of bereaved clients. I hope these strategies convey something of the promise of this emerging narrative approach, and encourage readers to participate in its further refinement in the context of their own attempts to help their clients learn the lessons of loss.

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