

Following the metaphor: bereavement care implications



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Abstract: Bereft people frequently use metaphors to describe their grief. Metaphors can both contribute to clarity or understanding and be confusing or misconstrued. Bereavement carers can easily assume they understand metaphors used by individuals and families rather than skillfully following metaphors. This article discusses and demonstrates perspectives and tools for understanding and working with metaphors. A particular metaphor – that of the ghost – is used to illustrate possible ways to follow metaphors in grief and bereavement care. Links to related scholarship are shown to uphold and complement the approaches described, especially a model created by Richard Kopp.

Keywords: metaphor, ambiguity, understanding, symbols, ghosts.

Bereft people frequently use metaphors to describe their grief. Metaphors can contribute to clarity or understanding AND metaphors can be confusing or misconstrued. Common metaphors, for example, may have radically different meanings for two or more people in the same family. Bereavement carers can easily assume they understand metaphors used by individuals and families rather than skillfully following metaphors.

In this practice-oriented article, perspectives and tools for understanding and working with metaphors will be discussed and demonstrated. A particular metaphor – that of the ghost – will be used to illustrate possible ways to follow metaphors in grief and bereavement care. Links to and contrasts with related scholarship will be shown to uphold and complement the approaches described.

Words have power – links to metaphorical words

Words have power. Ann Sexton wrote:

*'Be careful of words,
even the miraculous ones.
... they can be both daisies and bruises.'*

*Words and eggs must be handled with care.
Once broken they are impossible
things to repair'* (Sexton 1975, p71).

Iris Murdoch, in a different form, asserted:

'Words constitute the ultimate texture and stuff of our moral being, since they are the most refined and delicate and detailed, as well as the most universally used and understood, of the symbolisms whereby we express ourselves into existence... Words are spirit' (Murdoch, 1972, p3).

'Is there a world beyond words?' poet Wendell Berry asked. To which he responded:

'There is.' Later in a poem about words, Berry contended that out of the silence:
*'we must call all things by name
out of the silence again to be with us,
or die of namelessness'* (Berry, 2005, p20).

Grief practitioners and scholars know this. Consider the long, never-ending debate about words like 'stages', 'phases', or 'tasks' and more recently 'complicated grief' and 'bereavement'. Word choices are significantly important, if for no other reason than because there is already enough ambiguity (Boss, 1999) about grief and bereavement no matter the circumstances. Clarity can be an asset, though not always achievable or advisable.

Rosenblatt, in a conversational article, pondered:
"Grief" can be understood as what Lakoff and Johnson

(1980) called an “ontological metaphor”.’ (Rosenblatt & Bowman 2013, p83). Rosenblatt asserted that there is talk about all sorts of non-concrete things, like grief, as though they were as concrete, discrete, and bounded as solid things are, like a piano or a cup. But grief, he asserted, is not a discrete object. It is a sociolinguistic construction. Later in that same article, Rosenblatt asserted that one of the most underdeveloped research areas for grief and bereavement is metaphor. Assumptions of understanding are frequently made rather than skillfully followed by researchers and practitioners. Further, often the only acceptable narrative is a medical or professional one; in other words, the language of the discipline trumps the language of the griever (see Frank, 1995; Kleinman, 1988).

Grieving persons frequently choose metaphoric words to describe their experiences of loss (Nadeau, 2006). Consider these: ‘*All motion stopped when he died...I couldn’t move*’ (Spenser, 2004); ‘*... suffering is the smallest room, and there the sufferer lives*’ (Berger, 1996, pp xvi-xvii); ‘*No matter what the grief, its weight, we are obliged to carry it*’ (Laux, 1994, p23) ‘*...disaster sucks all the air from the room*’ (Erdrich, 2010, p53); ‘*...the beloved died!...he’s reborn as words*’ (Orr, 2013, p89).

Nadeau’s impressive discussion on the use of metaphors in grief therapy reinforced the importance of metaphors for grieving persons. Expression through a metaphor, she asserted, provides a way of conveying something which is known at some level but cannot be expressed directly (Nadeau, 2006).

To follow any metaphor, a clinician must put aside prejudice or debate about a metaphor with a desire to meet the grieving person where they are and follow their words, especially metaphors and figures of speech. To do so may itself be a refreshing and reassuring act of hospitality and presence at a time when thoughts and emotions may cause bereaved people to wonder about their own mental health.

Rosenblatt offered a helpful example: ‘A common metaphor that shows up in the [bereavement] literature is a hole – a hole in my heart, in my chest, in my self’ (Rosenblatt & Bowman 2013, p83). To follow that metaphor, one may listen for accounts of a hole in the social fabric, the household, the future, life meaning, their roles, and their realities. He suggested further that one might explore where in a person’s social life the person did not experience holes. Provocatively, he wonders: ‘...the hole metaphor may seem to imply [to the clinician] something that needs repair... That may be there, but it also may be that the self with a hole is a complete and whole self, and what is needed then is not necessarily repair but acknowledgment, witnessing, and empathy’ (Rosenblatt & Bowman, 2013, p85).

The hole is, of course, only one common metaphor used to describe the experience of a death or severe diagnosis. ‘Roller-coaster,’ ‘hitting a wall,’ ‘an on-going emptiness,’ ‘the light went out,’ and ‘ghosts or visitations’ are also

commonly-used metaphors. The approach discussed here will apply to both common and less well-known metaphors. The metaphor of ghosts, used for discussion later in this article, is selected only as one of many metaphors that could be used with the approach described.

Edward Rynearson, John Jordan¹ and others have developed models of restorative retelling as a protocol to aid persons in their death narratives. Rynearson asserts: ‘It has to be their story. They’ve got to retell it. You can’t guide too much’ (Rynearson, 2014). Similarly with metaphors, openness to exploration of the metaphor can lead mourners to befriend dark emotions (Greenspan, 2003); to be more at ease with their versions of continuing bonds; to speak the unspeakable; to explore the spirit world; and consider transformation.

Nadeau’s discussion included variations of how metaphor could be utilised and addressed in grief and bereavement therapy. These included clinician initiated metaphors, metaphorical rituals, family sculpting, even the use of film (Nadeau, 2006, pp204-205). Another form, metaphorical reframing, was developed by Witztum (see Witztum, 2012). Symbolic modeling, attributed to David Grove, is still another approach that is especially useful for traumatic experiences (see Lawley & Tompkins, 2000). In this article, the emphasis is on following metaphors, whatever the model used or the time constraints in place. The method described here can be useful in both brief or lengthy bereavement care interactions. Some of the other methods, especially symbolic modeling, may require more time than many bereavement services can offer.

Richard Kopp, in *Metaphor therapy* (1995), emphasises steps for clinicians to use in following metaphors. With bereavement care in mind, here is an adaptation of his scheme:

- 1) Notice metaphors
- 2) Invite the client to explore the metaphoric image: ‘When you say _____ what image/picture comes to mind?’
- 3) If the client doesn’t understand your request about image, say something like: ‘If I were seeing it the way you see it, what would I see?’
- 4) Practice curiosity – go further; invite sensory conversations: ‘What else do you see? What else is going on?’
- 5) Invite feelings associated with the metaphor.
- 6) Invite transformation of the client’s metaphoric image: ‘If you could change the image in any way, how would you change it?’
- 7) Therapist-initiated transformation – ‘What if the metaphor or image were a _____?’
- 8) Connecting metaphoric patterns and life issues: What parallels do you see between your image and your situation?’ (Kopp, 1985, pp 5-12).

1 Workshop presentation, 2014

Note that not until point 8 does Kopp recommend moving away from following the metaphor. Whether or not you concur fully with the model steps, he is following metaphors and exploring their meanings for the therapeutic process.

Although it is not necessary to follow all the steps put them in the order Kopp suggests, we have found his framework a useful starting point for following metaphors and exploring their meaning as part of the therapeutic process.

The metaphor of ghosts

To further explore Kopp's model as a resource for bereavement care, a particular metaphor will be used to highlight the process of following any metaphor. While differing metaphors are common, to discuss several here could distract from the purpose of this article, which is to provide a rationale for and methods to follow metaphors. The metaphor of the ghost was chosen in part because of its layers of meanings. Those layers may have contributed to its absence in grief journals, in contrast to poetry, memoir, fiction and song. However, failure to inquire about, even use, controversial, ambiguous terms can inhibit and compromise strong clinical work and comprehensive research. So, words like 'spirits' or 'ghosts' appear to be concepts or metaphors worth exploring or at least following. For this discussion, two definitions for ghost are used:

- a. an apparition of a dead person appearing or becoming manifest to the living
- b. the sense of a presence or vestige of someone or something related to a now dead person.

The choice of ghost, it must be said, can lead readers astray. For many reasons, including religious ones, some clients may not use or want to talk about ghosts. They may be much more comfortable with conversations about 'a presence' or extraordinary occurrences when they experienced someone or the person's spirit.

Clients may also avoid using some metaphors because they are not sure the counselor will understand or take them seriously. Clients may report that they talk or pray to the deceased. They may have memory objects of significance that connect them to a dead person. However the ghost was chosen because of its common use and its mixed meanings to demonstrate ways to follow metaphors, and not to presume or impose ghosts into grief and bereavement care.

Further, while use of 'ghost' as a metaphor occurs in personal narrative, in contrast ghost rarely appears in the bereavement literature. Apart from the bereavement literature on extraordinary experiences (see Parker's literature review (2005)) there have been few in-depth discussions of ghosts, grief, grieving and bereavement.

There are some references to be found in discussions of continuing bonds and other aftercare/after-death articles (see Boerner & Heckhausen, 2003). Sandra Bertman and other writers that have explored the intersection of the arts and bereavement include attention to images of ghosts from painting and sculpture (see Bertman, 1991). Similarly, discussions of cultural patterns and practices, often dated, such as The Day of the Dead or Halloween, will include ghosts. However, apart from these sorts of examples, bereavement practitioners and researchers rarely use the term 'ghosts' in their articles and books. Encounters, presence sensing, visitation, and connectedness to the deceased are a few choices that can be found more commonly (see Nowatzki & Kalischuk, 2009 or Epstein, Kalus & Berger, 2006).

Poets, on the other hand, often write about ghosts. A cursory study of poetry anthologies and poetry web sites (www.poets.org, for example) for poems on bereavement will lead the searcher to numerous uses of ghosts or similar metaphors. The volume of uses suggests that poets experience or write about ghosts more than other people OR they have listened more carefully than bereavement practitioners to the words used by bereaved people OR there is a different standard for literary material than for grief sources.

Clinicians may introduce a poem or part of one – see examples in the next section – to prompt or give permission for grieving persons to use words, including some of 'their' words not yet given voice. Literary tools are simply one of many creative tools for therapist use (Bowman, 2012, pp 303-305).

Poetic uses of ghost or ghosts

Poet Heid Erdrich links words, stories and ghosts.

*'We never write alone, but by a ghost:
a blue spirit tangles our words
makes our work sister and brother,
related through strings we tie and tug
to pull us through the years.*

*...Our words are not our own.
We never write alone' (Erdrich, 2005, p77).*

Here are some other examples from poetry.
*'The first time I saw my mother, she'd been dead
fourteen years and came as a ghost in the mirror'
(Brimhall, 2012).*

*'The phone rings. Hello hello. It's your ghost again.
Every day letters from you in the post again.
I told you to leave but there is your face
when the fog floats in from the coast again' (Hayman,
2014, p118).*

*'The ones we love –
the dead –
hover above our heads
like balloons from
a day at the fair.*

Our love is the string' (Logue, 2005, p36).

*'I love the way the dead keep writing to us
from their wooden boxes and funeral urns'*
(Blumenthal, 1999, p80).

In the following section, two examples from poetry and fiction will be utilised as if they were the words of clients or as if clients brought such material with them into the therapeutic setting. Various ways to follow the presenting metaphor will be shown. Obviously, the responses that a client makes to any inquiry influences what the therapist says next. The questions and statements that follow this case study are some examples of questions that could be used early or later, depending on client responses. Note: reading one question after another is not what is recommended for bereavement care. The questions provided here are used only to illustrate the approach.

Example One: From *Mr Ives' Christmas* by Oscar Hijuelos

'Now and then, when they were in bed at night, they made a kind of love. They would wrap themselves up in each other's body, arms and legs entwined, squeezing tight as if to force the pain out. But, most of the time, nothing sexually intimate occurred, and they learned to be content with kisses and hugs. She came to regard her own sleep as a kind of refuge from the world. Somehow the loss of their son had undermined the expression of their mutual devotion, as if it were impossible to make love with a ghost, his ghost, in their bedroom. Books that cautioned them not to blame each other for what had happened, and to realize that feelings of guilt were psychological rather than moral phenomena, appeared on their bedside table, and although Annie read them and encouraged her husband to do so, in those days nothing penetrated the expansiveness of their grief' (Hijuelos, 1995, p152).

Possible Responses: The ghost in the room – your son – is his presence welcomed or off-putting? Did your son ever appear as a presence in your bedroom before he died? And is the ghost a regular visitor to your bedroom, every night for example? Or does this happen only on certain nights; is there a pattern for these experiences (day of week, time of month, time of night, after the same activity)? And what about other ghosts; who else has visited? Do you experience any message coming from the ghost? What about you two;

do you ever speak to one another or to the ghost when this occurs? And are your experiences of the ghost similar or different?

The books you have been reading appear to be more disturbing than the presence of the ghost. Are they in some sort of conflict for your attention? Which seems to be gaining your favor?

Commentary: The effort is to follow the metaphor as non-judgmentally as possible. The process is to allow the client to explore an image introduced by the client into the therapeutic arena. The process is to avoid switching domains in an abrupt way such as moving too quickly from the metaphorical exploration to an emotional, cognitive or spiritual sort of inquiry or response. The process is to discern the meaning made by the metaphor by the client when first presented AND in response to the clinician's process of following the metaphor.

Example Two: From *The Dead get by with everything* by Bill Holm

*'Who do the dead think they are!
Up and dying in the middle of the night
leaving themselves all over the house,
all over my books, all over my face?
How dare they sit in the front seat of my car,
invisible, not wearing their seat belts,
not holding up their end of the conversation,
as I drive down the highway
shaking my fist at the air all the way
to the office where they're not in.
The dead get by with everything'* (Holm, 1991, p78).

Possible Responses: Who DO the dead think they are? Do you have a clue? What do the dead get by with? The dead seem to be found almost everywhere you are; are there places in your daily life they don't leave themselves? Tell me about other deaths; did those dead also show up then also? You seem to be railing at them; are you? I'm unsure if you are exasperated, fearful, or glad they are still around; how would you describe what happens when the dead show up? And what are they getting away with? You speak as if there are ghosts; are there many, more than one? Who or what do you think they are? Was this a new experience, these visitations by ghosts?

Commentary: Similarly to the previous example, Holm's poem invites exploration of his descriptions of the dead. Until one does, his metaphor is left to multiple meanings. The questions included here are variations of the Kopp model. Further variations can be created by a range of grief and bereavement professionals and volunteers. Questions should be kept as open as possible; follow the metaphor.

Conclusion

Addressing the subject of ghosts may seem ethereal, even unprofessional. Still, if you follow the metaphor; discernment may follow. Following a metaphor can be helpful, whether for relatively common, recognised metaphors or more rarely articulated ones. Metaphors, not unlike a narrative account, deserve curiosity and exploration.

Moving too quickly away from metaphors to declarative speech or other seemingly clearer utterances disenfranchises the griever and empowers the clinician. Family therapist Kenneth Hardy asserted that the failure to acknowledge another's loss is to deny that person's humanity. It's one thing, he wrote, to lose something that was important, but it is far worse when no one in your universe recognises that you lost it (Hardy, 2005, p28). The fields of social work and public health have long asserted the importance of meeting the person where they are, not where the practitioner wants someone to be. Increasing comfort, therefore, with metaphorical speech can enrich and extend grief and bereavement care. Where following metaphors will lead is no more predictable than any open question. However, to give metaphors full attention can enrich and strengthen the therapeutic process and relationship. ■

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