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Exploring the concept of receptivity to bereavement support: Implications for palliative care services in rural, regional and remote Western Australia

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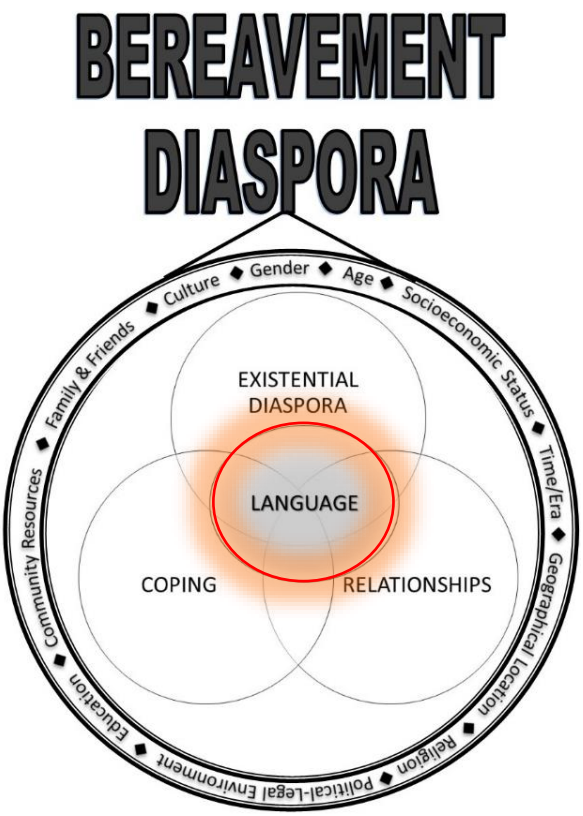
Chapter 8: Language in the Bereavement and Diaspora Discourse

Introduction

Discussion on emergent themes from the data in previous chapters explored the role of relationships, the different ways of coping and the experience of *existential diaspora*. The findings in the preceding chapters provide the platform to analyse the grief and bereavement discourse in a scholarly manner.

Figure 23: Bereavement Diaspora: Language



This chapter identifies, explains and positions the multiple, competing discourses, which is essential for understanding participant's experiences of bereavement. The term discourse has many meanings, however for the purpose of this study, the Foucaultian notion of discourse, and discourse as 'actual talk' were the guiding perspectives through which discourse was explored.

According to Foucault (1972, cited in McGrath, 1997, p.12), discourses develop over time and are socially and historically constructed through a process referred to as the 'archaeology of knowledge'. The 'clinical gaze' of medical discourse is one such discourse that has evolved over time Medical discourse often adopts a reductionist, physiological and medical focus and is a medium for constituting knowledge and power. This perspective privileges hegemonic constructions of a point of view and silences opposing or alternative views (Foucault, 1972, cited in McGrath, 1997, p.17). Cheek

(2004, p.1142) reiterates that discourses "…enable and constrain the production of knowledge…" The analysis presented in this chapter indicates that the grief, loss and bereavement discourse is predominantly embedded in the medical sciences discourse, effectively marginalising the 'actual talk' of bereaved individuals.

Discourse as actual talk is "…interpreted more pragmatic, local, contextual terms as the actual words or 'talk' of individuals in their day to day experience…" (McGrath, 1997, p.17). Discourse of actual talk is thus the subjective experience of an individual's reality, which is socially constructed based on the 'situatedness' of the person (Cheek, 2004). This situatedness is influenced by many factors, including the cultural and social contexts in which the person lives.

In exploring the thesis topic through a postmodern epistemological framework, deconstructing the language used in relation to bereavement was an intrinsic part of the data analysis. Understanding the language, or discourse, used in bereavement is just as important as the theoretical understandings of the experience, and the models and therapeutic practices developed in understanding and working with those who are grieving. Examining the theoretical perspectives of discourse provides an understanding of how language expands or limits a person's experience. As the philosopher, Wittgenstein (1922, n.p.) stated "…the limits of my language are the limits of my world…all I know is what I have words for…". ("Ludwig Wittgenstein", 2016). Much of the discourse on grief and bereavement derives from medical and psychological sciences who provide the language for these experiences. Thus, the professional discourse created may not reflect grief and bereavement experiences. The findings from the study demonstrate that the role of language in the *bereavement diaspora* reflects the unique subjective experiences of participants and diaspora provides a different perspective to language used in bereavement.

The Discourse of Grief, Loss and Bereavement

Language of a phenomenon is created within disciplines through the way a social problem is defined according to the dominant assumptions and values of a specific profession, and the 'ways of working' within that professional field (Ord, 2009). Discursive rules develop as a shared set of social practices based on a specific discourse community. 'Truths' are revealed through validating a particular idea through the development of a shared understanding (Olsson, 2008). These 'shared understandings' generate a dominant discourse, sometimes known as a 'grand narrative', 'grand theory' or 'meta narrative' which is the big picture story that aims to explain everything and is used to legitimise 'norms' of what is expected within a phenomenon (Casstevens, 2010). Disciplines such as medicine, psychology, anthropology and sociology influence definitions, conceptualisations and perceptions of grief, loss and bereavement experiences and each respective disciplinary 'lens' has led to a highly contested discursive terrain (Ord, 2009). Disciplinary discourse is imbued with power and creates a hegemonic dominant world view.

Research into grief and bereavement in the medical and psychological sciences has constructed a discourse where grief is seen as an individual problem in which people and experiences are characterised by normal and pathological grief, according to an implied 'healthy' predetermined way (Turner, 1997; Lupton, 1997; Breen & O'Connor, 2007; Ord, 2009; Casstevens, 2010). Psychology has made a significant contribution to the bereavement discourse and what constitutes 'healthy' and 'unhealthy' grieving and the discourse is dominated by terms in grief and bereavement such as 'severing ties', 'letting go', 'moving on' and 'grief work'. This situates grief as being informed by a 'normalising psychology' in which grief is a goal directed activity where a return to 'normal functioning' is the desired outcome (Valentine, 2006). Discourse can have detrimental effects on those experiencing loss, if they believe their grief does not conform to what is considered as normal grieving (Ord, 2009). Although discourses can be reassuring and affirming as it can normalise an experience for individuals, discourse can also oppress and

marginalise those experiencing deviations of what is considered the expected or normal grieving process (Lupton, 1997; Turner, 1997; Ord, 2009; Casstevens, 2010).

According to Ord (2009, p.198) there has been an evolution of professionalised specialties in which "…professionals medicalise and pathologise those living with loss…" (Ord, 2009, p.198) and this is reflected in the plethora of research in the area of grief, loss and bereavement, particularly in recent decades. Along with the growth of grief and bereavement as a specialisation, there has been a concurrent emergence of assessment and measurement tools. The discourse on grief and bereavement seeks to "…discipline and control grief by creating boundaries between normality and abnormality…" such that "…grief work becomes an instrument of surveillance, a site of power and an agent of social control…" (Ord, 2009, p.199). Psychological sciences privilege emotionality and psychological adjustment in bereavement, universalising a grand theory of bereavement, predominantly as a phenomenon of the inner world, independent of social environments (Valentine, 2006; Ord, 2009). This diminutive perspective, based on an assumption of universalism, reduces the human experience to a measurable phenomenon in which "…generalisations, models and prescriptions can be developed…" (Valentine, 2006, p.59). The universal 'grand narrative' of the dominant medical and psychological grief and bereavement discourse disregards dissenting voices and experiences (Middleton, Moylan, Raphael, Burnett & Martinek, 1993; Olsson, 2008; Casstevens 2010). However, anthropological and social sciences recognise the diversity of experience and these are socially constructed.

There is contested views between medical and psychological sciences with anthropological and social sciences in what constitutes normal grieving. Dominant discourse on grief and bereavement do not give much attention to the social and relational contexts in which grief, loss and bereavement occur (Breen & O'Connor, 2007; Ord 2009). Anthropological and sociological sciences view grief and bereavement as socially constructed phenomenon which situates a person's experience within their broader social and cultural milieus (Valentine, 2006). Language is the bridge that links the individual with the socio-cultural domains.

Postmodern perspectives propose that language is not only a by-product of human interchange, but is bound by cultural processes and sits within historical contexts (Gergen, 2001). Individuals may not have the verbal language to adequately articulate their feelings or experiences (Ord, 2009) and to describe and explain the way they experience a phenomenon, their relationships with each other and their social world. Language aides in the construction, negotiation and sustaining of identities and relationships, fosters a sense of belonging and is a major feature that characterises community formation (Jain, 2010; Canagarajah & Silberstein, 2012; Ben-Rafael, 2013; Marat, 2016). Canagarajah and Silberstein (2012) posit that diaspora members create a common language within the intra and intergroup relationship. Language thus helps diasporic agents negotiate their layered identities and group relationships.

Postmodern perspectives recognise that the researcher, or investigator, of a phenomenon is also situated within a broader socio-cultural context and this influences methodological approaches to examining a phenomenon. Knowledge and discourse is thus socially constructed when examined through a specific disciplinary lens. Olsson (2008) states that researchers need to be more reflective on their research practices and conscientious in describing their influences on their work'. Although Parsons (1995, p.23) argues that the experience of participants is 'already mediated through the political ideology of a particular socio-cultural language game and is refracted yet again through the lens of the researcher in the final account', the researcher in this study was mindful not to perpetuate the subjugation of participant voices to the discourse used in the clinical health care settings in which the researcher works as a social work practitioner. When commencing this study, the researchers' intent has always been to respect the voice of the participants by trying to remain as close to their words and their narrative as possible. It was this imperative that framed the epistemological and methodological approach to this study. Throughout the analysis process, the researcher was consciously attentive to the language used by participants and of the language used to assign to nodes during the coding process to maintain the integrity of the data and the qualitative descriptive design.

The bereaved participants in this study used metaphors and language to describe their unique, subjective experiences. At the nexus of thoughts and emotions is expression. Thoughts are linguistic in their conception and expression (Steeves, 2002). Edwards (2014) highlights that language difference is a key feature when viewed through a diaspora lens. When diaspora is no longer viewed through a static, bounded and territorialised perspective, the role of language and discourse in the construction of diaspora brings a new appreciation. Language as it relates to diaspora and postmodernism is imbued with notions of power, history, and identity (Clifford, 1994; Canagarajah & Silberstein, 2010). Diaspora provides a discourse that integrates individual, social, cultural and political factors, recognising the intrinsic linkage of power with discourse.

Diaspora: Findings to Concept: Language in the *bereavement diaspora*

Clifford (1994) highlights the inadequacy of discourse and states that people are reduced to "stopgap language of 'posts'" when they lack a description for their experiences. Hence the bereaved default to the predominant discourse, using term such as 'moving on' and 'closure'. Clifford (1994) discusses past and pre-figurative loss and survival discourses and that in relation to modern day multiple pluralistic identities of individuals and communities, discourse does not adequately reflect the changing world and people's experiences within it. In coding the data, it became evident that the dominant discourse was echoed in participant narratives. Words commonly used in contemporary bereavement discourse include *'closure'* (Rosenblatt, 2013), *'recovery', abnormal grief', 'complicated grief',* (Middleton, Moylan, Raphael, Burnett & Martinek, 1993; Ord, 2009), *'letting go', 'moving on'* and *'acceptance'* (Valentine, 2006; Kunkel, Dennis & Garner, 2014). One bereaved participant commented on the use of language based on his experiences:

> *"...I think the initial coming to terms with the death and the words used. I mean we're all afraid of certain words. Death is number 1. We look for euphemisms. Passed on, deceased, whatever..."* ID: B: 3725: M; 63; Sp; 7-9; R1

Closure is often a term used in grief and bereavement however closure has been defined as "…a feeling that an emotional or traumatic experience has been resolved…" ("Closure", 2016). Evidence in the literature suggests that grief is a lifetime experience (Buckle & Fleming, 2011) and that there is not actually a sense of closure. Thus, the lived experience of the bereaved is where closure cannot be achieved. The dominant psychological discourse was echoed in the bereaved participants' narratives, particularly when talking about *'closure', 'acceptance,' 'moving on'* and *'letting go'*. '*Closure'* was a term numerous bereaved participants used throughout their interviews as depicted in the following statements:

> *"…We've managed to you know, have a lot of good opportunities for closure...I hate that word...'cause you don't...'close'..."* ID: B: 3072: F; 52; Sp; 6-9; R3
>
> *"…I don't go for this business of closure. I think it's just one of those in phrases…"* ID: B: 3391: F; 69; Sp; 13-18; R3
>
> *"…She'd said she wanted to be cremated fine, but that will be perhaps the final closure. Closure is a word that I don't have much time for…"* ID: B: 3725: M; 63; Sp; 7-9; R1

Bereaved participants discussed the struggle with coming to terms with the loss, often referred to in the discourse as *'acceptance'.* One participant used this term numerous times throughout his interviews:

> *"…acceptance of death is probably the hardest part of all…"*
>
> *and*
>
> *"…accepting that reality is still difficult. It's still hard…."*
>
> *and*

"…but acceptance of the finality of death is perhaps the hardest thing of all…." ID: B: 3725: M; 63; Sp; 7-9; R1

What is thought of as 'acceptance' in the dominant bereavement discourse can be considered more of a reconciling – the constant tension of wanting to keep hold of the old world and having to enter a new world. This dialectical stance is known in the diaspora discourse as a *lived tension* in which nostalgia and yearning endure. Acceptance has connotations of psychologically and emotionally embracing the death whereas reconciling recognises that perhaps one doesn't have a choice, a reluctant surrendering to what has happened; forcibly having to find a different identity and navigate a new and foreign world.

Another dominant discourse in the bereavement literature is the term, 'moving on'. *'Moving on*' or derivatives of this phrase was noted in health professional narratives. Participants used this term in their narratives as demonstrated in the following quotes:

"…everybody else is very much, 'let's not talk about that, we need to move on', and, 'you need to move on with your life now, that's all behind you', sort of thing…" ID: HP: 3334: F; 43; R1

"…she was already moving on; she didn't need me to actually make that phone call…" ID: HP: 3444: F; 50; Rem1

'*Moving on'* or derivatives of this phrase was also present in bereaved participant narratives, echoing the medical and psychological discourse as portrayed in the following statements:

"…there is probably another phrase that's better than moving on but I don't know what it is…" ID: B: 3113**:** F; 61; Sp; 19-24; R3

"...I don't wallow, nothing can bring [G] back, but I need to move forward..." ID: B: 3109: F; 64; Sp; 10-12; R3

"...so now things are starting to move on and liven up, and we're enjoying life and we're doing this, and doing that, and I think, 'now that I'm enjoying these things, but I'm feeling as though I shouldn't be enjoying them…" ID: B: 3400: M; 70; Sp; 13-18; R3

"...I feel like it's a really dark place, it's horrible, and I say to her [GP], 'I don't want to go there.' And she said, 'But with that pain will come a relief as well.' So and I know what they're all trying to say that I have to, get me over it, but..." ID: B: 3386: F; 53; Sp; 19-24; R1

"...I suppose everyone says something different because some people do need to move on…" ID: B: 3113: F; 61; Sp; 19-24; R3

The phrase *'letting go'* is another commonly used term in the medical and psychological discourse and was referred to by a bereaved participant who stated *"...I wasn't ready to let it go..."* ID: B: 3386: F; 53; Sp; 19-24; R1.

Another common colloquialism that reflects the concepts of *'moving on'* and *'letting go'* is to *'get over it'* as reflected in the statement below from a bereaved participant:

"...I don't think you ever get over it. You don't. Those memories were there. 30 years we were married. It's a long time. A lot of ups and downs; three kids...just a lot of stuff...life...busy; lots of laughter...." ID: B: 3369: F; 53; Sp; 13-18; R1

Tasks such as moving on and resolution are viewed as essential for the bereaved to demonstrate they are successfully resolving their grief (Valentine, 2006). Many bereaved do not wish to give up their attachment to the deceased but continue to have an ongoing relationship with them (Valentine, 2006). Bereaved participants in this study talked about sensing the deceased as a spectral presence, that they still interact with the deceased by talking directly to them and that they feel the deceased continues to be a part of their decision making and their lives. The following participant statements reflect how the bereaved talk directly to the deceased as if they are still present:

> *"...of course [T] goes, 'Dad, stop it!' like blaming - and he's not here to stick up for himself..."* ID: B: 3109: F; 64; Sp; 10-12; R3
>
> *"...I've got files and receipts and bank accounts- so by the time I had to shoot off and come back, I finished about 4 o'clock in the afternoon ...I said, 'you should be bloody doing this [C] (deceased) This is not my job!' you know..."* ID: B: 3400: M; 70; Sp; 13-18; R3

Experiences shared by bereaved participants in 'sensing the presence of the deceased' can sometimes be considered as pathological, illusory and part of futile 'searching' occurring in the early stages of grief when viewed within psychological discourses on bereavement (Valentine, 2006; Ord, 2009). Bereaved participants demonstrated numerous ways throughout their interviews of their subjective experiences, on the active role the deceased still play in their lives, as depicted in the following participant quote:

> *"...I just say where are you, where are you? Then he sends me the butterfly and I go, 'okay'..."* ID: B: 3369: F; 53; Sp; 13-18; R1

Sensing or 'seeing' the deceased would be considered a pathological item based on a commonly used tool, the Complicated Grief Inventory. Grief and bereavement assessment

tools have been developed to enable practitioners to identify clients who are at risk of difficult grief 'reactions'. Common features of the discourse used by the health professionals in this study is framed within bereavement risk assessment discourse (Kubler-Ross, 1970; Sanders, 1989; Worden, 1991) as demonstrated in the following participant statements by health professionals:

> *"…when we first have our admissions, we do a risk assessment with regards to bereavement support…."* ID: HP: 2888**:** F; 42; Rem1
>
> *"…I think there was a bit of a vague bereavement risk assessment, and not even a tool, but just more of a gut feeling, do you think this person's at risk or not?"* ID: HP: 3334: F; 43; R1
>
> *"…there has been a form and it talks about the risk - their grief - was it normal, was it abnormal…There is a score but how accurate that is I'm not sure…"* ID: HP: 3333**:** F; 53; R1

Practitioners often learn the stories, or meta-narratives, of 'normative' grief and bereavement through training and education programs, which they then repeat to the clients they work with. This repetition subjugates the individuals' narrative to that of the expert practitioner and reinforces the dominant discourse (Casstevens, 2010). Engendered in maintaining the dominant discourse is repetition, shaped by training and education. This is reflected in the following quote by one of the health professional participant:

> *"…I do remember many years ago doing grief counselling training, an in-service, and they talked about the stages and all this sort of stuff. It doesn't happen like that and I think that, honestly, maybe I might have answered this differently 20 years or something when I was younger…"* ID: HP: 344**4:** F; 50; Rem1

Ord (2009, p.207) states "…structures of discourse can be dangerous if we do not question the ways in which they are operating through our practices…" The participant from the previous statement recognised that a stage model of grief was a dominant discourse in bereavement and there was a discordance between what she was taught and what she experienced in the clinical setting. Likewise, this participant discussed how 'bereavement risk' was a discourse specific to palliative care as demonstrated in the following statement:

> *"…probably the first time I've come across it, definition, or that reference if you like, has been since I've worked in this position in specialist palliative care. Talking about people being 'at risk' of bereavement…. bereavement doesn't come from the hospital. I know that for a fact. They don't do bereavement. So it's lacking in your general stream unless they are on a Mid ward, or specific groups. But in general, I don't think there is that bereavement follow up…"* ID: HP: 3444: F; 50; Rem1

As stated previously, evolution of specialisation discourse develops over time. The 'archaeology' of knowledge (McGrath, 1997) of bereavement risk in palliative care seems to be specific to palliative care as reflected in the previous participants' statement. Interestingly, there was discordance with some health professionals in using the discourse created for their specialty (palliative care) and they expressed the inadequacy or inappropriateness of the language commonly used in this field. Olsson (2008) notes that all discourse communities can accept, modify or reject a shared understanding as demonstrated in the quote below by a health professional participant:

> *"…it was a very nebulous sort of term to me [bereavement 'at risk'], I know behind it was those indicators of - was there mental illness? Is it a single parent? Are they isolated? Are there are drug and alcohol issues? All those sort of factors that might make somebody's ability to cope a little more tricky. But I don't know if somebody who is not a social worker would identify that that's what at risk means…at risk of what? And can you piece them back*

together at the end of the day? So it was a useless sort of term, in my book..." ID: HP: 3334**:** F; 43; R1

The medicalisation of grief implies grief is a condition that needs treating, evident in the discourse which likens grief to a 'disease' or 'syndrome' with associated 'symptomology' (Valentine, 2006; Casstevens, 2010). Some health professional participants recognised this dominant discourse of pathologising and commented on how this influences the way professionals work with the bereaved as depicted in the following participant statement:

"…they don't need to be pathologised, that there's something wrong with you and we need to fix it, we need to structure your thinking around a different way, and get you out of whatever you're thinking…" ID: HP: 3334: F; 43; R1

Health professional participants also reject the medicalised approach as reflected in the following quote:

"…I question myself about as a professional is do we need to treat bereavement as a medical condition. Now I think we've got to be very careful as health professionals that we don't…" ID: HP: 3444**:** F; 50; Rem1

Psychometric measuring tools developed for measuring grief compels clinicians to look at the level of severity of 'symptoms.' This is reductionist and has the "…discursive power to prioritise certain needs over others and pathologise and discredit certain experiences…" (Valentine, 2006; p.61). A common term used in the palliative care bereavement discourse is in relation to complicated grief where 'maladaptive' coping occurs. Complicated grief is characterised by symptoms of yearning or longing, feeling stunned, shocked, dazed empty or emotionally numb, avoidance, confusion about role in life, difficulty accepting the loss and 'moving on' (Prigerson, et al., 1995; Hall, Hudson & Boughey, 2012). Research indicates individuals with complicated grief constitutes approximately less than

10% of bereaved individuals who have had a significant other cared for under a palliative care service (Aoun et al., 2015). The discourse of *'complicated grief'* or similar terms such as *'complex grief'* was reinforced through the narratives of health professionals when talking about complicated grief as demonstrated in the following statement:

> *"…so they bottle it up and then of course they're at risk of having a complex reaction later on…"* ID: HP: 2888**:** F; 42; Rem1

The use of the term 'reaction' demonstrates a medicalised 'symptomology'. Another health professional discussed occasions they identify and respond to complex grief:

> *"…We've actually had a client in the past that we've had to refer to mental health because it was going into complex grief and bordering on suicidal ideation…"* ID: HP: 3389: F; 54; R3
>
> *"…sometimes they'll continue to come back to that subject, you know, that in their mind, causative to their death. So that is where we perhaps consider it to be complex grief and that's a bit of a mark to refer on to professional counselling or their local GP…"* ID: HP: 3390: F; 43; R3

Although some psychopathology has been linked as a result of the death of a significant other in bereavement, modern grief and bereavement has been medicalised and psychologised, valuing science based discourse (Valentine, 2006; Ord, 2009). Modernity has shaped perspectives of the bereavement experiences through valuing quantitative methods of inquiry within positivist paradigms. This has excluded the subjective experiences of the bereaved, creating tensions of conceptual, social policy and practice perspectives, leading to disciplinary splits. Qualitative, exploratory approaches "…allows the generation of rich contextual data that capture the process of meaning making and the complexity of human relationships…" (Valentine, 2006, p.58). Postmodern perspectives

challenge modernity's rationalising discourse and highlights the intersubjective, relational and social experiences that reveal bereavement within a 'bigger picture' (Valentine, 2006; Ord, 2009). As Valentine (2006, p.57-58) highlights "…experiences and responses of the bereaved are viewed in isolation from their social world…" Postmodern perspectives thus adopt an ecological approach and view the bereavement experience of the person within their social environment.

Throughout the twentieth century, social scientists (anthropologists, sociologists) have endeavoured to understand and address the experience of bereavement. Anthropological discourses highlight ways in which bereavement is socially constructed and provide insight into the role of the use of ritual in memorialising the deceased, mediating the bereaved existential state and helps to maintain connection to the deceased and to others in their own community or networks (Valentine, 2006). Participant narratives in this study reflect the anthropological discourses about honouring the deceased through memorialisation and ritual within social contexts which can occur within the broader extended family or larger community. The following participant quote demonstrates the small rituals family engaged in to honour their deceased in preparation for the funeral:

> *"…the funeral director - when they got the music – said, 'Are you sure about [the song] Poker Face? I said, 'Yep' and told them the reasons…then a couple of days before the funeral Grant said 'Mum I've just downloaded the Dockers theme song, do you reckon they'd put that in the ute from the gates of the crematorium and up to the crematorium and have it blaring out?' I said, 'We'll take it, we can ask.' So, he [deceased] arrived at the crematorium in the back of his ute. We got wild flowers put on him because he loved the bush. And then the grandchildren and I on Friday morning went up the road and picked him 3 kangaroo paws from the 3 grandsons. We took blue-bells - you wouldn't believe it - everything was in blossom that he'd planted. So we took plum tree blossom, he planted the plum trees. We took blue-bells…"* ID: B: 3109: F; 64; Sp; 10-12; R3

Small rituals such as finding meaningful music and picking favourite flowers all represent "…a personal response by mourners to individualised needs embedded in their grief…" (Lewis & Hoy, 2011, p., 316). The family is the social context in which death, funeral practices and memorialisation occur. Anthropological perspectives emphasise how individuals "…make sense of their world through negotiation with each other…" (Valentine, 2006, p.66) and this takes into consideration the continued relationship with the deceased, but also relationships with others. Sociological perspectives recognise relationships but further considers the individual within the context of their social environment and the role of gender, culture, socio-economic and education status and other factors that influence a person's experiences (Agger, 1991; Olsson, 2008; Casstevens, 2010) as referenced in the statements below. The following participant statements reflect issues of gender:

> *"...probably because we males do tend to bottle it up a bit. We don't spill it out that readily or that easily..."* ID: B: 3725: M; 63; Sp; 7-9; R1
>
> *"...just to have the dishwasher put in, the plumber cost me $1000 and to me that was excessive, and you sort of wonder if they're taking advantage because you're a woman on your own now..."* ID: B: 3109: F; 64; Sp; 10-12; R3

As culture is another broader sociological factor, the following participant narratives demonstrate recognition of the difference in grieving and funeral practices within different cultures:

> *"...in this town I don't know whether you know but there are a lot of Italians and they express their grief quite differently..."* ID: B: 3073: F; 87; Sp; 6-9; R3

"…the Italians, the Greeks, the, even the Filipinos, they have their way. The Aboriginals with their wailing, can be quite haunting…you don't have to be empathetic, but you can just be respectful to them and the deceased. And they see that…" ID: HP: 3414: F; 49; R1

"…I was bought up in a small village in Sweden and when somebody died, well you had an open coffin. Sometimes you had to wait for months to bury somebody because the ground was frozen so you put them out in the barn, they froze, and then you waited until you could dig them up. Children would put in flowers in the coffin and so on. So it was a natural thing. But I probably have a different background for most people…" ID: B: 3111: F; 68; Friend; 13-18; R3

Socio-economic factors also play a significant role in influencing bereavement outcomes as demonstrated in the statements below:

"…he said "I've left you plenty of money" 'cause he definitely left me plenty of money. Well, his life insurance policy has taken care of everything…" ID: B: 3072: F; 52; Sp; 6-9; R3

"…fortunately, I'd converted my superannuation to shares, sold my shares and bought a car. But people used to say to me, 'my husband's died and I can't make ends meet' I thought, that's ridiculous - your income's halved, surely you can live on half the income? However, electricity doesn't go down, phone doesn't go down, rates don't go down, insurances don't go down except for personal health insurance, that was halved car insurance. All those big costs are constant…" ID: B: 3371: F; 77; Sp; 7-9; R2

Geographical situatedness can influence the bereavement experience, particularly in relation to rural, regional and remote contexts as portrayed in the following participant reflection:

> *"…how much worse off would I be if I was stuck in, oh I don't know Widgiemooltha or Mingenew, any of these little towns where there is nothing in the way of help. I feel empathy for such people. They must be out there suffering in their own way…"*
> ID: B: 3725: M; 63; Sp; 7-9; R1

Socio-cultural-political factors all influence the bereavement experience yet are not incorporated into the dominant medical or psychological discourse. Sociological perspectives value the qualitative and subjective experience, moving away from the modernity, positivist approaches to understanding and measuring a phenomenon (Valentine, 2006). As demonstrated in the findings in this study and discussed in previous chapters, socio-cultural and socio-political factors have a significant impact on the bereavement experience. Likewise, the role of language within family, community and broader societal groups can impact the bereavement experience.

Language and a bereaved individual's narrative of their world creates a connection between people and those who share similar experiences (Hua, 2013). Valentine (2006, p.70) highlights qualitative studies which demonstrate the 'immense resourcefulness and creativity' in which the bereaved manage potentially shattering experiences in highly individualised ways'. The ways of coping revealed in this study demonstrate the myriad of ways people cope in bereavement as highlighted in the following statement by a bereaved participant:

> *"…*i*f you're grieving…your relationship with your loved one was different from anybody else's so your pattern of getting over it is going to be different…I always tell people..."[laughs]. Grieve your own way. There's no rules..."* ID: B: 3371: F; 77; Sp; 7-9; R2

Anthropological and sociological discourse as it relates to grief and bereavement is not as saturated with specific language in ways that medical and psychological discourse may be. Sociological approaches highlight the co-existence of competing discourses (Valentine, 2006). Individuals may reject or modify predominant discourses, as demonstrated previously in statements made by health professional participants who had difficulty reconciling the medical discourse with what she encountered in clinical practice, namely, that people did not grieve in stages.

Contemporary academic constructions of grief and bereavement have created a discourse, impacting our understanding and therapeutic practice however the privileging of the psychological aspects of the bereavement experience over social dimensions continue to place medicalising and pathologising as the dominant discourse. The psychology, anthropology and social disciplines continue to engage in narrative studies that attempt to "…capture the complex, contradictory, ambiguous, fluid and changing nature of experience…" (Valentine, 2006, p.73).

Within this study, when listening to the narratives of the bereaved, echoes of the psychology, anthropology and sociology discourse were evident however no single discourse was adequate to describe the combination of existential and social experiences of the bereaved individual. Interchange of linguistic messages occur during encounters between the bereaved and people with whom they interact. Difficulties are often encountered when words used by others are taken badly by the bereaved. In order for the bereaved to be receptive to support, meta-communication in which the bereaved and their support networks inform each other about how they are experiencing the situation, type of support desired or able to provide a mutual frame of reference which provides the scope of basic rules for support (Dyregrov, 2008).

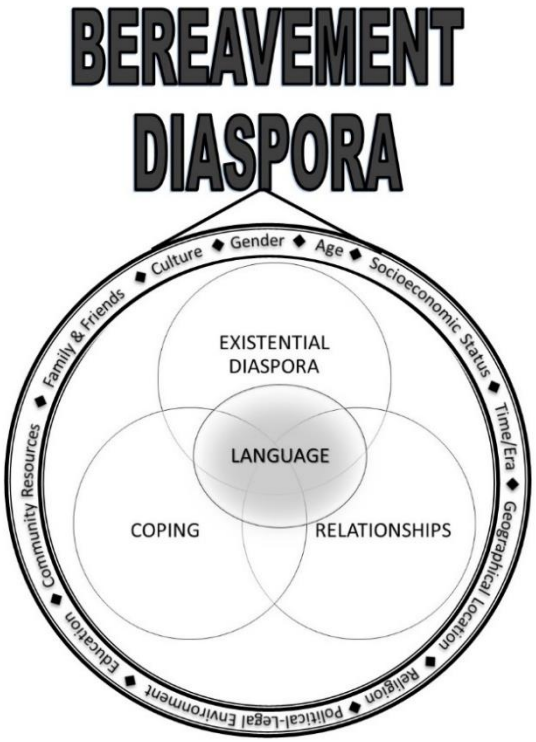
Being cued in to the bereaved person's language and use of metaphors is imperative. The participants in this study described an extensive range of existential experiences using terms or language such as *'lost', 'alone'* and *'foreign territory,* and described experiences

of feeling disconnected, alienated and being in a state of limbo. However, it was evident that negotiating this existential state did not occur in a vacuum, or that it was confined to the inner world of an individual. The social environment played a key role in how a bereaved person coped in their bereavement. In fact, relationships with others was identified as a key mediating factor or influence in the bereavement experience.

Receptivity and Language in the *Bereavement Diaspora*

Intrinsic in the participant's narratives was a sense of not feeling understood and as a result, feeling somewhat marginalised. Diaspora provides a discourse for grief and bereavement that can enhance insight and understanding. Much of the language in bereavement support is related to "needs". This conceptual framework provides a model to consider that precedes needs, that is, for the bereaved to be receptive to bereavement support and have their needs met, clinicians need to understand this notion of *bereavement diaspora* and the interplay between *existential diaspora*, coping, relationships and language as depicted in the following diagram:

Figure 24: Bereavement Diaspora



Considering the criticisms of Postmodernism when applied to the grief discourse

Although the researcher has implied that the diaspora discourse would be useful when examining receptivity, the researcher is aware of one of the main criticisms of Postmodernism, 'Postmodern Irony' which highlights the problems of totalising theories, or grand narratives, which subsequently synthesise or impose a construction of reality. Although the researcher seems to be advocating for another grand narrative for grief and bereavement, diaspora, and this seems contradictory to critiquing paradigms that espouse totalising theories, the researcher would argue that diaspora is a different contribution to the discourse. It is not a meta narrative as it does not give a prescriptive language, models or frameworks or pre-determined tasks or phases of grieving that individuals must work their way through to successfully resolve, or recover, from their grief. Diaspora provides a language engendered with plurality and localism rather than universalism, and the

language is driven by those who are grieving or bereaved not subjugated to 'expert knowledge'.

Plurality and localism are concepts that relate to the notion of relativism within the postmodern paradigm. Relativism is a critique of Postmodernism and is the belief that there is no absolute truth or one standard that is valid for everyone ie. universal theory, and that a 'truth' is relative to a person's individual, subjective experience which is often socio-culturally bound (Becker, 1973). As demonstrated in the empirical literature and the findings of this study, bereavement is a subjective, multifactorial phenomenon whereby relativism should not be seen as a criticism but rather, representative of the lived experience. The researcher posits that there needs to be a shift away from discourses which provide meta narratives that focus on the intrapsychic or inner world of the individual, and that also positions the clinician as expert. Instead, based on the narratives of bereaved participants in this study, the researcher asks the clinician to enter into the subjective world of the bereaved, explore their world with them, listen to, and use, their language and give due consideration to the relational, cultural, social, gendered, class and historical contexts. Although deconstruction of the dominant discourse advocates there is no totalising theory representing a universal 'truth', in starting where the client is at, the clinician engages in a collaborative pedagogical co-narrative, creating a 'truth' for that person. As Murphy (2004, p.149 cited in Cacciatore & Bushfield, 2008, p.382) states "…how to do language about the death of another, the one event for which we cannot really have a language…"

Deeper insight to the lived experience and greater understanding of an individual's experience makes individuals more amenable to support as they feel understood. Key to understanding bereavement is being tuned in to the language used by the bereaved, attentiveness to their metaphors and recognising diversity in the ways people cope that are not viewed necessarily as 'maladaptive'. A move away from language engendered by deficit and pathologising approaches to language of positive possibilities, transformation, strengths and resilience may enhance an individual's receptivity to support (Gergen, 2001).

Conclusion

The experiences shared by the bereaved could be compared to a kaleidoscope, an ever changing, constantly dynamic process of how people cope and experience their bereavement. Postmodern applications in analysing the data, place language at the forefront in the analysis and therapeutic work. Postmodernism recognises the subjectivity and influence of the researcher on the study, and self-reflexivity was an integral, dynamic and ongoing element of analysing the data in this study. The researcher was cognisant of the language used by participants, throughout the interviews and thematic analysis when ascribing of nodes, recognising the importance of language in people's subjective experiences.

Diaspora provides a new discourse to the bereavement literature. In de-constructing the language and deconstructing the power by moving away from the medical and psychological discourse, it defuses the professional as 'expert' and thus diminishes the hegemonic power bias, inherent in practice and services that aim to address bereavement. Postmodern perspectives respect the multiplicity of voices and moves away from the meta-narratives and grand theories found in the dominant grief and bereavement discourse. The narratives of the bereaved in this study demonstrated a heterogeneity of experience, and postmodern deconstruction exposes the contradictions and paradoxes of the lived experience of bereavement. Postmodernism recognises relativism and the influence on the lived experience of bereavement. This is evident in the diaspora discourse, recognising existential, temporal and corporeal states of the bereaved, and the role of coping and relationships in mediating the *bereavement diaspora.* The next chapter will focus on the concept of receptivity.