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Remembering: A Story of Loss and Recovery of the Self

Morioka, Masayoshi

Remembering the deceased as part of mourning has existed from the beginning of human history.

In Paleolithic excavations, grains of pollen have been found surrounding human bones, perhaps traces of offerings placed by people who were close to the deceased in life. The deceased may call out to survivors at various times, appear to them in dreams, or speak with them, making one wonder if the activity of remembrance and mourning might be one of the many workings of the mind.

The function of remembering and sharing stories among the deceased's family and close friends as part of culture and tradition mitigates the need for a more contemporary practice, grief therapy.

In these social practices, all kinds of stories featuring the deceased may be shared. Memories are brought to mind as, for example, things left behind by the deceased are read and old pictures are

brought out to look at as family and friends reminisce. Regrets are shared about things not done while the deceased was alive and stories about other sides of the deceased may be heard for the first time. By participating in the ritual of mourning, the solemn event of a person dying becomes part of each person's life story.

In some cases, this function of the mind may not work well or may stop working entirely. A person may lose someone close to him or her through inexplicable violence, an accident, disasters, war, or suicide. At such times, it may be more difficult for people to integrate extreme tragedies into their own life stories and common social practices may be inadequate to process the loss. At those times an intervention—grief therapy—may be necessary.

Indigenous Knowledge

Bruner, who laid the psychological foundation for the narrative as a way of knowing, proposed that one of the features of a narrative is that “it specializes in the forging of links between the exceptional and the ordinary” (1990, 47). Although socio-historical events of war or disasters may be extremes of the exceptional, a special feature of a story is that it creates a buffer zone to mitigate the conflict between one person and another by making it possible to understand and tolerate the exceptional, not only the ordinary (1990). Stories have the effect of mitigating reality.

Within the limits of any tribal community, there are specific systems at work to manage disputes and conflicts between people or groups. These systems give meaning to events in the history of an ethnic tribe or group through the symbolization and ritualization of experience. Each event is told or dramatized as a way of passing it on to the next generation. Within the system, the process of mourning proceeds and grief subsides. Events become things of the past. Every tribal society possesses indigenous knowledge for regulating the mind. Grief therapy, too, is a cultural practice.

The activity of remembrance and mourning regularly takes on various forms. For example, children may use play. To share a re-experiencing of the past with others is to reclaim the self and thereby gain a new outlook on the future (Morioka 2005). Sources of therapeutic process can be found in the normal inner workings of the mind.

The Perspective of a Narrative-Based Approach for Clinical Practice

In modern times, situations have decimated cultural systems and communities. We see, for example, that the tradition of the narrative was practiced among indigenous people in Australia and New Zealand. Although it may be more difficult to engage in a narrative practice when the

individuals come from different cultures, and when meeting points are unknown and goals are unclear, it may be possible to learn about the person's life and be taught from that point.

Narrative therapy started from this perspective (White and Epston 1990).

The approach to psychotherapy based on narratives (the *narrative-based approach*) developed amid a search for a way to best use the effects of the act of storytelling in clinical practice settings. What is common to narrative approaches is that a conversation is created in order to search together for answers. The participants, whether they are therapist and client, friends, or family members, cooperate in letting a conversation evolve in order to explore the meaning of an event, neither participant holding knowledge of answers or outcome.

In treatment, therapists set aside the attempt to foster change. Above all, they are interested in understanding their client's reality and in trying to enter his or her unique world of experience.

During treatment therapists suspend value judgments as they place themselves in the person's words and world. There is no single reality; through active conversation, reality is co-constructed.

The perspective taken is that constructed reality changes according to how the other relates to it.

The Crisis of the Soul

Japanese folklorist Shinobu Orikuchi examined the ancient culture of Japan. He explored the idea of the other world, *Takai* (他界), which means the hereafter or the next world in ancient Japanese thought (1952/1976). According to his exploration, our soul is immortal and continues to live in the usual life after death. Orikuchi called it *Tokoyo* (常世), which means “the eternal living world.” The soul can be fulfilled in *Tokoyo* as well as in this world, with the hope of realizing the complete soul. Ancient Japanese people have held such a worldview, in that this world and the other world comprise one undivided unit.

In earlier times in Japan, tradition remained deep in the community. Each area had its unique habits and norms for preserving natural resources and connecting person to person and person to nature. These links generated an ethos of indigenous resource management. The ethos included folk rituals, ceremonies of initiation, and funeral rites. Mental and psychosocial care could be dispensed within these culturally living habits.

For example, the custom *Bon* festival (盆) is prevalent in many areas in Japan. Newborn souls return from the other world to this world during only a few days in the summer. Many lights are required because delightful lights guide souls to return to roots. People can recover unity with the

ancestor's soul and experience relief through this ceremony. In this way, a person and the community, rather than be divided, are kept whole.

In the modern world, there is a crack in this unity. People no longer believe in eternal life in the other world. The modern soul has a latent anxiety regarding existence, leading to spiritual suffering, a crisis of the soul.

The Case Study

Ms. A, a woman in her early forties and a former company employee, was unemployed. The referring therapist told me she was suffering from two severe traumas.

A little over a year before I saw her, Ms. A was driving a compact car when a large truck struck her. The truck driver had fallen asleep. Ms. A's car was totaled. Miraculously, she survived. At the first hospital no conspicuous injury was found and she was sent home to recuperate. Later, when she was more closely examined at another hospital, they found she had fractures in her lower back and damage to her cervical vertebrae. She lost the ability to grip with her right hand due to paralysis. A lawsuit related to the accident was pending.

Ms. A had divorced eleven years earlier. Her husband had been abusive. From this marriage she had a daughter in her early twenties and a son who had drowned six years earlier. The death had been treated as a suicide, although Ms. A questioned that conclusion. Both of Ms. A's parents were still living. Ms. A had a negative image of her mother. She reported about her mother, "She's someone with no interest in her children."

After the accident, Ms. A developed agoraphobia, became wary of people, and was unable to concentrate at work. She tended to stay shut up in her home.

Progress notes: Period 1

In her initial sessions, Ms. A spoke about not feeling alive. In a detached way, she lamented, "Even if I try to convey to others the state I am in, they don't seem to be able to understand my feelings. I seem to appear very courageous and strong to people. On the other hand, I feel I get stuck listening to how other people are doing. When I'm with others, I just passively go along with whatever they say. For the moment, that's the person I become. When I get home, I become a different person. I do a 180-degree turn and return to my useless, unable-to-do-anything self. I'm horribly forgetful.

“After my son died, I visited his grave every day. I thought I might try to continue to do that for a thousand days. I blame myself, thinking that this is my fault for having gotten married. What could I do so he would forgive me? I did visit the grave for a thousand days, but no forgiveness came. I lie on my futon at night not letting myself fall asleep. I flop over and lie on the tatami floor. I’ve fallen into the habit of moving around in order to stay awake. The day my son died, I happened to have a sound sleep. I learned that unlucky things happen when you feel good and let your guard down.”

It seemed as if Ms. A was developing and imposing constraining rules on herself. It was difficult for her to communicate her feelings.

On the seventh anniversary of her son’s death, she did nothing. After her son died she said, “It made my brain cells harden. Even though my son is dead, I think that I shouldn’t enjoy things or be cheerful. It’s different from if he had died from a disease. I still don’t try to look squarely at the reality. I keep reality at bay by trying to keep myself busy.” In this way, she was able to talk about her feelings of guilt related to her son’s death. Little by little, we were able to discuss topics related to her son’s death.

She always goaded herself on. She thought that if she started to feel secure, something terrible was bound to happen. She was vigilant an unguarded moment.

When I asked her what she meant when she said, “Security doesn’t last, something always happens!” she explained that her son had an unofficial job offer from a first-tier company, which had made her think that all the hardship he had suffered had been worth it. “As soon as you relax, you can be sure that the next misfortune or something wrong is going to happen.” She recounted that his student ID and other things were still left as they were during the events right after he died. “I haven’t been alive since that time. I only live for today and now. The past and the future don’t connect. Even just hearing my son’s name makes me freeze up.” Thus, even six years later, she hadn’t recovered.

Progress notes: Period 2

Over the course of about ten sessions, Ms. A gradually began to talk about the family in which she was raised. In parallel, we began to focus on the constraints she imposed on herself.

Ms. A felt that life had been unfair to her compared to her younger sister: “I feel totally inferior to my sister. Even though she was wild and irresponsible in high school, she married someone

who works for the government and has a comfortable life. I've kept myself under control and stayed out of trouble. In spite of that, nothing good has come of it!"

Through our work Ms. A began to be able to discover her own themes.

Even at the hospital after her car accident , she raced to become a "patient honor student." She couldn't control herself and wanted someone to stop her. She told me that she didn't know how to "become a mother like any other who has lost a son." Ms. A thought about herself as having, on the one hand, a "resilient me" and, on the other, a "pathetic me."

Ms. A began to explain. "The 'weak me' can never be shown to anyone. There is a me who can't say 'it hurts!' That's been with me for a long time and is at the root of my relationship with my mother. My mother left me with my grandmother around the time I was six months old and came alone to city A. She visited my father more than she visited her children. She is a person without 'motherliness.' My father is also unreliable."

Ms. A spoke graphically about her marriage and abuse by her husband: "He went so far as to strangle me. I couldn't even tell my mother about that abuse. On the contrary, she stopped me

from divorcing. In front of others, my ex-husband is a serious-minded person. He puts on a good face. His family, too, blames me rather than him, saying I ‘have a way with words.’ Anyway, I’m made out to be the bad one. I separated from my husband, and the three of us lived more or less peacefully for the next six years until my son graduated from high school.”

She spoke repeatedly about the girlfriend who was with her son until just before his sudden accident. She spoke about her with anger and feelings of unfairness. “I wonder why my son got stuck on a girl like that. I feel it had to do with our marriage problems. The police viewed the reason for his drowning as suicide, but the girl got her friends to tell a story that was more favorable to her.”

Progress notes: Period 3

Afterward, as Ms. A talked during the sessions, her image of her family gradually changed. In particular, when she thought about the place of her birth and where she was raised, her attachment to her grandfather came back to life. Ms. A began to talk about her grandfather as if he were next to her. “City B is not my hometown, but it is the city where my grandfather was. He was kind to me. He had been adopted through marriage into my grandmother’s family, and at the time, her family was living in the house. Our days passed trouble free. He was the kind of person

who spent money on neighborhood rituals like washing away evil spirits. Grandpa grew a lot of figs and gave me some every year!” One impression that remained from those stories was that her grandfather had taught her the proper way to visit a grave.

After approximately twenty sessions, she spoke again about her feelings toward her mother in the following way. “My mother wouldn’t do anything for me. She gave good meat to my sister, and I was told to do without. I couldn’t ask for anything!”

When I asked her what happened if she asked for something, she was silent and then tearfully replied, “The child inside me is stifling the voice that wants to scream. To compensate, I’ve created a parent/guardian inside me on my own. So that’s why, in reverse, other people want me to take care of them like a parent!

“Speaking like this, various things have become clear to me. In my childhood, I think I was more good-natured. In classes and in sports I was above average. I was probably an easy child. Compared to not wanting to lose to anyone, I don’t want to lose to myself.”

As a result of our work together, Ms. A now is able to say that she can recognize herself. After

the sessions ended, occasionally she would make contact, and being busy with her daughter's marriage and other things, it seemed she had been able to get her life back. She enrolled in a distance-learning course to become qualified in social welfare.

Remembering One's Life

The formation of self-image proceeds even if one suffers negative life events. The coherence of self rests on the continuing interpretation of everyday events. It can be understood that the construction of meaning involves ordering the experience by the self along the various dimensions. Lifton (1976) referred to the dynamism of meaning construction as "centering." In the temporal dimension, centering consists of bringing older images and forms to bear upon the immediate encounter in ways that can anticipate future encounters. When people confront critical events such as illness, accidents, and loss, centering is more difficult; the progress of centering and grounding is aflutter.

In the initial sessions, the event that precipitated Ms. A's seeking treatment was her inability to recover from the traffic accident. Chronologically, her son's death had happened much earlier, but that event was not yet "in the past" for her. It appeared that the event had not yet been positioned in Ms. A's life history. Here, rather than understanding Ms. A's symptoms from the

point of view of the sequelae of trauma, I took care to coexist with her in her world, a world in which she was trying hard to manage difficult circumstances.

There were gaps and disconnects in the memories and continuity of Ms. A's life history. As if to fill in those gaps, she continued to blame herself for her son's sudden death. After her son died, she imposed on herself a thousand daily visits to his grave. This stemmed from a feeling of guilt and the necessity to compensate for her son's death. In spite of her efforts, no forgiveness came. Ms. A said in the early phase of sessions, "I haven't been alive since that time. I only live for today and now. The past and the future don't connect." She could not experience the natural passage of time since her son's accident.

The act of mourning, the sharing of her experience with one who was willing to enter her world, had the potential to connect the personal event to the transcendental and immortalize meaning.

The therapeutic process was gradual, enabling Ms. A to obtain enough distance from her life events, yet also to connect with her feelings and experiences. Her family image was steadily transformed.

Remembering means both recalling and *re-membering*—or bringing people or things back

together. In an individual's narratives of his or her experiences, the grim disconnectedness between the living and the dead is temporarily set aside because the living carry on. The living must adjust to how both the living and the dead are positioned within their stories.

In Ms. A's case, several people appeared, whom she clearly recalled, including her abusive husband. Although her narrative was accompanied with complicated and negative emotions, it enabled her to improve her sense of self. Her dead son, family members, and even classmates from high school days appeared in her thoughts and feelings. She placed these figures in her stories in reference to herself. In the act of remembering, not only cognitively, but also emotionally, in a shared space, she took a quite active role in bringing together the members of her world, whether living or dead, imaginary or real.

When she talked about her dead son, it was often accompanied by the topic of his having received an unofficial job offer from a company. At those times, her face broke into the smile of a proud mother. For Ms. A, rather than mourning resulting in a letting go of one who had died, it seemed that through mourning, the people close to her became part of her own cohesive story. And this included her deceased son.

Conclusion

The task of composing the soul is a fundamental theme for Japanese people. Moreover, this task simultaneously occurs in the modern world. No one can avoid the big question of how we can recover the balance between the other world and this world.

Although narrative practices are frequently presented as a postmodern psychotherapy developed through a great deal of theoretical work, it is impossible to ignore that it is a traditional and time-worn approach that is fundamental to many cultural systems. Attempts to return to narrative practice is a recent trend.

“I want to forget, but I make a point of remembering!” These are the words of a resident of the town of Otsuchi in Iwate prefecture, which suffered enormous damage in the Great East Japan Earthquake five years ago (Morioka 2012). “Don’t bother us with needless talk!” These are the words of a resident of the city of Kamaishi in Iwate prefecture. For the inhabitants of these cities who have been able to continue living there, the event becomes hidden in their resolve to go on and can only be talked about in fragmented ways. While those words are particular to those people, they connote a reality that cannot be changed. One feels as if he or she is directly touching those people’s worlds. Miraculously, when people begin to gradually talk about what

they have experienced, while the events described are from the past, they can be re-experienced anew in the here and now. Telling stories seems to be deeply connected to being alive.

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ABSTRACT

In this investigation, the author explores the activity of remembering shared in a psychotherapeutic situation. How does the mourning process advance in the internal world of clients? The aim of this article is to articulate this process from the narrative-based approach. The author presents a case study for a female client who had experienced several severe losses. The mourning process can be understood in a cultural context and reflected by indigenous knowledge. Remembering has two meanings: recalling something to mind and re-membering,

which could refer to bringing people together once more. The client works through this double meaning of remembering in the interviews. The author refers to a modern theme of the crisis of the connection between this world and the other world according to a Japanese indigenous worldview.

KEY WORDS

indigenous worldview, mourning process, narrative-based approach, remembering