Rupture in the Ordinary

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RUPTURE IN THE ORDINARY

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

SCHOOL OF NURSING

BY

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CHICAGO, ILLINOIS

MAY, 1998
ACKNOWLEDGMENTS

I started this dissertation with a first naiveté. The actual experience has brought me to a second naiveté. I continue to attempt to appropriate the meaning and depth of my gratitude to all of them. I would like to acknowledge those who made this process a reality. I especially would like to acknowledge the following:

Dr. Esther Jacobs, my dissertation director, who with conviction and support, encouraged me to forge new territory. I am grateful for her sharing both her personal experiences and professional experiences of loss.

Dr. John McCarthy, Chair of Theology, for his pensive thought, openness and insights on Ricoeur and hermeneutics in the context of the research on loss. He is the only philosopher I know who could make Ricoeur understandable in a nursing context!

Dr. Carroll Gold, friend and colleague, who kept my research grounded in the practice of nursing and whose wisdom was always present.

Dr. Maura Ryan, Hunter-Bellevue School of Nursing, whose support and encouragement accompanied me throughout my graduate program.

To Dr. Sheila Haas, a mentor, whose enthusiasm and scholarship for nursing and life invited me pursue authentic scholarship and research.
To my fellow doctoral students, Stephen Roberts, Christine Jonas, and Karla Fogel, who shared their thoughts, time, joy and sadness.

Geraldine Gorman, a scholar and friend, for joining with me on so many levels and being a reminder of a choice for peace. To her family, for sharing their lives with me during my time in Chicago.

Jacqueline M. Morris, editor extraordinaire, who so kindly and diligently edited each chapter of the dissertation. To Katrina Placitis and Joanne Facchin for their typing and attention to detail in this work.

Pamela Garritt, art therapist at the Astor Home for Children, whose skill and creative listening resulted in the development of my model of hermeneutics and loss. To my friend, Charles Napoli, architect, for taking his time to transform the physical model of hermeneutic into a design.

I would be remiss in not acknowledging my dear friends. Barbara Napoli, Maureen Keating, and Scott and Doreen Saccomano whose gentle presence, support and encouragement blesses me throughout my life. William Collins, a friend whose generosity on many levels facilitated the study. To the Johansen’s who listened for hours and continue to be a presence.
Katharine McDonald, my anamchara, a model of a reflective hermeneut, who encouraged me to listen to my own guide and take the risk in being true to myself. She reminded me to check in with “Bud”.

To my family, the Abbatiello’s and the McDonald’s for their encouragement and support.

To Dr. Kenneth Wapnick, my mentor and guide who reminded me to be diligent and competent while not taking myself too seriously.

Finally, I offer my gratitude to the participants for sharing their stories of loss without reservation. I am grateful for the moment of being a part of those stories.
LIST OF ILLUSTRATIONS

FIGURE 1
Researcher’s Hermeneutic Circle ........................................ 132

FIGURE 2
Hermeneutic Model .................................................. 133
TABLE OF CONTENTS

ACKNOWLEDGMENTS ......................................................... iii
LIST OF ILLUSTRATIONS .................................................... vi

Chapter

I. THE PHENOMENON OF GRIEF AND LOSS ....................... 1
   Traditional Approaches to the Phenomenon ..................... 1
   Framework of This Study ........................................... 4
   Significance of This Study ....................................... 5
   Narration of Loss .................................................. 6
   Research Question .................................................. 8

II. THEORETICAL FRAMEWORK ......................................... 9
   Introduction .......................................................... 9
   Self as Another ..................................................... 10
   Being-in-the-World ................................................. 11
   Notion of Time, Narrative and Metaphor ......................... 12
   Ricoeur’s Narrative and the Tensive Unity of the Self ......... 12
      Ipse and Idem .................................................... 13
      Narrative as the Vehicle for Self-reflection ................. 14
      Time ............................................................ 15
   Nurse as Mediator .................................................. 16
   Loss and the Narrated Self ....................................... 19
      Metaphor ........................................................ 20
   Role of the Nurse .................................................. 21
   Critical Role of the Narrative ................................... 22
   Ricoeur’s Work as a Framework in Which to Study Loss ....... 23
      The Body and the Narrative ................................... 25
      The Narrative and the Notion of Suspicion .................. 29

III. REVIEW OF THE LITERATURE ...................................... 32
   Introduction ........................................................ 32
   Definitions ........................................................ 32
   Grief ............................................................... 32

vii
### Conflicting Self-interpretations
- Conflicting Self-interpretations
  - Conclusion

### Larger Schema in Temporality
- Larger Schema in Temporality

### Stylization of the Temporality
- Stylization of the Temporality

### Conclusion
- Conclusion

## VI. DISCUSSION

### Introduction
- Introduction

### The Phenomenon of Loss and the Participant Hermeneutic Circle
- The Phenomenon of Loss and the Participant Hermeneutic Circle
  - New Appropriation of Meaning
  - Provisional Narrative
  - The Personal Meaning of Loss and Others
  - The Relationship of Loss to a Larger Schema
  - Language of Loss
    - Metaphors of the Language of Loss
    - The Body
  - Discovery and Future of Loss
  - The Nurse Hermeneutic

### Implications Related to Nursing Practice
- Implications Related to Nursing Practice
  - Joining with the Person
  - Self-reflective Process
  - Distanciation and Loss
  - Encouraging the Dialectic for Personal-Identity Creativity in Dialogue with Self

### Limitations of the Study
- Limitations of the Study

### Implications Related to Ricoeur
- Implications Related to Ricoeur
  - Impediments to Self
  - Genre
  - Letting Go into the Narrative
  - Hermeneutic Principle

### Implications for Future Study
- Implications for Future Study

## APPENDICES

### A. INFORMED CONSENT INSTRUCTIONS
- Purpose of the Study
- Description of the Study
- Benefits
- Risk and Discomforts
- Right to Refuse or End Participation
- Cost
- Confidentiality
- Addendum to Consent Form
CHAPTER I
THE PHENOMENON OF GRIEF AND LOSS

Traditional Approaches to the Phenomenon

The problem of identifying the meaning of loss is a complex one. The literature on loss has historically addressed loss from the various perspectives of several disciplines. The medical/psychiatric disciplines began their approach to loss with an attempt to identify the signs and symptoms unique to the experience of mourning (Engel, 1964; Freud, 1917/1968; Lindemann, 1944; Olders, 1989; Schuchter, 1986). Psychology and the social sciences have addressed the underlying issue, examining differences in coping, culture, and atypical versus normal aspects of grief (Becker, 1973; Benoliel, 1985; Bowlby, 1961; Dietrich & Shabad, 1989; Kastenbaum, 1989; Viorst, 1986). Simultaneously, there has been an ongoing interdisciplinary attempt to develop and define theoretical and conceptual frameworks which would serve to clarify and classify the phenomenon of grief and loss (Bowen & Brown, 1980; Bowlby, 1980; Corr & Doka, 1994; Hogan, Morse, & Tason, 1996; Parkes, 1972; Worden, 1988). Taken together these inquiries advanced the skills and knowledge of practitioners and enabled the development of more accurate and appropriate clinical interventions (Bowlby, 1961, Parkes, 1987, Rando, 1988; Simos, 1979; Wolfelt, 1991; Worden, 1988). Heavily influenced by the seminal work of Elizabeth Kubler-Ross (1979), who identified stages of death and dying, nurses, clinicians, and
researchers entered the field of thanatology. The nursing literature continues to evolve. Initially, it reflected its source the literature of psychology which focused on coping and adaptation. The psychological data was used as a basis for developing nursing interventions (Bateman, Ingallinera, & Woolf, 1991; Bateman, et al., 1992; Burnell & Burnell, 1989; Carter, 1989; Cowles, 1996; Trunnel, Caserta, & White, 1992).

Identification of successful and unsuccessful coping and adapting techniques specific to grief and loss lead nurses to propose phase-related interventions to maximize patient recoveries (Gass, 1987; Gass & Chang, 1989; Hegge, 1991; Herthe, 1990; Martocchio, 1985; McPhail, 1994; Pietruszka, 1992; Rigdon, Clayton, & Dimond, 1987; Ultry & Rasie, 1984; Wagnild & Young, 1991). More recently, the qualitative literature describes the evolution of the research into two newer areas: (1) the meaning of grieving personal losses (Carter, 1989; Cody, 1991; Cody 1995; Jones, 1993; Pilkington, 1993), and (2) the potential for self-transcendence (Joffrion & Douglas, 1994; Steeves; 1996). The issue of self-transcendence is central to the writings of those interested in how people who are suffering and grieving deal with loss. ( Cowles, 1995; Cowles & Reed, 1996; Grassman, 1992; Joffrion & Douglas, 1994; Kinney, 1996; Langner, 1995; Steeves, 1996; Weenolson, 1988; Westman, 1994).

The collective research informed each discipline’s approach to patients and their significant others. The knowledge gained from the diverse research is particularly important to nursing. The identification of effective interventions and approaches for successful health-oriented outcomes is invaluable. The variety of approaches to loss and
Rupture in the Ordinary

grief have blurred the boundaries of caring, suffering and transcendence. They have also allowed creative and patient-mediated interventions.

This Researcher's Proposal

The researcher proposes an additional perspective: the phenomenon of loss as distinct from the phenomenon of grief. This perspective suggests that the phenomenon of loss is experienced by the person before the process of grief begins. This phenomenon of loss is only tangentially addressed in the literature.

The researcher will investigate the meaning of loss from the perspective of an individual's self-understanding. This meaning is constructed within the context of personal identity as experienced in the "state of loss". A "state" of anything is defined as a "combination of circumstances or attributes belonging for the time being to a person or thing; it is a particular manner or way of existing" (The Oxford English Dictionary, 1989). It is the "state of existing amidst loss" that is the locus of this researcher's investigation.

The Oxford English Dictionary (1989) defines "loss" as "perdition, ruin, destruction". These are strong words, especially as applied to an individual's existence. They are words people use to describe the experience of loss. The definition further specifies "loss" as "failure to take advantage of, . . . the being deprived of, or a failure to keep (a possession, appurtenance, right or quality)". This definition begins to reveal the implications for the individual. The individual experiences a sense of failure or deprivation arising from not being able to hold something or someone that the individual values. In addition, the reduction of an individual's attributes or possessions is clearly seen as a detriment in the individual's state of existence and, hence, quality of life.
The person whose existence reflects this state of dispossession, lack, or failure is indeed suffering the loss of some aspect of personal identity. This state of loss calls for examination from the perspective of the person who resides there. In concert with this focus, the researcher will evaluate the experience of this state reflected in the language the person. In addition, the researcher will examine loss as neither a negative nor positive event but rather as a personal and historical context from which the individual extracts meaning.

Framework of This Study

This study will consider loss within the theoretical framework constructed by Paul Ricoeur. The process of understanding of the meaning of loss will be considered within the context of Ricoeur’s construct of the self as same and the self as the other. As a result, the dialectic which exists for the personal identity amidst loss will be explicated in a philosophical manner. The notion of loss as a rupture to one’s ordinary experience of time within one’s personal identity will be intrinsic to the consideration of self as explicated in the narrative.

From the philosophical perspective of Ricoeur, the dialectic of self unfolds through the narrative in the lived experience of reflecting on one’s past, while considering one’s future possibilities. Thus, in order to accomplish the exploration of the meaning of loss, the research will examine the experience of loss in the context of a personal narrative of specific loss.
Significance of This Study

To date the research on the phenomenon of loss has been inextricably linked to the phenomenon of grief. But there is ample evidence that these are two distinct phenomena. First, the literature repeatedly explicates of the phenomenon of grief by defining grief as a "response to" or a "result of" a loss. This cause-and-effect relationship invites the consideration of grief as separate from loss, despite the historical liaison and symbiotic relationship of the two phenomena.

Although the existing literature has not delineated a difference between loss and grief the two phenomenon can be distinguished. Grief is a phenomenon which has an essentially interpersonal characteristic. Grief is characterized by one's relationship to the loss of another. Both Freud and Bowlby use object relation theory to contextualize grief as an intrapsychic phenomenon. This researcher proposes that the phenomenon of loss reflects an intrapersonal characteristic. The person experiencing the loss, individually and alone, experiences an interruption in self-identity. This interruption, often experienced as the dispossession of some aspect of the self, has not been described in the literature. This interruption is, however, reflected in the research from both the individual and family systems approaches.

Across all disciplines the literature exhibits a trend to contextualize loss and grief in theories of self-transcendence, or spirituality, logotherapies which, although important in themselves, assume certain basic properties of self which must be examined. There is a need to provide opportunities for self-transcendence, opportunities for the person to find meaning in the loss through a self-reflective process. Dissociating loss from grief,
intrapersonal from interpersonal, allows the exploration of the present meaning and self-
knowledge --- the dialectic of self amid loss. The person begins the process of loss prior to
the experience of grief, although he/she continues to process the loss simultaneously with
experiencing grief.

Because a nurse often is present to the person experiencing loss, the nurse has a
unique "hermeneutic" opportunity to facilitate the process of self-reflection and self-
understanding as the person struggles with the meaning (or absence of meaning) of the
loss. This process of understanding of the self in dialogue with loss exists for the person in
time, in a body, and in the world.

**Narration of Loss**

Nursing commonly assumes a wholistic meaning of the self. This wholeness is also
reflected in the way individuals describe a particular loss. Narratives of loss almost
invariably describe a sense of wholeness disrupted by loss, both physically and
metaphorically.

In co-journeying with people who were living their loss, this researcher has
repeatedly heard them struggle to narrate the meaning of their experience. Each story was
rich with metaphors, situated in time, which reflected the person's understanding and
expression of the meaning of loss "situated in his/her body". Each story revealed the
person's sense of self at varying points in time. Each offered the conception of time in
changing modes throughout the experience: time for the person is described as before the
loss, after the loss, and an almost atemporal experience of time amidst the loss. The
concept of time, unpredictable and uncontrollable, explicates itself in the story. The person
Rupture in the Ordinary employs metaphor to describe the experience of time: time "flies", "stands still", "drags". These metaphors are rich in meaning as the person's experience of self unfolds the meaning of loss.

Additionally, each person uses bodily metaphors to explain the meaning of his or her personal identity in loss. These bodily metaphors are a mechanism for articulating that which is often beyond the person's grasp. The individual's state of loss, the state of being dispossessed of some aspect of self, is reflected in the many metaphors the person uses to begin to place boundaries around the inexpressible insult which the self has endured. The meaning of the loss to the individual is revealed by these metaphors. One's self-understanding, ruptured by loss, unfolds in the day to day experience of the ordinary, as related by the person.

The use of natural and ordinary language in the story helps the person understand the rupture of his or her understanding of personal identity amidst loss. As the person narrates his/her story, meaning unfolds for the person. By listening to the temporal and bodily metaphors the person uses to tell the story, the nurse can better understand the meaning of loss as it is being understood and experienced by the person. The metaphors represent the struggles within the person. The person and the nurse learn the meaning of loss while that meaning unfolds and informs the person's existence. This knowledge enhances the interventions, inform the coping skills, and facilitates the healing process. The person and the nurse can use the meanings revealed in the story, together with the self-understanding that the person has already established, to inform the ongoing dialectic
of self-understanding. Knowing how loss disrupts personal identity can enhance self-understanding.

The journey to self-awareness through the self-reflected experience of loss may reveal opportunities for healing and movement toward health. In accompanying the person on the journey, the nurse can assist the person in finding meaning in loss through a dialectic of self-discovery. The journey can be a challenging mutual experience as each co-journeymer's understanding of personal identity unfolds.

Research Question

What is the person’s self-understanding of personal identity amidst loss?
CHAPTER II
THEORETICAL FRAMEWORK

Introduction

The theoretical framework used for this study will be the hermeneutic philosophy of Paul Ricoeur. Paul Ricoeur is a contemporary French continental philosopher. He resides in France. He is well known for his studies, including Time and Narrative (three volumes), Self as Another, and Hermeneutics and the Human Sciences. Ricoeur’s main interest has been within the context of human sciences -- man knowing himself through his history as understood through the narrative. Ricoeur is intrigued by the concept of subject as it relates to interpretation, specifically self-interpretation.

This study will focus on one portion of Ricoeur’s extensive work. It will explicate the philosophy of Ricoeur as it relates to the hermeneutic of the self amidst loss. As Ricoeur’s theoretical perspective unfolds, the importance of understanding personal identity will be revealed. To provide the framework for understanding personal identity amidst loss the researcher will use three areas of Ricoeur’s philosophical perspective: (1) the notion of self as same, and self as other, (2) the discordant-concordance of the self evidenced in the struggle for self-identity, and (3) the notion of self-identity and narrative.

For Ricoeur, the self is not available for simple self-reflection, thus a hermeneutic is needed. A hermeneutic is a process whereby an “underlying forestructure of our
understanding is raised to transparency... that is interpretation" (Grodin, 1994, p. 102).

The person-nurse interaction provides a venue for this process. The personal identity explored by Ricoeur
is an intimate connection between self-knowledge and self-understanding in the lived experience. The lived experience puts self in a dialogue between that which is revealed and that which is hidden. Becoming, through a hermeneutic of self-interpretation, is a process never fully actualized. For Ricoeur, the journey through a self-reflective process affords an opportunity for being in the dialogue with all that one is and is becoming.

The epistemologic issue of knowing oneself is augmented by an ontological perspective of being-in-the-world. Hence a dialectic between epistemology and ontology emerges. In that dialectic the person's self-knowledge is gained through a dialogue with the self in the world. Ricoeur's work is imbued with a unique philosophical and psychological understanding of the relationship of the self to self-understanding. Interestingly, Ricoeur is as equally acquainted with Freud as he is with Heidegger. The combination affords a deep appreciation of the many facets of the self, from the most obvious to the most hidden.

**Self as Another**

Ricoeur's proposition of self as another came at the culmination of his philosophic journey through phenomenology and hermeneutics. His exploration of freedom and will led him first to an investigation of voluntary and involuntary action. This analysis took Ricoeur to Freud and the hermeneutics of psychoanalysis. Ricoeur understood Freud's work as a hermeneutic of the person, the unconscious and the conscious, as revealed and
hidden, explicated in the psychoanalytic process between the therapist and the client. The notion of concealing-revealing self clarified certain of Ricoeur’s basic assumptions in the dialectic of self, especially the self’s unconscious-conscious identity.

Ricoeur’s work is eminently interested in the self, which during the experience of loss is critically altered on a communal as well as personal. The personal identity of an individual, altered by and in loss, searches for self-understanding and reappropriation. The implications of this for the person, the body, the other, the family and the community are well documented in the grief literature. The struggle toward self-identity in loss has not clearly examined. The struggle inevitably involves oneself and another.

For Ricoeur, what constitutes the self is not immediately available. The self unfolds through encounters with another. Nursing is a strategic place to participate in this unfolding. The nurse, in his/her presence of listening to the person’s story, can interact with the story as the person struggles for self-interpretation. This research will explore the nurse as “another” in relation to the person who is undergoing the hermeneutic interpretation of loss over time.

**Being-in-the-World**

Ricoeur’s exploration of existential phenomenology added to the concept of self-knowledge the ontic components of being-in-the-world. This being-in-the-world struggles for self awareness, and expresses itself through discourse. Discourse becomes the arena in which self-understanding in the now, amid clarity and confusion, unfolds itself to itself. Self-understanding comes through self-appropriation in discourse.
One aspect of discourse explicated in Ricoeur's notion of personal identity is the creative use of a particular form of discourse, the metaphor. "The metaphor is a semantic innovation, an emergence of meaning" (Ricoeur, 1978, p. 120). Thus, metaphor addresses the struggle of the self to appropriate the meaning of loss for both self-understanding and explanation. The metaphor provides an opportunity for the person to designate creatively a tension between the old and the new, allowing self-interpretation by providing a way to grasp the same in the difference or the concordance in discordant experiences.

**Notion of Time, Narrative and Metaphor**

Essential to being-in-the-world are each person's need for self-understanding and for being correctly understood by others. Ricoeur's philosophical perspective enhances both. The exploration of self through Ricoeur's philosophy includes fundamental notions of time and narrative. The relationship between self and narrative involves what Ricoeur calls the use of creative metaphor. The metaphors address the struggle of the self to appropriate the meaning of loss for self-identity. For Ricoeur, "the strategy of metaphor is a heuristic fiction for the sake of redescribing reality. With metaphor, we experience the metamorphoses of both language and reality" (Ricoeur, 1978, p. 133). Thus, as the person describes the experience of loss its meaning is both changed and revealed in the language of metaphor.

**Ricoeur's Narrative and the Tensive Unity of the Self**

Ricoeur's notion of personal identity is a tensive and dialectic one. The self is not the empirical self of Freud, nor is it the conscious reflection of the objectified self. Rather, it is a complex dialectic which acknowledges the totality of the person -- the biophysical,
psychosocial, cultural and cosmic self. This self-identity recognizes itself in a dynamic process of becoming, in part through a process of self-interpretation. The self is interpreted through discourse and action, learning ever more about itself in the evolving and unfolding process of becoming authentically human. The interpretation is always situated in a temporal experience of self. It is a reflective process that projects itself to the possible in the future.

*Ipse and Idem*

Self or personal identity as conceptualized by Ricoeur is explained in an “oppositional dialectic between identity as idem and identity as ipse” (Ricoeur, 1983, p. 104). The identity as idem (sameness), temporally and historically grounded, is an aspect of self which remains the same over time. Idem identity is the “uninterrupted continuity” of self over time. It involves that which belongs to every entity. Ipse identity represents the notion of dissimilarity of self over time. Both models have an attribute of permanence in time. The ‘I’ of my identity at age 20 is both the same and different from the ‘I’ of my identity at age 70. Ricoeur provides an example of this in the war criminal, at once the same and a different person over the years. It is the critical notion of these two identities, same and different in one individual, which is Ricoeur’s central theme of personal identity.

The idem identity, a notion of permanence in time, reflects the stability, for example, of one’s genetic structure. A fingerprint remains identifiable from birth to death. In addition to this biologic genre of sameness, personal identity is also knowable by those characteristics that remain the same throughout one’s life. These characteristics include familial or social structures given to one at birth; a combination of norms, values, and self
chosen characteristics. For instance, “I” am an Italian-Irish-American Christian who likes country living and values honesty, justice, and a good sense of humor. This is what “I” am.

The *ipse* identity for Ricoeur is responsive to self in a different way than *idem*. The *ipse* (otherness) of the identity is self-constancy. It is that part which “consists of the permanent capacity to make and keep promises over time regardless of whether they support or undercut permanence of character” (Dauenhauer, 1995, p. 48). For instance, while working as a public health nurse teaching nutrition, it was obvious to the researcher that there was not enough food for the people to follow the diet. The researcher had to recognize that her values for honesty and justice would require her to act and/or prompt the people to act. The action was to create a food cooperative. This presented problems in the researcher’s job, yet her self-identity struggled to maintain options for justice. It was a place where she could attest the who and the what of her identity.

**Narrative as the Vehicle for Self-reflection**

Ricoeur, as a reflective philosopher, is interested in the manner in which intentionality explains how the self appropriates itself. This notion is an important when considering the phenomenon of loss within the theoretical framework of Ricoeur. Reality of a situation is not simply the retelling of the history of events. The human being has the unique potential for self-reflection. This reflective process is more than simply recollection; it is the intentional activity of the self struggling towards self-understanding.

The self works toward interiorizing the tensive dialectic of *idem* and *ipse* identity. It appropriates the experiences of history, as well as ideals and virtues, wishes and dreams.
In Ricoeur’s theory, this appropriation comes through the vehicle of narrative. Yet, narrative begs for self-correction. The self struggles in a reflective process with the true and the false in the context of the discourse given in narrative.

This reflective component of self-identity is impeded by the experience of loss. For Ricoeur, authentic self-understanding must include the reality of death. Death forces the awareness that temporality is a fact of humanity, and thus is a fact of the lived experience. This confrontation resounds in the questions posed by people in situations of loss: “What does (my) life mean if this can happen?”; “Why now? – Why this?”; “Can I go on in light of this loss?” The question of meaning, in the now and for the future, in light of a past event, creates confusion of one’s meaning and reality. The inability to recognize what is real in the unreal blurs the understanding even further.

Because the self is not immediately available to itself, one needs a way to work through the rupture of self in loss. The narrative offers opportunity for self-correction and self-appropriation. The narrative provides a means for reappropriation of the threatened self-identity. The dialectic between the *idem* and *ipse* identity, in the context of story, provides a place for the person to work through this reconstruction of self.

**Time**

For Ricoeur, personal identity is viewed “within the construct of the temporal dimensions of human existence” (Ricoeur, 1992, p. 114). The lived experience of time in loss is different than measured time – it both passes and continues. “Time becomes human to the extent that it is articulated through a mode, and narrative attains its full meaning when it becomes a condition of temporal existence” (Ricoeur, 1984, p. 52). Thus, the need
to repeatedly recapitulate the loss gives meaning to the story of loss in the context of time. It is in time that the person must endure the fracture of self-understanding and, through the narrative, reconfigure meaning as the ordinariness of time both remains the same and changes.

For Ricoeur, the notion of a simultaneous disconcordant-concordance represents the unity in diversity of the lived experience of loss. It is expresses in the narrative as an interruption to personal identity. This threat is manifest in the diversity of the story, both in the events of the story and the sequencing of those events. It results in a conundrum requiring the person to sort out what is self in light of loss.

The narration of the story synthesizes this movement through time, integrating the story into the holistic experience of loss. The unity of narrated time is approached through the hermeneutic of historical consciousness. It is not necessary that the story be the "truth" of any event because the act of telling can reconfigure the temporal experience for both the speaker and the listener. A person telling the story of loss offers the events in the discordant-concordance of time, with all the persons and circumstances surrounding the loss brought into a diverse unity of time and meaning.

Nurse as Mediator

Appropriating the meaning of the loss for self-identity aids in recognition of meaning and self-interpretation. The nurse can mediate this process. Through an interaction with the narrative, the nurse can assist the person toward self-understanding. Using the symbols -- the stories and metaphors, presented in the narrative, the nurse can participate in the discourse of the discontinuous-continuity of self in loss. The nurse listens
to the potential for self-interpretation as realized in the self-reflective process of narrating the experience of loss in time. The rupture in identity of self is mended through self-appropriation in time. One arrives at authentic self-understanding as loss itself is appropriated into one's self-interpretation.

The link of personal identity in the time of narrative assists in the reconstruction of identity. For Ricoeur, the narrative identity engages time in a unique manner. The contrast of time in the narrative, both fictive and historical, is important to Ricoeur. The narrative reflects both the discontinuous-continuity of time as well as the discordant-concordance of self. The nurse, as reader or listener to the narrative, recognizes both of these components as part of the struggle to reveal and conceal at the same time. The narrator of the story blends the real and the wished for, while resisting and opening the self to meaning.

The dialectic of self-identity arrives at self-understanding through the process of the discourse. The discourse affords the chance for one to look inward with another, while looking out towards the future. The experience of the unfolding of self-knowledge in the tensive relationship with the past, present and future through the unity of time in narrative provides opportunity for wisdom in self-interpretation. This experience reveals self-understanding through explanation. This understanding and explanation is also a dialectic. The self, in discourse with another, can know and choose to inform meaning in ways unique to the person within his/her own historical and personal context.

The struggle for self-interpretation for Ricoeur is both personal and communal. The personal structure of the question is the tensive dialectic between the self as same and
the self as other in the temporality of experience. The move toward self-understanding is, for Ricoeur, one's being groaning for authenticity in the midst of the lived experience.

The person reflects on his/her experience of otherness in the personal identity. The other recognizes the sameness of self-identity in the narrative. The dialectic of sameness and otherness in the intersubjective reality of the lived experience concerns the multiple life histories. Otherness is preceded by the struggle with the dialectic of *idem* and *ipse* identity. The narrative joins many stories into one. The narrative not only reflects the experience of one, but joins in the communal identification of identity. It promotes the concept that existing in the world must have a communal response.

The organization of mothers of children killed by drunken drivers represents Ricoeur's notion of the resultant ethical action. Finding no meaning in such tragic loss the group mobilizes its suffering. The women told their stories of personal loss calling for the action through a nation-wide group which attempts to prevent further trauma. For Ricoeur, this is the existence in the world through resistance. It simultaneously heightens the threat and the awareness of one's personal and communal identity.

For Ricoeur, the self and community are also in a dialectical relationship. The autonomy of self is bound up with the "solicitude for one's neighbor and with justice for each individual" (Ricoeur, 1971, p. 18). The communal notion for this need to self-appropriate and interpret meaning can be understood on two levels. On the first, the individual is always part of some larger social structure. As such, the interactions can provide opportunities for new meaning to unfold. On the second, the community is
struggling to appropriate itself. In what sense is the community the same and different? In what way can it be helpful to the individuals struggling for self-appropriation?

At times, these two levels occur simultaneously. The Oklahoma City disaster (1995) reflects this process. The individuals in loss continue the dialogue with self while remaining a part of the community identity. The past is remembered in the tensive dialectic with the future of a community-- one whose members reconstruct self-identity on a parallel level.

**Loss and the Narrated Self**

Loss is an ever present reality in human becoming. Losses, large and small, call for the self to appropriate, in a reflective process, changes both expected and unexpected. For example, along with aging, there is expected diminution of hearing, vision, and some aspects of health. These changes in selfhood reflect changes to internal and external structures of the self. The changes may alter the person's function and relationships. These alterations need to be appropriated in terms of self-understanding of the past and the potential for the future self. The reflective process in the loss uncovers what is the same about what is different. The discontinuity of the old self and the characteristics of self-continuity exist simultaneously in the reconstruction of the new identity.

Loss ruptures the experience of the unity of self. The ongoing exchange with the what and the who one was before, during, and after loss needs to be appropriated for reconstruction of self-identity. The person, in narrating the story of the loss, struggles with the experience of sameness in the different. For Ricoeur, one's selfhood must incorporate the different while paradoxically recognizing the sameness. The paradox of self as same
and as other amid loss is reconstructed through a multidimensional process of self-
identification. The story provides the framework for the person to incorporate the loss in
time. The notion of time in story is both linear and cosmic. It includes the historical and
the fictive notion of events in time.

**Metaphor**

Discourse has a temporal character. For Ricoeur, the notion of self-reflection
beckons the person to reconstruct the possibilities still available to him/her in a temporally
constrained reality. The self-reflective process structures possibilities of meaning as the
dialogue of the self as same (before loss) and self as different (after loss) unfolds in the
self-interpretation of the story. In this process, metaphors are created which inform the
loss, provide boundaries, and articulate the rupture of loss in the natural language. Ricoeur
states “the power of metaphor would be to break through previous categorizations and to
establish new boundaries” (1978, p. 131). The metaphors reflect back to the person and
the listener this rupture in the ordinary – the discordant-concordance of self in this
changing reality – and provide a possibility of new understanding.

Ricoeur’s hermeneutic understanding also includes the notion that the discourse
is intersubjective. Ricoeur’s perspective on the use of metaphor in the phenomenon of loss
is that: metaphor serves as a creative link between the dialectic of *idem* and *ipse* identity.
Following Ricoeur’s notion of creativity in language, the metaphor is a sign in which the
unity of personal identity can be both the expression and the content (Ricoeur, 1978). The
self-reflective nature of the metaphor is that the person pronouncing the metaphor declares
him/herself.
The intentional component of self-understanding in metaphor, an element of the reflective self, directs the movement through self-interpretation. It is the active function in which the self posits belief about itself. For Ricoeur, the intentional component is "imminent in the sentence and a claim to reality" (Ricoeur, 1978, p. 123). This is linked with the "possibility of the truth and error in discourse" (Ricoeur, 1978, p. 123) within the context (or the form) of a metaphorical discourse. Possibilities arise for creating meaning through the openness to temporality.

Ricoeur posits that the power of the metaphor is the holistic way in which it reestablishes boundaries. It does this by identifying the old with the new as well as by grasping the "same in the different". For the person articulating loss metaphorically, the struggle for self-understanding occurs in the creation of the metaphor, in the intentional process of looking for an explanation and interpretation of the experience.

The temporal perspective is represented in the understanding of self in time and out of time; the self as same and as other-than-self. The metaphors reflectively interact in the experience of the body and time representing the notion of the discordant-concordance. It is not until the experience is appropriated that the unity in the diversity is recognized.

Role of the Nurse

Sometimes, another person must encourage the person while he/she endures and struggles through the pain of loss. The nurse can respond to the metaphorical statement as a meaningful expression of the lived experience. In so doing, the nurse can recognize the "literal meaning which is bound by semantic incongruity, and the new meaning which
makes sense in the present context” (Ricoeur, 1978, p. 132). In addition, the nurse participating in the hermeneutic of the discourse can grasp the relationship between the similarities and the dissimilarities in the metaphor. For example, the person who struggles to define the physical pain of loss reaches beyond ordinary language. Describing the reality, he or she states “loss is like someone pouring loneliness into my being.” The threat to self-identity becomes apparent in the metaphorical descriptions of reality in the lived experience. The nurse listening to the person can encourage the description of reality and allow the narrator to explore the potential to grasp the same in the different and express it through individualized metaphorical construction. Explanation and self-appropriation can interact within the metaphor to extend meaning and self-interpretation.

**Critical Role of the Narrative**

For Ricoeur the narrative is critical for self-understanding. It is within the process of speaking the narrative that personal identity comes to light. Ricoeur’s notion of narrative identity is “(a) knowledge of self as an interpretation, (b) the interpretation of the self in turn finding narrative, among other signs and symbols, to be privileged mediation, and (c) this mediation borrowing from history as much as fiction, making the life story a fictive history or, if you prefer, an historical fiction, comparable to those biographies of great men” (Ricoeur, 1991, p. 73).

The temporal dimension of self in the narrative implicitly continues the dialectic between the *idem* identity and *ipse* identity through the process of reconstructing one’s story. As the person gives language to the story, the discordant experiences of this tensive dialectic of self-identity are made explicit. The personal identity shows itself as the person
tells the happenings of the story, both participating in the story and narrating the actions. As themes evolve, the listener can follow the story although it has an expressly nonlinear arrangement.

Ricoeur states that the narrative identity "combines the same array of intentions, causes and contingencies that together make up the configuration of the narrative" (Ricoeur, 1992, p. 115). Thus, the narrator's identity converges in the narrative. It is here that the interrupted continuity of self, through permanence over time in temporal events of history, comes together in the flexible sequence of the narrative.

Ricoeur's Work as a Framework in Which to Study Loss

Narrative, as well as the self, is not all order or sequencing. It is in this context that Ricoeur's work is particularly helpful to exploring loss. His analysis allows us to place "loss" in the broader narrative framework, to relate it to human temporality and language and thus to better understand the importance of seeing metaphors and stories as the means by which a discordant-concordance is maintained in the situation of loss. "The narrative constitutes an inexhaustible thesaurus from which we borrow innumerable models for self-understanding" (Ricoeur, 1992, p. 115). The individual's assumption of meaning is challenged by the confrontation with the new reality. The confrontation of the similar and dissimilar of self identity reinterprets itself through the narrative. The meaning moves back and forth through time until it finds a home. This metaphorical sphere, provides a safe environment for the discordant-concordant self free of the constraints of conventional time, to reconstruct personal identity through the weaving of a story which will define and refine meaning.
The notion of self-identity is critical to a process of self-understanding and healing in loss. This researcher contends that loss requires a dynamic process of self-interpretation expressed through discourse, both incorporating and self-appropriating meaning amidst loss. The temporal component of narrative mediates self-understanding as the dialectic of self-interpretation unfolds the implicit and explicit meanings. The person experiencing loss struggles in a dialectic of what Ricoeur refers to as self as *idem* and self as *ipse*. This struggle, an intrapersonal process unfolding in the interpersonal reality in the world, engages in a peculiar dialectic with time. Time itself becomes part of the struggle.

The very questions of meaning invoke the basic assumptions of what one’s life is. The values, the projects of life, engage in the dialectic with the meaning of past, present, and future that is itself sourced in these assumptions. This present dialogue with the values and meanings of the past provides potential projects for the future through self-reflection in the now of the experience. Thus the person finds in the narrative opportunities for self-explanation. The person questions the values and meanings which were so basic to his/her identity, and whether he/she will continue to choose them as the self changes in response to the loss.

In the struggle to find words to adequately express this dialogue, persons use metaphors and stories which assist with this self-interpreted process. The metaphors show the totality of the lived experience through the language of meaning. Ricoeur, relying on Heidegger’s notion of showing, recognizes that metaphorical recreation of meaning both reveals and conceals meaning in the language of the story of loss. "Language speaks from formerly spoken to still unspoken sayings" (Heidegger, 1962, p. 2). The language of the
story reflects the unity of the experience, the known and the unknown, as it unfolds in
time.

**The Body and the Narrative**

For Ricoeur, the dialectic between selfhood and otherness is a complex one. It is
not, according to Ricoeur, reduced to the otherness of another person. Rather, it includes
the same dialectic of *idem* and *ipse* (same and other) within one self-identity.

Otherness of selfhood is exhibited in a wide range of dissimilar experiences.
Ricoeur presents a triad of otherness from which to understand the dialectic between the
“same” self and the “other”self: first, the experience of one’s own body as the mediator
between the self and a world; second, the relationship of the self to the foreign, inherent in
the relationship of intersubjectivity; and third, the deepest, the healing of the self in
relation to itself. (Ricoeur, 1992, p. 318)

The notion that the person is also body is clear. Ricoeur wants to account for the
relationship of the body and suffering. Although Ricoeur is concerned with suffering at the
hands of another, the notion of suffering as a result of loss can also be considered in this
context. Whether one suffers at the hand of another or through the experience of loss, the
body must undergo, endure, and perhaps resist. It is through extending oneself to another
that existence becomes resistance. It is as an embodied self extending itself to another that
the passive experience of pain and suffering in the body can be mobilized through narrative
for one’s own healing. This tensive dialectic of sameness and otherness of body opens
ways toward self-understanding.
A significant notion for this researcher, consistent with Ricoeur’s theoretical framework, is the importance of incorporating the meaning of personal identity through the unity of self. The body, for Ricoeur, is constitutive of the phenomenon of being anchored in the self. The *idem* identity, inclusive of personal characteristics and roles, provides the continuum of identity in tensive unity with the *ipse* identity, “the self constancy that finds anchor in the body” (Ricoeur, 1992, p. 319). The sameness of one’s body supports those changes that occur while one undergoes and endures the suffering of loss evident throughout the narrative of loss. The otherness of one’s body also unites the personal identity of the person in loss with the personal identity of the community. The other responds to the stories of suffering, shifting to and from his or her own stories, while resonating and responding to the person throughout the narrative.

Just as temporality is part of existence, so too is the whole body of the person. The body is not limited to physiology; it includes the emotional as well as the physical. Ricoeur posits that the body represents the intimate diversity and the resistance to the external world. It is the mechanism by which the “I” is both connected and disconnected to the world of the other. This is intrinsic to the experience reported by those in loss. The body becomes the metaphor for intimacy and for abandonment experienced in the loss. In other words, the tensive dialectic of self is experienced as being imposed upon by the loss. The person relates “a part of myself is missing,” “has been taken from me” or “the spirit has been sucked out of me.” The narrative identity mediates this change, which is rooted in the temporal experiences of being-in-the-world struggling for self-understanding. The person amid loss commonly articulates the struggle to experience this unity through
physical signs, symbols, or metaphoric language. This attempt to incorporate meaning in bodily context is important for self-appropriation of loss. The person amidst loss struggles to inform meaning to the past as well as the present.

The literature reflects some confusion about the person who incorporates or “somatizes” in the body. The meaning of physical signs is considered at best an attempt to re-identify with the lost person. For example, a person experiencing the loss of another may replicate the deceased person’s symptoms, there may be an increase in somatic signs, or an increase in the use of body metaphors may reflect the phenomenon of incorporation of self-identity through body.

Of particular concern to this research is the need to understand the loss through the narrative. The narratives show prominent use of body metaphors by those experiencing loss: “My heart hurts”; “I feel like a knot is here”. The researcher posits that listening to the language of the whole experience will inform meaning for the person and the healing process.

It is at this juncture that the nurse may first engage with the person in loss. The person experiences the pain of loss in the body. The cause of this has been postulated as related to stress, over identification with the other, and/or the psychosomatic. Freud stated that he was unsure why the pain of loss exhibited as physical signs. Ricoeur’s philosophical perspective is a tool for enhanced meaning and understanding of the pain amid loss. In dialogue with the person, the nurse can promote self-understanding as the narrative mediates meaning for the person and the nurse (or other listener) in the context of the signs, symbols, or metaphors used by the person. From the narrative, the listener
can often apprehend meaning which is not transparent to the person. The signs and symbols which the person uses to describe the bodily phenomena mediate the meaning. The nurse, in the hermeneutics of nursing, works with the stories and lived experiences of the person’s pain to interact with the person as meaning unfolds amidst the pain.

Another dimension of the self which is evident in the phenomenon of loss is the body in dialectic with temporality. The body attests to one’s being-in-the-world. In a body, I can sense myself and sense the other. The “body is revealed to be the mediator between intimacy of the self and the externality of the world” (Ricoeur, 1992, p. 322). The question of existence and the question of meaning, often articulated during the time of loss, reflect this dialectic. The attempt to incorporate meaning in a bodily context to increase self-understanding is important for the appropriation of loss. The tensive dialectic between *ipse* and *idem* finds in the body a place for the transformation of the self in the context of time. But transformation is potential; a person may not choose, or may not be able, to engage in the process of self-reflection to reconstruct self with another.

The person must engage in a conscious and reflective process in the choice toward actualizing this potential. The person who chooses to engage in the process undergoes and endures the dissonance of the story in bodily experiences within time. The dialectic between time and the body in the story sometimes represents one’s struggle with the experience of existence itself. Questions like what is worth living for and how one will go about living are the result of the reflection of the experiences of discontinuity in the continuity of self, explicated in the narrative.
Meaning unfolds through the discordant-concordance in the dimension of the narrative. The ways in which the person persists and reflects on potential meaning, in the connected and disconnected dimensions of the story, move him/her toward the possibilities of the future, and reckon with the selfhood. The person’s ideals and values create the narrative with the “disparate components of action – intentions, causes, and chance occurrences -- and join with the sequence of the story” (Ricoeur, 1992, p. 141).

The dialectic between time and the narrative is open to the possibility of inaccurate, perhaps even fictive, interpretation of meaning. The narrative must be examined for more reasons than just understanding. Explanation, an aspect of the hermeneutic of psychoanalysis and authentic being-in-the-world, explores the depth of meaning in a dialectic with self-understanding. Further reflection is needed.

The Narrative and the Notion of Suspicion

Ricoeur’s philosophy of suspicion frames the ongoing process of self-interpretation. Ricoeur’s recognition of the dynamics which, paradoxically, both Freud and Heidegger helped to disclose, brings epistemological concerns of interpretation together with ontological concerns. This dialectic is the difference between explanation and understanding. Ricoeur posits that understanding calls for explanation, where the give and take of questions permit interpretation to be verified as it unfolds, “understanding and explanation must coincide” (Ricoeur, 1978, p. 153).

The nurse, listening hermeneutically to the stories and metaphors, can provide insight and understanding not readily available to the person undergoing the loss. The stories and the metaphors use certain symbols whose meanings are not always obvious.
“Stories are rarely self-explanatory” (Ricoeur, 1978, p. 164). Hence, the narrative only partially reveals the truth. The self struggles towards, and yet resists, meaning given and concealed through language. This dynamic interferes with the ability to accurately and independently interpret the narrative for one’s self.

Ricoeur suggests the necessity for another to be the third eye, to be available to mediate the interpretation of the what and the who of selfhood. The unity of one’s being, immersed in itself, cannot independently apprehend the whole of its lived experience. The unconscious is inaccessible for self-interpretation and without interpretation the ability to know one’s self-identity in the world is restricted to mere reflection of the event. Here the nurse can interact with the narrator to help filter out meaning through explanation.

The narrative must be brought to the level of self-reflection where understanding and explanation can be conjoined in authentic self-interpretation. Only then can the possibilities for future projects or potential actions mingle with one’s personal identity and creative possibilities for meaning. Theses are the sources of support and comfort for the individual over time.

The way to truth must be cleared of wishes and desires. These wished-for meanings stand in the way of the potential for authentic being-in-the-world. Working to recognize meanings, revealed and hidden in the narrative, the nurse participates in the person’s process by enabling reflection and meaning to surface.

“The history which the story relates reflects the succession of actions, of thoughts . . . of feelings, presented simultaneously with the surprises, coincidences, recognition, revelations, etc . . .” (Ricoeur, 1978, p. 164). These together become the narrative-identity
in loss. This is the process by which knowledge blends with being at the depths of reflection. This process allows the person in tensive dialectic with idem and ipse identity to creatively appropriate meaning through explanation.

The story of loss is one avenue for analysis of the personal identity. The themes of life are woven throughout all narrative. Through the process of self-analysis explicated in narrative, the identity of oneself as another, the discordant-concordance, is examined and clarified. This reflective process within the discordant-concordance of the story gives access to the meaning of the narrative and, hence, meaning of being-in-the-world.
CHAPTER III
REVIEW OF THE LITERATURE

Introduction

The review of the literature sets the stage for how this researcher will investigate loss. In reviewing this literature the researcher will address loss as a phenomenon separate and distinct from grief. While the researcher acknowledges that there are striking similarities between the constructs of loss and grief, she will address specifically the notion of personal identity amidst the rupture of loss, as self-understanding and personal identity unfold for the person.

A variety of terms are often seen as synonyms of loss. These terms, linked in the literature as well as in the minds of most people, are grief, bereavement, and mourning. The researcher, therefore, must clarify these terms and differentiate the concept of loss from that of grief. She will also synthesize the literature on loss as it relates to the person’s search for meaning.

Definitions

Loss is a “deprivation or dispossession” (The American Heritage Dictionary, 1994). There can be a loss of something that is physical or of an abstraction (e.g., country, ideas). It has been recognized that loss has both objective and subjective characteristics
Rupture in the Ordinary (Bowby, 1961; Freud, 1957; Parkes, 1986; Viorst, 1986; Weenolson, 1988). This aspect of loss will be discussed below.

Grief is a word often inextricably linked to loss. It is the “physical, psychological, and social response of an individual to loss” (Rando, 1984, p.15). It is a normal process that one goes through towards the resolution of the loss (Freud, 1957; Trunnel, et al., 1992). Parkes (1986) considers grief to have normative phases with specific phase-related responses. These responses are numbness, shock, disbelief, and extreme sadness.

Bereavement represents the “experiential state one endures after realizing a loss, and, as such, it is an objective fact” (Kastenbaum, 1977, p.10). It reflects the cognitive, emotional and behavioral manifestations that are understood as the expression of grief.

Mourning is the expression of sorrow and has a distinct cultural context. Mourning encompasses the “conventional outward signs of grief for the dead, such as arm bands or black clothes” (The American Heritage Dictionary, 1992). Mourning is the duration of time allotted to the resolution of grief.

Grief

There has been a plethora of writing and research on grief over the past thirty years. The studies of grief as a response to loss present a range of approaches. These approaches have been theoretical, discipline-focused, and outcome-oriented. Researchers of grief have examined the expressions of grief and the mechanisms which would enhance successful resolution. They have also examined the norms of grief within the context of mourning, recognized as the interval of time which is typically allotted to resolve grief. Initially, the investigation of grief arose from psychological observations (Freud,
1917/1957), communal crisis (Lindemann, 1944), and anthropology (Bowlby, 1961; 1980). Over time the literature has expanded to include theories of grief (Corr & Doka, 1995; Worden, 1982) in order to enhance knowledge and understanding. In attempting to understand the typical presentation of grief (including the processes, effective interventions, and expected outcomes) some researchers have contrasted it with the atypical and allegedly abnormal or complicated grief (Rando, 1984; Schuchter, 1986). There is general agreement that certain expressions of grief are normal and necessary for the reintegration of the person into society.

Grief as a response to loss can be sudden or gradual, expected or unexpected. The loss precipitates a series of psychological events that are manifested in physiological, mental, or behavioral expressions. It reflects the emotional context of the experience. The resolution of grief comes when the individual can disengage from the deceased person, lost object or idea and reinvest his or her energies in something or someone else. That the person must re-engage, re-invest, or re-integrate him/herself with other members of a society is well documented (Bowlby, 1973, 1980; Freud, 1957; Lindemann, 1944; Parkes, 1972; Worden, 1982). This process, although non-linear in reality, is represented as a stage/phase or task process. Theoretical models have been proffered to explicate the phases considered necessary for the successful resolution of grief (Bowlby, 1980; Corr & Doka, 1995; Lindemann, 1944; Parkes, 1972; Rando, 1984; Worden, 1982).

The initial approaches to loss and grief through the eyes of practitioners, whether from medicine, nursing, psychology, or sociology, has involved the examination of the person and his/her experience(s) in an intersubjective reality. The need was to define the
problem from the perspective of the caregiver and then posit solutions that seemed appropriate. In general, the caregiver was considered the health care practitioner. The theoretical models provided framework for further observations, interventions, and evaluations of the ways in which the person grieving might be guided though his/her painful journey.

In the 1980’s, research had both a quantitative and a qualitative perspective and nursing participated in the inquiry into loss and grief. In these studies, the person, through narrative interviews and questionnaires, shared his/her experiences. By the use of certain scales, the researcher categorized the narrative using several identifiable themes. Thus, the findings were treated from the perspective of the person grieving. There is evidence of convergence of the constructs of the loss on the experience of grief (Carter, 1984; Cody, 1991; 1993; Parkes, 1972; Pilkington, 1993; Simos, 1979; Viorst, 1986). These studies addressed the effect of loss using the terms loss and grief synonymously. But it is necessary to understand that these two concepts are distinct from each other and that each is unique. This researcher will not pursue the topic of grief.

The task at hand is to illuminate the experience of loss as understood by the person and to explicate the intrapersonal significance which loss generates. In the experience of loss there are, indeed, alterations in how a person interprets him/herself to the self. This alteration provokes questions about the meaning of life, specifically, life in terms of self-understanding and personal identity amidst loss.
Loss

The experience of loss in one’s life occurs with such frequency that usually there is no conscious awareness of its ramifications. These losses are characterized by the experience of one’s moving through them passively, at times recognizing the transitory nature of the loss, and at times not. People change their homes, jobs, and friends. They lose teeth, organs, youthful appearances, and may respond, quietly or not, to these changes in terms of the self and of personal identity.

Something more striking seems to occur in a loss which radically confronts one’s reality in the world, one’s self-identity, and one’s meaning in living life. This is most strikingly seen in the experience of the death of a significant other or of one’s own impending death. It can also be experienced in catastrophic illness.

As a person lives the experience of loss three aspects are palpably altered: time, body, and language (communication). The unity of a human person’s lived experience is altered while the self is fragmented by the loss and the person struggles to locate the changes and communicate in order to understand his or her self and to be understood by another.

The concept of time takes on a measure of unreality in a dialectic with hyper-reality. What occurs in the present is often frozen in time such that time, as linearly understood, is altered. Further, as the lived experience of self in loss unfolds, time is experienced as beyond one’s control. Time affects one’s reality of self-experience in one’s body. The body temporarily carries the experience of loss and reflects the sense of self in the experience and self-identity.
The body (the physical, mental and emotional components of self) participates in the struggle for self-understanding. The dialectic of self remains consistent in loss, as does that to which it responds, but it is simultaneously altered. By living in loss, the body reflects the totality of self-identity in loss.

The person needs to communicate, to tell the story of loss to others in the process of healing the rupture of self-identity. The alteration of experience of time and the experience of body and the communication of the loss to the self and others are critical components of the process. The loss story will be told again and again as the person reflects on the meaning of the loss experience.

The concepts of time, body and language are intimately interwoven in the lived experience of loss. The person relates to this state of loss in the struggle to define and understand meaning as it evolves from self in the experience.

This paper will explore these three concepts. After examining the literature on loss, the researcher will explore how time, body and language participate in one’s self-understanding of life amidst loss. She will do so from the philosophical perspective of Paul Ricoeur, a perspective that commingles psychology and philosophy to illuminate the experience of personal identity amidst loss.

The Phenomenon of Loss

Loss is a state of existence. This state, which has certain characteristics or attributes, reflects an alteration of one’s being, an alteration of which the experience of deprivation or dispossession is a part. The experience is sourced in one’s self with all the psychological, physiological, sociological, and philosophical implications of living.
Life involves an ever evolving experience of self in the world. Within this experience is the expectation that there is a continuity to life itself. In general, people have the idea that they can control the world (for the most part). Each human being actively engages in the activities of day to day life with both real and imaginary desires to control the outcomes of those activities. At times, people are more passive, content that some beneficent, mysterious outside force is in control. In either case, much of one’s life is unreflectively experienced in a continuously unfolding process.

The values and meanings that have become a part of each of us are both implicitly and explicitly acted out in the lived experience (Birchfield, 1994; Braun & Berg, 1984; Burns, 1994; Cody, 1991, 1995; Coward & Reed, 1996; Pilkington, 1993). We learn about those meanings from ourselves and others. We intentionally, or unintentionally, engage those meanings as each new situation challenges our experience of self in our lived experience. Life is the experience but living is being in relationship to those experiences. For each of us, living is facing into those experiences and interacting with them at the core of one’s being (Adams, 1991; Allport, 1995; Fromm, 1956; Nerken, 1993; Ricoeur, 1978).

Loss is one of those situations that challenges one’s experience of self at the core of being. Loss can be experienced in many ways and forms. Much of one’s conscious situation with loss is superficial: we lose an hour attending to something; we lose a thought which seems to pass our conscious state as a fleeting moment of awareness. Our losses can be concrete, complex, and convoluted. Each loss requires some level of attention commensurate with the value or meaning we place on it. “I lost that thought”
Rupture in the Ordinary

holds no concern in the ordinary course as life moves ever so quickly by; yet if we are in a state of fear or anxiety the same loss may have another meaning and merit more attention.

Researcher’s Definition

Loss is an experience, a state of being in the world, in which something which was held as a part of the self is no longer present. The absence of some aspect of self can be real or imagined but it is most certainly a part of the construct of the self, of one’s understanding of him/herself, the experience of the self in the body, temporally defined and self-communicated in the world.

The notion of loss as meaningful in one’s self-understanding has been noted in the literature (Grassman, 1992; Parkes, 1972; Shapiro, 1994; Schuchter, 1989). The meaning of loss has been postulated as coping mechanism, i.e., the person’s need to find meaning in order to cope. It has been interpreted through various theoretical or conceptual frameworks. The earlier literature on loss, often imbedded in the literature on grief, has posited loss as deprivation of a possession, a function, a value, an idea, or a relationship (Bowlby, 1961,1980; Carr, 1975; Engel, 1961; Freud, 1917/1957; Worden, 1982). There are normative expressions and meanings of loss universally experienced and culturally defined as part of the human condition (Bowlby, 1961; Cowles, 1991; Smith, 1985).

Bowlby (1961,1980), Freud (1917/1957), Lindemann (1944), and Parkes (1972) presented some of the earliest, classic work within the psychoanalytic and psychological perspectives. Bowlby, originally a student of the Freudian school, moved into the Kleinian school (Object Relations theory) and developed his own anthropologically-based studies on attachment and separation (1961) and attachment and loss (1980). Klein’s work on
object relations, and hence Bowlby's work on attachment theory, have become the foundation for the developing understanding of loss. It is difficult to find any literature on loss that does not include some aspect of Bowlby's work on attachment and loss.

Bowlby's attachment theory serves as an underpinning of many psychotherapies (Holmes, 1993). Holmes suggests that the theory provides a "bridge between the biological and psychological with important implications for psychotherapeutic theory and practice" (p. 432). The basic features of attachment theory are: (1) a primary attachment relationship, traditionally the mother, whose biological and evolutional function was to protect the child from predators; (2) the characterization of "proximity seeking" behaviors in the child (the age of 7-8 months), wherein the child searches the environment to keep sight of the mother; (3) given the successful attachment, a secure and trusting base is established and exploration of the world is possible; and (4) given separation, the child becomes anxious, protests (often vehemently), with behaviors aimed at reunion. Prolonged separation inhibits the child's exploration of the world and alters the secure attachment base. This is represented in Bowlby's work (1961) by resultant phases of protest, despair, and detachment observed in the child. If the child's protest does not result in re-attachment with the figure (mother), the child moves to despair and withdrawal. Bowlby (1980) suggests an analogous process in the grieving adult.

The research on loss proceeded from several clinical perspectives. These clinical perspectives include psychiatry (Engel, 1961; Freud, 1917/1957; Lindemann, 1944), psycho-sociology (Bowlby, 1961, 1980; Littlefield & Raishton, 1986), biology (Bowlby, 1961, 1980; Jacobsen, 1986; Jewel & Mylander, 1988; Laudenslage, 1988; Ramsay,
Rupture in the Ordinary

1979), nursing (Anderson & Dimond, 1995; Carter, 1985; Hegge, 1991; Martocchio, 1985), and spirituality (Cowles, 1991; Cowles & Reed, 1996). Each discipline has attempted to situate an understanding of loss as a function of differential diagnoses, interventions/management, retrospective and prospective outcomes evaluations, and cultural attributes. Each struggles with the patient and the meanings with which he/she has imbued the loss and, hence, the lived experience.

Overtime, the research on loss has evolved to a broader investigation of the multiple variables which seem to suggest the successful (or not) resolution of the personal insult of the loss. Almost all the theoretical frameworks depict recognition, reaction and resolution of loss in the person who has successfully resolved his/her loss and whose grief reactions are dissipated.

The newer literature presents a more person-specific focus. Some qualitative researchers are attempting to loosen the boundaries set by the establishment of stages (Lindemann, 1944), phases (Bowlby, 1980; Rando, 1984), and tasks (Worden, 1988; Doka, 1995) to provide a new lens from which the person and his/her experiences can be understood (Cody, 1991,1995; Cowles, 1991; Pilkington, 1993). Unfortunately, their broad definitions make it difficult to differentiate the notion of loss/grief from any other concept (Cody, 1991; Cowles, 1992; Pilkington, 1993).

In addition, more traditional researchers have taken another look at the stage/phase/task theories (Corr & Doka, 1994; Doka, 1995; Wortman & Silver, 1987), and are attempting to suggest a non-linear, non-time framed interpretation. There is sufficient data qualitatively and quantitatively to demonstrate that within the human
condition, loss is eased by the interrelationships, philosophic perspectives, and passage of
time (Bowlby, 1980; Frankl, 1959; Fromm, 1961; Rando, 1984).

The loss literature has most recently found its way into the literature on psycho­
spirituality. Research on self-transcendence has exploded to include the person finding
meaning in transcendence of loss (Coward, 1989; Steeves, 1996; Weenolson, 1988), as
well as experiencing positive meanings through suffering (Frankl, 1959; Kinney, 1996).
These findings have an inherent problem and a potential for subtle judgement.

First, they assume that self-transcendence is a goal for the person and the
practitioner. Rather, it should be the result of a process of resolution. The presences of
alternative perspectives provides an option for self-transcendence. In the milieu of
practical experience the notion of self-transcendence can be a means to the concept of
successful coping.

Second, there is a problem with the notion of meaning in suffering. The
expectation of the practitioner that the person will find meaning in suffering, however
subtle, could be a distortion. It is a concept not universally accepted. Further, both self­
transcendence and suffering would more appropriate areas of investigation for the concept
of grief and not the concept of loss.

A review of the literature in other disciplines results in an appreciation of the value
that each, singly and in concert, has brought to the understanding of the meaning and
management of loss. The major effects of Freud's work on repression of traumas, the
importance of the attachment theory toward an understanding of the meaning of the loss
object, the helpfulness of identifying positive and successful constructs for coping and
Rupture in the Ordinary

adapting to a loss, as well as the invitation toward self-transcendence in freedom and choice amidst the loss experience, have enhanced and directed the process of those experiencing grief and loss.

These are not, however, helpful to the question of interest to this work. The previous perspectives on loss have addressed the signs of loss in the expression of grieving. They have focused on the interpersonal perspective of grief as a result of loss. Loss, the state of existence, the precursor, so to speak, of grief, suffering, meaning, and transcendence demands attention in and of itself. This paper will address loss from the perspective of the person experiencing loss, and will examine the unfolding meaning of loss to the person's self-identity. This meaning is not the meaning of the loss of the love object or person, but rather, the meaning of loss as intrapersonally and philosophically understood by the person in his or her personhood.

This investigation of loss is distinct from what has been done by others and summarized in this review of the literature. It will approach loss from the perspective of the one living the loss, being-in-the-world, in time, space and language. This perspective of being-in-the-world addresses the process of the experience of loss and its impact on one's identity of self-for-the-self, and this is new.

**Loss and the Philosophy of Ricoeur**

The importance of understanding loss as a part of the experience of human beings has been posited. The relationship of loss to personal identity has also been suggested. As one reviews the literature, however, one must keep in mind that the perspective from which the research evolves directs the inquiry and defines the approach to the research. To
date, the literature that most closely approaches this researcher's point of view addresses loss as it might be understood from the philosophical perspective of Paul Ricoeur.

The researcher will consider loss as an event that requires an adjustment to self-identity. Loss and the person participate in a process in which a tensive dialectic of self-identity unfolds within the narrative explication of the story of the loss. As meaning unfolds through this process, the person experiences the unity in the difference.

The literature indicates that loss is the cause for the event which results in grief. From the perspective of this research however, loss is an event in itself. It is experienced as a threat to personal identity. That threat can "feel like a threat to life itself" (Simos, 1979, p.11). Consequently, it is an intrapersonal experience. There is a decidedly interpersonal component to loss; however, the focus of this work will be the intrapersonal experience of reconstructing personal identity in loss through narrative. The researcher also recognizes that the conceptual development of the term "loss" predicates the perspective of the inquiry. Some researchers identify loss as destruction and dispossession. They will consider loss and its ramifications differently from those researchers who approach loss as interruption. The latter, like this researcher, define loss as the state of being-in-the-world in which something that was held as part of the self is no longer present. The absence of some aspect of self, whether real or imagined, is a part of the construct of the selfhood and the way one understands self. This absence is an experience of the self in the body, temporally defined and self-communicated in the world. Based upon this premise, the researcher contends that this alteration of the self in loss is an interruption to self-identity. This is the premise that will inform this research.
Ricoeur's philosophical perspective of self-identity is the framework from which the literature will be considered. For Ricoeur, "narrativity is the opposition of the discordance of time and the concordance of the story" (Ricoeur, 1991b, 465). Unity is found in retelling the narrative. The narrative provides the place for the tensive dialectic between the self as same and the self as different in the context of the time within which the narrative unfolds. The narrative has been increasingly used in the nursing literature (Bartol, 1989; Benner, 1994; Boykin, & Schoenhofer, 1991; Carper, 1978; Parker, 1990; Paterson, & Zderad, 1988; Sandelowski, 1991) and literature in general (Coles, 1989; Gordon, 1997; Ricoeur, 1984; van Manen, 1990).

The consideration of loss as a universal phenomenon in which the person struggles with the experience and personal identity has been addressed in the literature on grief and loss (Cody, 1991, 1995; Parkes, 1987; Pilkington, 1993; Schuchter, 1986; Simos, 1979; Weenolsen, 1988; Viorst, 1986). This literature examines personal identity from an interpersonal perspective and explores resultant functional roles and how they change. The notion that loss is a rupture in personal identity has not been considered. This notion of loss as rupture, according to Ricoeur's framework, includes the assumption of a flexible dialectic within the self-identity between the idem identity and ipse identity; the self of self-permanence over time and self-constancy in time experienced in the narrative. This tensive dialectic between the idem identity and the ipse identity has been described above in the chapter on theoretical framework. The dialectic is important because it is here that personal identity seeks to understand itself within the body over time. It is intrinsic to the
process of self-understanding which the rupture, caused by the loss, elicits in the self. When the loss is more subtle, the rupture or interruption of self-identity requires less adjustment.

The narrative is a series of events, self-experienced and described, which provides a conceptual structure for self-interpretation. For Ricoeur, this includes the process of self-understanding in a dialogue with explanation. This dialogue is generally articulated in the ordinary language of the person, although it may also be found in art, poetry, and music. The narrative permits a flexible and creative use of time in arranging the elements of the experience in a unified whole. This occurs within the narrative’s ability to imitate the reality of the lived experience. The narrator’s previous self-identity is carried in the story as he/she, paradoxically being both absent and present in the story, attempts to reconstruct self in light of loss. The dialectic between the self and the otherness of one’s identity allows one to see the past as past while narrating the past in the present. The plot of the story joins the previous self-identity experienced in the permanence of time in and over time. The result is a series of events reproduced in a non-linear fashion. These events reconstruct personal identity in light of rupture experienced in the state of loss. Thus, the individual returns to the past while considering the possibilities for the future. The narrative provides the link between the self of the past and the self of the future, changed and yet the same.

The narrative contends another component inherent in the philosophy of Ricoeur. As the person tells the experience of loss, some aspects are hidden and others are revealed because the person does not have conscious access to the entire experience. This aspect of
narrating one’s story and the assumption that the story is not fully transparent to the narrator or the listener has implications for Ricoeur’s hermeneutic philosophy, as well as for the role of nurse-researcher. In recognizing that the story provides an occasion for recalling circumstances, the researcher will be aware of the need to listen for the revealed, as well as the concealed, in the story.

The inaccessibility of self, despite a self-reflective process, is implicit in the human becoming. It calls for another to interact with the person to continue the dialogue with an opportunity for correction of incomplete or misunderstood aspects of the narrative. For Ricoeur, the narrative itself calls for interpretation. By virtue of this process, the nurse-researcher becomes part of the narrative, listening to and participating in the reflective process. This reflective process joins the nurse-researcher and the person in the discourse towards self-interpretation. In this process, the person in loss needs to recapitulate the story over and over again in order to grasp the meaning reflected in the story. The experience of retelling provides an opportunity for the person to appropriate and incorporate the experience in dialogue with another.

The literature has examined stories of people experiencing grief resulting from the loss of another, and in doing so, has repeatedly emphasized various dimensions of the experience (Carter, 1989; Cody, 1991, 1995; Pilkington, 1993; Weenolsen, 1988). One dimension which has been revealed is the physical aspects of loss, including physical pain, as well as increased risk of illness (Bowlby, 1961, 1980; Carter, 1989; Frost & Condon, 1996; Freud, 1917/1968; Hoagland, 1985; Jacobs, et al., 1987; Parkes, 1987; Shapiro, 1994; Schuchter, 1986; Steeves, 1995).
For Ricoeur, the physical and mental notion of body extends beyond the individual elements. It forms part of the person’s understanding of self, and is included in the process of self-interpretation. The relationship between personal identity and body make it understandable that a threat to personal identity will indeed produce physical manifestations.

The notion of physical pain experienced in the body as a loss of some aspect of the self and the prolific use of metaphor to describe pain has been cited. The understanding of the meaning of the pain, however, is not clear. Freud (1917/1968) stated that he did not understand the intensity of the physical pain, and C.S. Lewis in *A Grief Observed*, stated that he did not know grief hurt so. The research on pain has lead to research on the meaning of suffering (Ferrell & Dean, 1995; Morse & Carter, 1995) and interest in self-transcendence (Coward & Reed, 1996; Kinney, 1996; Westman, 1996).

Researchers have examined the physical expression of pain in a multitude of ways, including as a sign of grief, a symptom of coping, as maladaptive behavior, or as over-identification with the deceased. These approaches, while helpful to the phenomenon of the grief, ignore the dynamic occurring in the struggle to reconcile self-identity in loss. They neither acknowledge the potential relationship between the pain and the process of self-knowledge or self-understanding, nor reflect the relationship between the self and the need to incorporate the experience of loss.

The literature is replete with stories, case studies and anecdotes that reflect the individual’s use of the body not only to situate the pain but also to describe it with profound metaphors. Raphael (1983) relates an anecdote from her practice: “I feel empty
inside, as though torn apart, or as if the dead person had been torn out of his body” (p.58). This notion is repeated, almost word-for-word, in Cody (1991): “The participant experienced his father’s death as a tearing out of part of himself” (p.64). Body symptoms and metaphors are used to describe the experience during loss in various ways, as the person articulates the experience while linking the body to self-identity. Researchers also have used expressions of body representations as validation of the paradoxical situation inherent in the human experience of loss and grief (Cody, 1991, 1995; Pilkington, 1993; Simos, 1979; Steeves, 1995).

**Loss, Time and Narrative**

The notion of time altered in the experience of loss is also found in the language many persons have used in describing the state of loss. These persons’ experience of time does not parallel linear expressions of time in the world. The experience, stated in ordinary language and in metaphorical language, articulates the lost-ness of time. People report “feeling out of sync” with time, “being stuck” in time, as well as time “standing still”. The discordant-concordance of time is replicated and worked through in the narrative of loss. The self labors within the dialectic identity of a being-in-time who experiences time in discord while recognizing that time is unchanged. This discordant-concordance is a notion intrinsic to Ricoeur. It is within the narrative which links the discontinuous-continuity of self in time that the researcher can listen for the struggle as the person unfolds meaning for self-understanding.

Cody (1991), using Parse’s theory and methodology, invited four people to tell the story of their experiences of loss. Within the context of that perspective, Cody reports that
grieving a personal loss is “an intense struggling in the flux of change, while shifting view fosters moving beyond the now, as different possibilities surface in dwelling with and apart from the absent presence and others in light of what is cherished” (p. 64). The notion of temporality and discordance of self in time can be observed in the reported findings based on the participant stories. However, as a result of the theoretical perspective – the experience in time – the struggle of the discontinuous-continuity of the story cannot be fully appreciated. One has the sense that Cody, in an attempt to reconcile the theory, has all but lost the notion of loss in the temporality in the story.

Cody develops the notion of struggling as an aspect of transcendence of meaning with the possibilities, a notion consistent with the theory used. Yet, there is no appreciation for the reflective component in which meaning is interpreted to the self. In addition, the particular notion of self-identity is not a part of the structure of the theory. The extraction and synthesis of the participant’s words have a characteristic that implies that the struggle ends in the notion of transcending with the possibilities, to the exclusion of the possibility that one may not transcend beyond the suffering or that one cannot reconcile the self of past with the loss.

The notion that one can get ‘stuck’ in time, ‘stuck’ in the suffering is evidenced in the plethora of research on grief (Burns, 1994; Gibbons, 1993; Kalish, 1989; Morse & Carter, 1995; Steeves, 1988, 1992). Although beyond the interest of this paper, the notion that transcendence is intrinsic to all moments of humanity is questionable. In addition, there are times in which one may choose to avoid the struggle and the option for transcendence. One can be so frightened that he/she can decide not to engage the meaning
of the loss for self-identity. The past, without the benefit of reflective process, cannot lead to transcendence. The failure to recognize this is a problem in the literature that addresses loss and grief as related to a theory of transcendence.

Recent research on transcendence amidst loss is interesting (Cody, 1991, 1995; Coward, 1990; Coward & Reed, 1995; Kinney, 1996; Pilkington; 1993; Steeves, 1996; Viorst, 1986; Weenolsen, 1988; Westman, 1994). The findings suggest the positive benefit for healing for those who have been able to move beyond, as it were, the suffering and losses. The recognition of this benefit is attested to by the development of mediation, creative imagery, and various alternative approaches that serve to support and transport the person beyond the suffering (Coward, 1996; Coward & Reed, 1996; Kinney, 1996; Reed, 1991). The difficulty with the literature on self-transcendence is that it focuses on moving beyond the body. It does not account for the experience which comes as the body incorporates or tries to appropriate meaning. The notion that one endures on the way to possible self-transcendence is not considered. In order to move beyond, one must simultaneously appreciate the present reality and be prepared to transcend it. This preparedness proposes a certain discipline of self-reflection and intentionality of daily living. The introduction of self-transcendence without an accompanying process of preparedness may lack the depth to sustain the long-term experience of loss. In addition, consideration of a person's basic understanding of loss is not explicated.

Weenolsen (1988) describes loss as "anything that destroys some aspect, whether macroscopic or microscopic, of life and the self" (p. 19). Weenolsen provides a concept analysis of loss and then proceeds to present many case studies in which positive
transcendence of the experience are noted. Yet she does not address the question related to the precarious relationship between the concept of destruction of the self and the illogical conclusion of transcending or moving beyond: How does one move beyond self-destruction? Either the definition of transcendence is inadequate or the relationship is.

Weenolsen states that transcendence is a two step process: (1) loss is overcome, and (2) an aspect of life and self are recreated as the result of the loss and transcendence. While the dynamic of what is occurring in the person who overcomes is not explicated clearly, it may provide a clue to this researcher’s concern. The case studies reflect that people do move on in themselves, yet the issue of how recreating part of self is related to the notion of loss needs a deeper look. Weenolsen’s focus is the typology of loss and transcendence. The problem, characteristic of much of the loss literature (Cody, 1991, 1995; Pilkington, 1993; Steeves, 1996; Kinney, 1996), is the absence of the dynamic of loss. Weenolsen forsakes the typologies of loss in moving prematurely to the notion of meaning, transcendence, or the approaches or avenues for their access, stating that transcendence alters the self that experiences the loss situation and it does so across loss situations. She does not, however, explicate her notion of self-identity, the process of this alteration, or how she understands loss in relation to the construct of self.

The sentiment that moving beyond the experience is important to the concept of self in struggle is significant to any concept of self-identity, particularly Ricoeur’s. Ricoeur’s understanding of self includes the idea that the dialectic of self-identity occurs in a historical and cultural consciousness. The individual in a state of loss will, through the reflective process in the narrative, move through the experience to a more authentic
experience of the personal identity. This may not lead to “resolution” of loss, but rather
toward self-understanding in loss. The notion of self-identity includes the dialogue with
another towards the clarification of meanings in the story. For Ricoeur, the individual must
endure the experience of the rupture in temporality of self as self-reflective consciousness
unfolds meaning in the retelling of the story. The goal is self-understanding and the result
may or may not be self-transcendence.

Some researchers link the concept of self-transcendence with healing (Coward,
1990; Coward & Reed, 1996; Kinney, 1996; Reed, 1991; Steeves, 1996). The importance
of this to grief literature is twofold: first, it recognizes the notion of temporality and its
relationship to the narrative with particularly intrapersonal characteristics, and second, it
reflects the prominent use of story and healing in recent loss-related literature. Reed’s
(1991) definition of transcendence, resonate with Ricoeur’s understanding of personal
identity, is:

the expansion of personal boundaries inwardly, as through
increased self-awareness and introspection; outwardly, in terms of investing
oneself in relationships with others and the surrounding environment; and
temporally, by integrating perceptions of one’s past and future in a way that
enhances the present life (p. 279).

The dialectic of self-identity is noted by Reed as between an internal and an
external self. The notion of any flexible dialectical relationship between the internal and
external self-identity is not so conspicuous. Although not explicitly directed toward the
phenomenon of loss both Coward and Reed have applied their theory of self-
transcendence to persons who are aging, who live with a terminal illness, or who have life
threatening diseases. The theory engages the self in a dialectic, using the story in order to understand the phenomenon and move toward self-transcendence. The notion of reflectivity, temporality and historicity in the consciousness of being is also noted. For Coward & Reed (1996), self-transcendence requires "mindfulness and an intentionality to activate that potential" (p.284). This notion of mindfulness and intentionality is important to self-transcendence, and a clarification of the dynamic by which it is developed would be helpful in explication of the process.

The influence of psychology is most evident in the arena of meaning and suffering (Barnes, 1994; Debats, Drost & Hansen, 1995; Kahn & Steeves, 1995) and transcendence. Psychologists such as Frankl (1959; 1969), Maslow (1970), and May (1967) support the concepts of transcendence, but they also support the search for meaning.

The psychology of meaning is attributed to Frankl (1959, 1969). His theory of logotherapy, well known in human sciences, evolved from his internment in the concentration camps and his observation and reflection on how one finds meaning. Frankl's perspective finds an interrelationship between the mind, body and spirit, making it useful for the notion of transcendence. Frankl's experience in the camps was spent rehearsing the potential lectures, reconstructing a possible theory, and helping others. One can interpret this as an example of the dynamic of the self struggling to find meaning in loss. Frankl's experience has exposed many people to meaning beyond that which is observable. The narratives used by Frankl, himself, demonstrate the importance of finding meaning amidst the rupture of loss.
Steeves (1996), who is interested in meaning and loss, presents the findings of his research with thirty-two participants who relate their experience in the form of story. He loosely uses Worden’s (1988) task of grieving. Typical of the research to date, he treats the phenomenon of loss as synonymous with the phenomenon of grief. After presenting abstracts from seven visits with a participant, Steeves introduces the theoretical perspectives of Worden (1988). The analysis represents his attempt to make sense of his experience with the participant. It is retrospective in response to the participant dialogues. Steeves’ use of the task model is loose. For example, the first task (Worden) is to accept the reality of the death. Although talking about the death is one way to do this, talking about the death is not the actual task. Nor does Steeves present Worden’s other tasks. Instead, Steeves presents tasks which the person should be accomplish according to his goals. Steeves cites Ricoeur’s (1983) notion of story, but does not use Ricoeur’s philosophy or hermeneutic. He does not address the notion of how story aids in self-interpretation. Steeves proposes to tell his perspective of the story of meaning in the research, then presents the task for the participant. In his conclusion, he recommends instructing clinicians on the task which should be evident in the narrative. The notion of meaning is loose, at best.

For Ricoeur, meaning evolves as the person gives language to the experience in a reflective and dialectic process. Language prefigures self-understanding. As previously noted, narrative discourse has been used increasingly in qualitative work. A genre of discourse that interests Ricoeur as well as this researcher is the use of metaphor. In preparation for this paper, the researcher found no examples were found within cited
narratives in which metaphorical sentences or phrases were not used either by the researcher or the participant. The reports on metaphorical function in the research have generally been anecdotal, but the belief that the metaphor may participate more creatively in the unfolding of meaning is posited (Dunn & Vernon, 1990; McCowry, 1985; Ricoeur, 1975).

For Ricoeur, metaphor is a “semantic innovation, an emergence of meaning” (1978, p. 120). Metaphors serve natural language by broadening and recreating the boundaries for knowledge and understanding about one’s experience in the world. The literature on loss has utilized body and time metaphors which reflect the struggle for self-interpretation amidst the loss. Metaphors also make explicit the experience of the rupture of loss, as in one account that loss is “pouring loneliness into my being”.

Time metaphors are plentiful in the loss literature. The metaphorical anecdotes commonly refer to being “frozen in time”, “feeling like time is standing still”, or that “time is not real.” These metaphorical accounts of time make use of “the extraordinary power of redescribing reality” (Ricoeur, 1978, p.132).

Body metaphors describe the altered physical experience in loss as “a part of the body torn from me”, and the experience of “being physically assaulted” with the reality of loss. Certain metaphors reflect the ideas of being out of sync with the body, for example “I feel like I am out of my body.” The metaphors, occurring with such frequency, reflect the shattering of reality along with inadequate language with which to describe the experience (Ricoeur, 1978). The sense of new meaning evolves as one’s language increases its use of
metaphorical phrases. These phrases or sentences enhance understanding and meaning as they are shared through the narrative.

Because language is metaphorical and because the “double meaning of metaphorical language tends to unfold several layers of meaning” (Ricoeur, 1971, p. 548), the person can glean multi-dimensional meaning from the metaphors. For Ricoeur, metaphor serves to unify personal identity. Metaphor “designates the general process by which we grasp kinship, break the distance between remote ideas, build similarities on dissimilarities” (Ricoeur, 1971, p. 133). Through metaphor, the person can grasp the same in the different. It is here that self-interpretation can unfold as the rupture in the ordinary unfolds. The narrative reveals the same discordant-concordance of self as one moves through the story, enhancing self-identity. The selfhood appropriates the loss and reconstructs the fragmented self-identity. Time, body and narrative commingle in the retelling of the story as the person blends the unity in diversity of personal identity. In each retelling, the narrative contributes to self-understanding and explanation for self-interpretation in light of loss. The narrative allows the individual to move amidst the disparity of the experience recreating meaning by recalling the past as present, the past as past and the past for the future. This process allows the individual in the present of metaphor to return to the event of the loss existing solely in one’s memory while realizing potential and possibility for future projects.

The notion of time in narrative includes the flexibility of moving through the loss while incorporating and appropriating the loss into the unity of the present reality. Individuals who relate “my heart is breaking” recognize that their hearts are not, in fact,
breaking. Yet the pain is so acute that there can be no closer representation of how the body is dealing with the loss. The metaphor takes the old meanings and boundaries and creates new meanings. The nurse-researcher listening as people tell and retell their stories of loss gains different insights as self-understanding becomes available and the psyche, conscious and unconscious, yields safe passage to the information. In time the individual may come to “know” and to understand that which went before the loss.

**Conclusion**

The literature on loss and grief has evolved and expanded over the past twenty years. It now includes multiple theoretical perspectives, interventions, and outcomes across disciplines. Despite this progress, the literature does not account for the changes in personal identity or the implications of the disruptions to self-identity portrayed the plethora of stories that explore the meanings of grief and loss. Further, the notion of loss as a phenomenon separate and distinct from grief begs for further understanding and explanation.

The researcher, using Ricoeur’s philosophy, has proposed that a person amidst the discordant-concordance of time can reconstruct meaning for personal identity in loss by engaging in the narrative. The narrative provides the context in which the person’s unique and universal experience of loss can unfold over and in time. The nursing literature has attempted to explore these unique and universal meanings from a phenomenologic perspective. It has not, however, linked the lived experience to the process of self-understanding and self-interpretation.
Ricoeur has expanded the boundaries of the function and use of metaphor for self-understanding from the perspective of language. The notion that language has double meaning in concert with the idea that consciousness is not fully available to the self prepares the researcher for a deeper understanding of loss. The notion that metaphor, as a model of narrative, enhances the story is evident in its widespread use cited in the literature.

The literature to date has not explored the use of metaphor to broaden the potential for understanding. In a hermeneutic of nursing, the dialectical discourse works toward interpretation inclusive of a corrective aspect that occurs in the nurse-person interaction in light of the stories and metaphors. This corrective aspect informs self-understanding and insight into rupture of personal meaning in loss.
CHAPTER IV

METHODOLOGY

Introduction

The purpose of this study is to understand the structure of loss expressed and appropriated through the narrative. One needs to express and communicate in order to appropriate meaning to oneself and another. In loss, each human being must come to the question of understanding in light of historical experience and attempt to understand his or her own being-in-the-world. This need to express one’s story in an effort toward meaning and self-understanding is a basic presupposition of hermeneutic phenomenology. Based on this assumption, this study will provide some understanding of the meaning of loss for personal identity. By studying the structure of self-understanding of loss for personal identity we can uncover how a person is present to self in the state of loss.

Using Ricoeur’s hermeneutic phenomenology this researcher attempted to understand loss as articulated by persons who have had an experience of loss. Loss was approached from the perspective of the participant whose loss is expressed and understood through interpretive analysis of the narrative.

It was the researcher’s intent to grasp an understanding of how loss disrupts self-understanding and, concomitantly, how the person interprets and appropriates self in light of that disruption. The person in loss struggles to both articulate and appropriate the
disruption of self. This process reflects a dialectic within the self, the narrative and the experience of loss of self. For Ricoeur, the dialectic is a tensive relationship between the self as constancy and self as continuity. It reflects the belief that the self is not fully available to the self for self-understanding. The self, not fully available to one’s consciousness, is reflected in the tensive relationship between the narrative and the experience of loss. The loss disrupts the tensive relationship of self-understanding realized through the narrative. The disruption of self-understanding demands an effort toward reinterpretation and the narrative provides a place to experience the struggle.

By engaging in a historical narrative of loss the person takes the facts of loss and organizes them into a unified experience. Through this continuous process of narration the self attempts to make sense of the experience of loss. The story provides an opportunity to reconstruct a “coherent account from the tattered remains of our experience” (Ricoeur, 1978, p. 204).

In order to come to an understanding of loss as articulated by the person enduring the loss, the nurse researcher must rely on three components intrinsic to nursing itself: (1) active listening, (2) an open and non-judgmental approach, and (3) a process and a framework for interpretation. This nursing work is the essence of the hermeneutic process. Thus, it is appropriate that the method used for this study be hermeneutic method.

Consistent with the theoretical framework, this researcher will use the hermeneutic method of Paul Ricoeur. For a Ricoeurian researcher, interpretation is not simply a process but an intrinsic component of being human. The human being calls for self-interpretation and the nurse works in relationship within this natural human process.
The hermeneutic work of nursing within the context of loss involves listening to the words chosen by the person. The story and the metaphors are linked to how the person constructs and organizes the narrative. Nursing as a hermeneutic allows a person to unfold possibilities of being with loss in different and unexpected ways. The nurse participates in a dialectic in which the process is responsive to itself. The interactional relationship between the story and the meaning inherent in it predicates a flexible and mobile methodology.

**Hermeneutic Phenomenology of Paul Ricoeur**

All knowledge, instead of being truth, is an expression of interpretation

(Polkinghorne, 1983).

Ricoeur presents a dialectic in which phenomenology remains “the unsurpassable presupposition of hermeneutics” and yet needs to “constitute itself in the interpretation of the ego” (Ricoeur, 1994, p. 114). This relational presupposition of phenomenology and hermeneutics recognizes that all human questions are questions of being. The resultant answers to those questions of meaning are revealed in the language of the person and in the self-interpretative process of discovery.

This dialectic is reflected in the phenomenon of loss. For Ricoeur, a basic assumption is that consciousness is not immediately available to the self. Thus, interpretation is a process which leads to self-understanding and self-understanding must be actively sought. The experience of being in loss has pushed many people into a self-reflective state, and prompted them to ask themselves the basic questions about the meaning of life and death. They often ask “what is the meaning of my life now”? The
human being continually begs for self-understanding in light of the experience of being. The notion of self-understanding over self-consciousness unfolds in the recognition that for Ricoeur “consciousness is towards meaning before meaning is for it, before consciousness is for itself” (Ricoeur, 1994, p. 115). Thus, self-understanding takes priority over self-consciousness. The process for the self is a tensive and active one.

In relation to this notion of consciousness, the influence that Freud had on Ricoeur is evident. Freud’s psychoanalytic perspective influenced Ricoeur’s conception of self understanding in the following way: “(1) consciousness is not the source of meaning, (2) becoming conscious is a task and not a given, (3) signs which express meaning can be deceptive and illusory” (Bourgeois, 1972, p. 24). This introduces the role of suspicion and the notion of work in the hermeneutic process of self-understanding. The individual must be intentional towards consciousness which paradoxically reveals and conceals meaning. Self-understanding comes through expression of meaning in language. Thus, language provides the framework from which to gain insight about being and meaning in the world.

Ricoeur also posits the relationship of phenomenology to the expression of language. The use of language as a tool for approaching interpretation is an integral part of the hermeneutic process. For Ricoeur, language is the creative way in which a being says something to someone about something. The individual chooses certain expressions to impute meaning in the process of self-consciousness and these expressions are then signified in language. Language roots being in one’s being-in-the-world. For Ricoeur, this is how the individual reveals and conceals his intentions or expresses his reality.
For Ricoeur, the dialectic of self and other is reflected in the hermeneutic phenomenology. Through the use of the symbols of language, the narrative is the process in which the self is able to say something to itself, refer something to another, and remain in a tensive dialectic with one and the same being-in-the-world.

Loss Narrative

This researcher studied the phenomena of loss by using the hermeneutic phenomenological method of Paul Ricoeur. Therefore, the approach to the participant’s narrative discourse was somewhat different than if it would have been had the strictly phenomenological methods, such as those used by Giorgi (1970), Van Manen (1966) and Parse (1990), been used. The exploration of the data did not follow a sequential pattern. Rather, the researcher using Ricoeur’s method, recognized that the horizon of research is approached through an ontology of language. The essence of the person is accessed through the essence of their language. The “discourse essentially is existential language, because that entity whose disclosedness it articulates according to the significations, has, as its kind of being, being-in-the-world and being which has been thrown and submitted to the world” (Heidegger, 1962, p. 204). The narrative is the projection of that being and mediates self-understanding.

Hermeneutic phenomenology concerns itself with the “discovery of meanings which are not immediately manifest to our intuiting, analyzing, and describing”. Hence, “the interpreter has to go beyond what is directly given” (Spielberger, 1976, p. 695). The tool for this method is the text. The text of loss presumes the person has experienced a situation of loss. The researcher attempted to explain how people narrate the self in loss.
Ricoeur’s notion of reflection extends this process of discovery. The encounter with the text in light of Ricoeur’s appreciation of the depth to which language affects understanding pervades the Ricoeurian perspective. To frame the perspective, it is important to remember that Ricoeur understands hermeneutics to be within the context of the human sciences. Thus, the notion of the lived unique experience of the person is important. For Ricoeur, “man is the place where interpretation happens, most importantly in his linguistic behavior” (Lechner, 1972, p. 3). The notion of self-interpretation through language recognizes the importance of words and their meanings for self-knowledge. The person, according to Ricoeur, can grasp only a part of the meaning of the experience through a conscious reflection. He/she does not immediately grasp all that is human in the conscious experience. It is in the interaction with the text that the researcher participates in the fundamental understanding of human loss.

For Ricoeur, the process of hermeneutics or interpretation involves a dialectic of understanding and explanation. It reflects a continuity of self through the discontinuity of the experience of loss. The researcher engages the text in the dialectic between understanding and explanation. To explain encompasses understanding. In the context of human sciences, explanation is not a claim to truth or causation. Explanation of a text is an approach to understanding the process of the person, the creator of the text.

Interpretation

The researcher approached interpretation of a text with a “pre-comprehension of the meaning of the phenomenon one is seeking to understand and interpret” (Titelman, 1979, p. 187). The researcher and the text were inextricably bound in a hermeneutic circle.
For Ricoeur, this reflects the notion that a preconception of the meaning of the phenomenon is in effect a belief that the phenomenon is.

For Ricoeur, the process of transforming a text from an oral to a written discourse alters the relationship with the discourse. The text is interpreted within the constructs of its own interiorization; its own interconnections. This changes the relationship between the discourse and its author. The concept of text reflects the ability of work to transcend its own conditions and open itself to multiple contextual readings. The narrative text now can be read from different perspectives and within different historical and cultural arenas. Through the work of the writing the narrative is no longer the sole experience of the author. Rather, it is open to being reconstructed in new contexts by its readers.

The researcher’s own historical perspective is another factor that influences the interplay between understanding and the phenomenal belief under study. It informs the non-thematic understanding of the meaning of the phenomenon. For Ricoeur, this process illuminates the self in light of the other. This is the circular relationship between the preconception and the belief: “You must understand in order to believe, but you must believe in order to understand” (Ricoeur, 1962, p. 202). Ricoeur posits that although the preconceptual identification of the phenomenon is structurally analogous to the phenomenon itself, it requires a self-reflective process. This self-reflection requires that the researcher listen to the questions implicit in the text as well as question the text itself.

**The Phenomenon of Distancing**

To yield understanding the text must be approached within a distanciation from oral communication. This relationship between the text and distancing introduces a new
Rupture in the Ordinary paradigm of distanciation within multilevel communication with a historical event and meaning.

The concept of distanciation is a significant contribution of Ricoeur's hermeneutic methodology. It introduces a multidimensional approach to the text and recognizes that the narrative has undergone a transformation as the patterns of oral discourse have been replaced by those of written discourse. The latter include, but are not limited to, attention to genre, style and temporal notions of being-in-the-world.

The phenomenon, hermeneutically grasped, must be distanced in order for the interpretation to unfold. This distancing process occurs on many levels: (1) distancing of the speaker from listener, (2) the writer from the reader, (3) the text from the author, and (4) the aspects of the text in light of the whole.

Discourse as an event is the first component of distanciation. Discourse as an event has "linguistic codes for communication, is self-referential and realized temporally" (Ricoeur, 1994, p. 133). It takes on certain fixed meaning. It includes the codes of language as well as a style of communication. It "attests to the intentionality of language" (Ricoeur, 1973, p. 132). Discourse exteriorizes being and meaning. It allows the data to be explored in written form and to be given meaning over time.

The process of transforming an oral narrative to a written text is the second component. For Ricoeur, this transformation alters the relationship of the narrator and the narrative. The written text is arranged in a certain manner and interpreted within the constructs of its own interiorization, it's own interconnections. The text, now the "object of interpretation" (Ricoeur, 1973, p. 539) further detaches the speaker from the listener.
The text is, for a time, autonomous from its author. This process is understood through the genre and style of the text.

The genre is the instrument of distanciation for a speaker and a hearer and includes encoded messages. Style is the event of the discourse. The genre of the narrative defines its style. In the struggle to grasp meaning, the author restructures the event uniquely and temporally. Discourse objectifies and memorizes the experience, making it capable of being written down. For Ricoeur, this process is made possible "by a dialectic of intentional exteriorization immanent to the speech-act itself" (Ricoeur, 1994, p. 204). This exteriorization prepares a further dialectic in which there is a "detachment of the meaning of the action from the event of the action" (Ricoeur, 1994, p. 204). This detachment then allows for reinterpretation of the text.

The display of non-ostensive references is the third component of distanciation. The referential character of discourse projects the meaning of one’s being-in-the-world and reflects the reality of the lived experience. This is a process which for Ricoeur transcends the world of the text. It is now greater than the individual experience of the writer or reader. This process opens other possibilities of being in the world. Ricoeur’s methodological interest is not to delimit the hermeneutic process to structural identification. Rather, it is to interpret in order “to explicate a sort of being in the world unfolded in front of the text” (Ricoeur, 1973, p. 140). The interpretative process is a dialectic between the hidden and the revealed. This dialectic occurs within a state of mind in which one recognizes one’s projections as revealing the known.
The universal range of its address is the last component of distanciation. The distancing of the subject from his/her self-interpretation permits self-understanding. The individual interprets the patterns of internal connections within the text. These “internally interconnected and interdependent relations” (Ricoeur, 1973, p.538) express the being of the subject within the world. The final act of distancing between the text and work leads to the appropriation of the meaning of the discourse -- the goal of the process of self understanding.

The researcher examines, from a distance, what the text is saying. In this context the author of the text, although important to the hermeneutic work of nursing, is not the focus of the research. The relationship is between the researcher and the text. It is through understanding the phenomenon of loss as expressed in the text that a person’s self-understanding is explicated. The researcher understands the phenomenon by returning to the text and calling for further possibilities from it. The language of loss exposes meaning and possibilities for future action. The loss in the past is thus linked to the possibilities of the future.

The researcher’s interpretation is a process of participation in a dialectic with the text. There, through articulation of signs and symbols of language, the meaning of the phenomenon of loss evolves and reveals itself. Through language the person expresses the meaning of the phenomenal experience. Understanding the language leads to explanation in a interdependent and repetitive spiral-like process which constitutes hermeneutic phenomenology.
There are three levels in which this study understands nursing as hermeneutic: (1) the role of the nurse in the intersubjective relationship with the other (person) struggling toward self-interpretation amidst the stories of life, (2) the nurse researcher struggling with the person, as the same and as other, toward understanding and explanation amidst the experience of the phenomenon under study, and (3) the nurse researcher, in a dialectic with the text, grappling with the meaning of the phenomenon in light of “self” and “other” through the text. Together these construct the hermeneutic circle of nursing. The nurse in research and in practice facilitates the evolution and unfolding of the multiple layers of meaning for the person.

Nursing’s temporal participation in the historical event of the narration of loss is important. Through the intersubjective relationship with the person, the nurse engages in a dialectic toward interpretation and self-understanding. This dialectic (or hermeneutic), natural to the nursing process, aids the unfolding of the meaning of the person’s experience of illness, health, and quality of life.

The nurse, recognizing that one’s consciousness is not fully available to itself, can guide the individual as he or she struggles to articulate the story. In listening to and interacting with the story, the nurse-person interaction engages in a hermeneutic process in which self-understanding reveals and conceals meaning to both the nurse and the person. The nurse-person interaction becomes part of the narrative in which self-understanding is illuminated.
The nurse who understands the use and function of the narrative will promote the natural human need for self-interpretation occurring in the story. The language of the narrative provides creative opportunities for the person to unfold that which is already known. The nurse’s attention to the language and metaphors used will support the nurse’s understanding of the person’s experience. The story crosses the linear appearance of time uniting the past and the future with the present, loosens the boundaries of expression through language, and exposes the disrupted or ruptured sense of self-understanding in loss.

The nurse researcher, within his/her own contextual experience of life and specifically within the phenomenon under study, interacts with the participant as the same and as other. This preconceptual awareness of the other in light of one’s own history helps the researcher to evolve and unfold the human need for self-interpretation within the context of the discourse. The nurse researcher recognizes in the other the presence of the unity amidst the disunity of being. This recognition is not only a personal but also a communal experience of human becoming.

The nurse researcher also looks to the text to communicate the event and its meaning. To achieve this, it is crucial that attention be paid to the language, stories and metaphors used in the text. The text reflects a basic understanding of being-in-the-world; a world of action, understanding and explanation. The ontology of the existence of loss is expressed through the text. The nurse researcher, recognizing the art of nursing as hermeneutic, understands the person-in-struggle with meaning. The nurse, rooted within
the nurse’s historical perspective, participates in self-reflection prompted by the narrative in order to clarify his/her understanding of the loss described in the text.

   The narrative is the place in which a person seeks self-understanding in a dialectic with the saying of the story, the relationship with the other, and the experience itself. Nursing as hermeneutic participates in the dialectic with narrative work.

   The disruption and alienation of self in loss is revealed in the stories and metaphors used in discourse. The metaphors used in the narrative of loss reveal and conceal the meaning of loss. Understanding the metaphors will assist in understanding the structure of the meaning of loss. Likewise, the potential for future understanding is imbedded in the text.

   **Truth Value**

   Although Kaplan’s notion that “methodology is indistinguishable from epistemology” (1964, p.20) in its approach to the truth is important for any research. The purpose of qualitative research is fundamentally different from that of quantitative research. Therefore, criteria for evaluating qualitative research is necessarily different from that used to evaluate quantitative research. For Kaplan, the aim of the methodology is understanding the process of the research. Qualitative research has two primary functions which form the nexus of the inquiry.

   The first aspect of the search for truth is the theory-generating versus theory-testing process of research. This approach uses the intuitive reasoning process to accomplish the goal of “theory development from the bottom up” (LoBiondo-Wood & Haber, 1990, p. 187). Kaplan (1964) identifies intuition as “preconscious” as well as that
Rupture in the Ordinary

which is “outside the inference schema for which we have readily available reconstructions” (p. 14).

The second aspect is investigating meaning of a phenomenon from the perspective of the participant of the research. Parse (1985) “identifies the characteristics and the significance of human experience as it is described by the subjects and interpreted by the researcher” (p. 3).

The criteria for critiquing qualitative research are:

First, credibility, a truth value for qualitative research, is the process of returning to the participant for verification. This is reflected in a qualitative researcher’s perspective of the hermeneutic circle.

A Ricoeurian understanding of distanciation changes one’s perspective of the hermeneutic circle. The researcher listens to the author’s discourse and asks for clarification during the interview, verifying throughout the interviewing process an understanding of what is being said. In the distancing of the text from the author, there no longer exists the need to return to the author for verification. In light of the distanciation of the text from the author, the text becomes independent of the author.

The focus of the researcher is now relational to the text. The Ricoeurian researcher enters into the hermeneutic circle within the text. The researcher verifies understanding by returning to the text, verifying meaning and clarifying questions in relation to the text. Therefore, in this study, credibility is found within the written discourse. The verification of the text is available since the narrative is audiotaped. The criteria is met by the verbatim transcription of the session.
The second criteria is the fit of the data (Lincoln & Guba, 1985). This refers to the applicability of the research to other contextual situations. The research of a universal experience such as loss is expected to have this applicability. The use of participants with varied experiences of loss from different backgrounds should assure fittingness of the data.

The third criteria is auditability. Lincoln & Guba (1985) suggest that auditability reflects the consistency of the data. The researcher in the methodological process leaves “a decision trail”. The researcher’s skill in interviewing is important to meet this criteria. Two areas will ensure auditability: (a) the audiotape material transcribing verbatim data, and (b) a mentor in the research process.

For Ricoeur, the tools of literary criticism provide structure for evaluating auditability. The structure of genre and style of literary forms are available from inside of the text. The texts are available verbatim in transcribed form. The researcher proves repeatability of the findings based on the structures identified in the text. These structures are evident to each reader and can be followed.

The final criteria is the researcher’s freedom from bias. Appletoon (1995) suggests that compliance with the previous criteria enhance the neutrality of the researcher. For Ricoeur, the researcher is not free from bias. The researcher brings to the text his/her own history and perspectives. The notion of distanciation between the reader and the text helps to promote honesty. The researcher’s active participation in a self-reflective process towards self-understanding deepens and strengthens the process of interpretation.


Data Collection

Qualitative research is a “systematic, subjective approach to describe life experiences and give them meaning” (Burns & Grove, 1983, p. 707). The question for the study is “What is the personal meaning of loss?”. In qualitative research, the presumption is that the participant has a lived experience of the phenomenon. Therefore, the researcher invited individuals who have had an experience of loss to participate in the study. Burns & Grove (1993) suggest an environment conducive to open and relaxed discourse. The setting was mutually decided upon by the researcher and the participant. The participant was offered as much time as he or she needed to provide a full description of the experience.

For this study, the researcher recruited 12 adults who (1) have had an experience of loss, (2) can recall and articulate a story or an experience which they have identified as loss, and (3) are willing to participate. The limitation of the research to a small universe is based on the assumption that loss is a universal experience.

The participant was asked to recall and tell a story of his/her understanding of the personal meaning of loss. Each was asked to relay as much as they wanted about an experience of loss. The phenomenological approach of the study was the assumption that the participant who has lived the experience is the expert. (A narrative account of the phenomenon of loss assumes that the person is in a process of self-interpretation and self-understanding.) Since the researcher is asking the person’s understanding of his/her experience of loss, validation of the various events is not necessary.
The method of data collection was an interview. "Interviews involve verbal communication between the researcher and the subject" (Burns & Grove, 1993, p. 365). The unstructured interview was the format for this study. The researcher asked open ended questions of the participant which encouraged expansion of the phenomenon under investigation. This method was chosen in order to provide a rich description in the words of the participant of the experience of loss. The unstructured interview afforded depth and breadth to the findings. The interviews were audiotaped which assured trustworthiness of the narrative.

The researcher must "structure the encounter in such a way that the participant can give a full and clear account of his or her ideas" (Draper, 1995, p. 48). This structure is the relationship between the researcher and the participant. It allows an interaction that is open and yet focused on the phenomenon under study.

Draper (1995) posits a tensive relationship between belief in the phenomenon and the hermeneutic of suspicion. The tensive relationship reflects the willingness to listen to the experience of the loss while recognizing and uncovering deeper meanings within the symbols (such as metaphor).

The task of the researcher is to clarify throughout the discourse. The researcher will ask questions as needed and listen attentively as the participant discloses the revealed and the hidden of the story of loss. This process is further explicated in the relationship between the researcher and the text. The researcher engages the text recognizing that (1) there are multiple interpretations, (2) meaning is not fully disclosed, and
(3) the researcher brings his/her own historical perspective to the text. This necessitates caution through the interpretation process.

**Collection Procedure**

For this study, there were interviews with twelve people who had individual experiences of the phenomenon of loss. This number is consistent with previous qualitative studies. The interviews took between 25 and 75 minutes. The interview approach enhances descriptive vividness by allowing the participant to engage in a discourse with the researcher. It is through the discourse that the researcher can clarify and deepen understanding of the phenomenon.

The interviews were taped and transcribed verbatim into a text (hard) copy. The text then became central to the study. The data collected from the interviews were analyzed with a view toward both the structure of the meaning of loss and its impact on personal identity, as well as the genre of loss narrative.

**Ethical Considerations**

The protection of human rights is a concern for every researcher. Approval for this study was obtained from the Institutional Review Board for the Protection of Human Subjects of Loyola University Chicago. A telephone contact or personal meeting was arranged with each potential participant. The purpose of the study was explained. After the person agreed to participate, the researcher met with the person, provided oral explanation of consent, written instructions and duplicate written consent forms. The researcher kept the original consent form and gave the duplicate to the participant with an attached business card.
Rupture in the Ordinary

The participant has a right to know what is being asked of him/her. In this study, the researcher asked the individual to retell a story of an experience of loss. This may or may not be painful. Inevitably, it surfaces unforgettable experiences. The person was informed of the nature of the study prior to being asked to participate. The participants were assured that the interview would be confidential.

The participants were informed that the researcher would be audio-taping each session. The tapes bore neither the name of the participant nor other data that would identify the participant. Each tape was given a code and this code was matched to a simple data base. The participants were told that the interviews would be transcribed from the audiotape into a written format.

Preserving Confidentiality

Although the participant was asked to provide identifying data for the research, e.g., consent, this information kept in a locked file cabinet in the home-office of the researcher. The audiotapes were coded to an individual’s data base. The data base included simple identifying data such as name, address, telephone, and nature of loss. Each participant was assigned a code. The audiotape bore only this code. When the study is completed, the audiotapes will be destroyed.

Risks

The risk to the participant of the study was minimal. The person told a story which he/she had chosen and which related the experience of his/her loss. Given the nature of the story, a certain amount of emotional discomfort was evident. Conversely, the recollection of the story also provided emotional comfort for the participant. Many participants stated
that the process had been beneficial to them. The researcher's responsibility to the participant was to listen sensitively and to offer a follow up after the interview. The participant was informed of his/her right to withdraw at any time.

**Benefits**

The potential benefits are threefold: (1) the advancement of knowledge of the phenomenon of loss for nursing science and related fields, (2) the opportunity for the participant to achieve a deeper level of appropriation of an important life event through the experience of retelling it, and (3) potential for positive emotional feelings and thoughts through the recounting of narrating the story.
CHAPTER V
ANALYSIS AND INTERPRETATION

Introduction

The Sample and the Analytical Model

The study included 12 people from various cultural and ethnic backgrounds. There were three men and nine women. The participants were between the ages of 38 and 75 years. The time between the identified loss and the interview ranged from 3 months to 32 years. Three of the participants requested to be allowed to participate in the research. Nine responded to a request of a friend or relative who knew the researcher or who had seen the flyer with the information on the study. The participants were asked to tell a story of their loss. All but one was able to tell a story without assistance from the researcher. Curiously, the person who called and asked to participate in the study was unable or unwilling to create the story unassisted.

This study of the personal meaning of loss attempted to understand loss from the perspective of the person’s lived experience as expressed through a loss narrative. Using the phenomenological hermeneutic methodology of Paul Ricoeur, the researcher analyzed the loss narratives to better understand the meaning of loss and to establish the presence of the characteristics of the genre of a loss narrative.
To understand the content of the narrative, the researcher used the philosophical perspective of Ricoeur. In doing this, the researcher constructed a multidimensional model from which to assess the text of the narrative. This model included the individuals’ hermeneutic perspective in questioning and understanding their own narrative; the nurse’s hermeneutic perspective of being with the person during the discourse, and the nurse-researcher’s hermeneutical process of being within the world of the text.

The design of the model is reflected in a large circle representing the overall hermeneutic circle of the nurse-researcher. Inside this large circle were two parallel hermeneutic circles with the person situated in the center. The first layer for the hermeneutic is the loss, followed by the self (refracting the experience within the tensive dialectic of self), and the temporality of the hermeneutic process.

The multidimensional model examined the text in the following manner. The story of the loss was plotted on the horizontal plane. The Ricoeurian philosophical perspective provided the vertical plane. The participant’s hermeneutic process was the third dimension.

The participant’s hermeneutic reflected the available meanings within the story. The story of loss was continuously refracted in the participant’s self-interpretation and was understood in a historically situated temporality. The hidden and the concealed meanings and interpretation unfolded throughout the narratives.
A hermeneutic of the nurse-interviewer\(^1\) engaged the person throughout the discourse, listening to the story of loss and seeking to understand and interact with the participant as appropriate. The nurse-interviewer’s hermeneutic looked with the participant to the discourse of the story.

The nurse-researcher linked the hermeneutic of the person and the nurse-interviewer. The nurse-researcher analyzed meaning of loss across the text of multiple losses. In so doing, she examined the text for commonalities which occurred through a variety of stories and developed a set of factors that characterize a genre of loss narratives. Within that genre, the researcher also identified certain stylistics expressions which commonly occur in the texts.

**Preparation for Conducting the Study**

In preparation for the study the nurse-researcher recalled the modes necessary to be with the “other”. The focus was to listen skillfully, without judgement, and to convey an openness to the person’s lived experience. This same pattern of interaction was also employed when oral report was converted to the fixed text of the dialogue. The researcher prepared to enter into the hermeneutic circle with an intent to listen and question the text, allowing the answers, and any further questions, to surface.

The researcher recognized that she came to the story with her own suppositions concerning the phenomenon under study. This realization had to be reconciled with the

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\(^1\) For clarity, the nurse-interviewer refers to the role of the nurse researcher in the face to face process with the participant. During the analysis phase, the researcher will use the term nurse-researcher.
need to listen non-judgmentally and openly. The researcher consciously determined to put
aside her suppositions and enter the hermeneutic circle, letting go of all expectations,
goals and outcomes. Because this was a research study, intervention was not the goal.
This required that the nurse-researcher relinquish any fears of losing control and any
responsibility for what was said.

Accordingly, the researcher abandoned the need to direct the interview. The
statements of the participants were at times provocative, abrupt and confusing. As the
researcher continued to seek clarity, the text seemed to suggest these characteristics were,
in fact, part of the process of the personal meaning of loss for each participant. The
researcher had to trust that the each participant knew his or her own experience and she
could allow hermeneutic process to evolve.

Commonalities in the Discourse

The narratives of 11 of the 12 participants followed a similar pattern. All the
stories identified a loss and provided a historical and contextual background to that event.
The person describing the loss provided rich and complex information about the event of
the loss, those events leading up to it, and ultimately his/her understanding. Each person
related his or her personal experience before, during and after the loss.

It did not take long for any participants to identify a loss, or multiple losses from
which they would construct their story. The telling of the story was frequently fraught
with emotional responses both expected and unexpected. Often the participants stated they
were surprised and did not understand why they became emotional. CH2M reflecting
within the discourse stated “I am frankly amazed” by tears early in the narrative and participant DJD1 stated “I didn’t realize this would be so difficult.”

What was articulated in the discourse reflected the meaning of personal identity continually defined and refined by loss. The discourse allowed the person to hear aloud the inner meanings, known to self, and exteriorized in the narrative. As such it served a critical role in a process of self-understanding and self-interpretation.

The individual loss was inextricably linked to the “who” and “what” questions of identity posed by those in the state of loss. This was not simply the notion of identity changing, for example, from wife to widow but was more closely linked with “who I am,” and “what my future possibilities in life are”. Loss is an axial experience of one’s personal identity. From the moment of loss, the person sees himself/herself refracted continually through the loss. The loss becomes the event by which the person’s past, present and future are altered. The result is a unified perspective of the self in loss.

In each of the narratives the person was able to return to the event of loss and those circumstances which proceeded or followed it, as if the state of loss was within the discourse itself.

**The Central Loss and Reverberations**

All the participants used the notion of a central loss as the axial moment in their narrative of loss. The meaning of loss for each surfaced from the identified loss. The central loss for four of the participants was loss of a parent (two fathers and two mothers); three participants lost sons. Two participants had stillborn births at six months gestation; one had two early term miscarriages. Another related breast cancer as loss that was not
actually a loss; for her, the loss was identified as a “loss of control.” Another identified the loss of a first-aid kit as a major loss. In no narrative, however, did the participant speak solely of the central loss. Inevitably, five or six (or more) other losses surfaced. These losses were either additional losses (of other people) or reverberations of the central loss. Many participants were anticipating other losses and a dialogue with those potential losses became part of the narrative.

Central losses had certain common characteristics: (1) identification as a central loss, (2) physical expressions/experiences of the loss, (3) physical representations that lingered objectively and symbolically, (4) undergoing and enduring loss, (5) linkages with other losses, (6) communal and relational characteristics, (7) anticipated losses, (8) relationship to the larger theme of one’s life, (9) discovery in loss, and (10) temporality. These characteristics were imbedded in an ongoing hermeneutic process of the participant of the past, present and future understandings and explanations of loss. The hermeneutic process was the matrix from which the participant interconnected the characteristics of the meaning of loss.

**Identification of Loss**

Each participant’s hermeneutic was woven throughout the narrative. It was at times clear and helpful; at other times it was confusing and distracting. Each offered present and future understandings and explanation of loss. The central losses were identified at the beginning of all the narratives except that of ABC3. This participant stated she wanted to be asked questions. She could not “give a story … I’m so pragmatic”. She was able to state “I feel like an orphan” of loss.
Three participants identified loss categorically as a “loss of control”.

ABC3, for example, stated: “I felt out of control. Control is important for me ... to have control of my life. I felt like my life was spinning out of control. You’re lost, I can’t explain that. There’s no direction. There’s no goal. It’s like being in a forest alone and you can’t get out”.

A number of other participants were more subtle with the issue. Some used the analogy of having something taken from them:

BCN1: O.K. It’s hard to describe the feeling of loss. Well, I think one of the things that comes to mind in loss is that when you lose something, you feel like a sense of you’re not in control, like, um, even if you have something and lose it, the fact that you can’t have that thing and you want it. You’re not in control of it anymore. So I think that’s a part of it. You’re not ... it’s like a desire, you know, it’s like I want this thing but I can’t have it. So, that would be one feeling. But [pause] Um. I’m just thinking. Uh, it’s hard to really describe. I don’t know. [pause]. Maybe you can ask me some questions that can help me bring this out.

The participants experienced themselves as having something and then not having it. This was a common element to all losses.

The resultant feelings were commonly expressed as physical manifestations of this change. Feeling like a “piece of you is missing” (BJMB). Other participants used metaphors, such as the pain is like “a gnawing”. ABC3 nuances this further after reflecting upon it. She stated:

“You’re not the same. You’re not what you were and you can’t go back. It’s hard. I guess you’ve got to struggle with who you are, how did you get there, what makes you the way you are, what were the family dynamics that led you to this point, that led you to become the person you are ... and that person, whatever imprinting they did on you, is gone. They
won’t have an effect on you anymore. That’s what it means to me”.

In response to a question of the researcher this participant revealed the other side of the dialectic, reflecting the struggle of how self understands the loss.

ABC3 stated: No, that’s how you feel. That’s not the reality. The reality is that the person is with you for the rest of your life, in memories, in who you are and how you behave. But it takes you a while to get there, to realize if you just experienced a loss.

Five other participants spoke of loss as a feeling of emptiness. This sense of loss was described by GTK1:

GTK1: The only way I can describe it is if you picture like a heart and there’s a hole right through the heart. That’s how I feel. You know, that there’s . . . there’s an emptiness. There’s a big piece missing . . . a hole . . . that’s the way I picture it in my mind. There’s a heart and there’s a big hole right through the heart and there are sometimes when, you know, maybe the hole seems to be being patched up . . . it’s growing again and but it’s never completely healed and then something might happen and the wound is open again.

The dialectic with the self in the narrative reflects being aware of the self in loss before the event and for a long time after. There is an element of surprise which surfaces as the participants both hear the words they are using and recognize a physical reaction to them. CH2M begins to cry as she speaks. GA: Is that what is touching into your emotions right now?

CH2M: I don’t know. I’m not sure about that. Um. I am amazed, frankly, because I’ve talked about it. I’ve talked about it before. I haven’t talked about it in a long time.
FS1's description of her experience of herself in the loss of a fetus shows the sense of loss of control which is common to many other participants. But in her case the loss created such a rupture to self understanding that she appears to be having the dialectic with the self of a discontinuity and continuity as if distinct selves. The loss of control of her body became the focus of the narrative. In it, the narrative identity reflects the rupture to self interpretation. She speaks of herself and her body as two distinct selves.

FS1: And like I said, it took a while but I kind of gradually, gradually gained control. But during that period when I was feeling so blah and so out of control, nothing, nothing, even friendship with, you know, seeing people or establishing friendships or maintaining them. And I want to be clear that it wasn’t ... I know what depression is, so it wasn’t like a sad kind of feeling. I did have moments of happiness and enjoyment. But I still, even with all that, I sort of felt like no control over myself. And um, you know, I’m happy now that I’m at that stage where I am, you know, able to be back in control and feel empowered or whatever. But for that time, it’s funny, when this thing comes out of you, that um, you just feel that you have a miscarriage and it’s like, stuff, you know, stuff is coming from deep within. It’s just pulling ... pulling out and yes, it’s a big clot or, you know, the conceptus, or whatever. But I don’t know, I think it pulls something out of you and it kind of leaves a shell. And . . .

The effect of this rupture was an altered sense of her directions and goals in life. She wanted to get to the place where the power came from. She connects this power with her parents.

FS1: And once that was gone, it almost seemed like why bother to set any goals. You probably wouldn’t be able to achieve it anyway. Because you failed at this one thing and now you were gonna fail at all the other things that, uh, you attempted and it was funny too because once that hit me I kind of like missed my parents. You know what I mean? I sort of like I wanted to go back to the space where I had gotten the power to make me think that I could control and whatever ... and ... and ... and set goals and achieve goals.
She continues her own hermeneutic and reaches the self understanding that you can’t go back and perhaps she had taken some of her father’s advice out of context and set too many goals by it.

FS1: So, I felt like I couldn’t go back and tell this poor man all this stuff that was going on with me and, um, and I slowly, slowly I started saying to myself, well, you know maybe Dad was right. But maybe he was relating this to like school and not your whole entire life. And it was kind of a like a slow process getting ... and realizing that you can’t run your life that way because there are things that are so totally out of your control. And it was all right that there were things that were totally out of your control.

This dialectic with the self was not just an inner thought process. It commonly was a dialogue with the self in the privacy of one’s home, car, etc. The central loss was also an axial event. It could, as FS1 describes, give one the feeling of having no direction, or in the case of DJD1, all future focused life directions emerged from the experience of the loss.

DJD1: But the important thing about this experience, um, would span from the second half of my eighth birthday to my ninth birthday. Um. It’s the feeling of this ... everyday when I visited my father at the hospital, I looked at the doctors and I had decided that I couldn’t help him now, but I was going to help someday. It was at that point in time that I had decided to become a doctor despite the fact that all of my strengths and assets ... intellectualize, um, are more of the artistic. This decision to become a doctor goes back to that loss of my childhood.

A continuum of self interpretation is evident in almost all of the narratives.

DJD1 was quite skilled in this process. She goes to great lengths to describe the major directional effect her father’s loss had. As with other participants, DJD1 finds the process somewhat disarming.
DJD1: I’m taking a moment now to gather my thoughts. And I think ... this is unusual for me. Usually, my thoughts are much better organized but I’m finding this a little more difficult than I thought I would. I haven’t really thought about this at all in quite some time and not in this depth.

Each participant experienced the process of self-interpretations toward understanding. The narrative allowed each person to surface the multiple dimensions of the loss and face the centrality of the event in a new light. This perspective was neither positive nor negative but was an emergence of meaning. For example, multiple meaning of a stolen first aid box were presented in the narrative of GJK1. He recognized that the loss is contextual but continues to give it central place in the loss narrative.

GJK1: Well, uh, during the course of my life, I ... I experienced a ... a number of different kinds of losses. I’ve had deaths of loved ones ... deaths of pets, which in a way are loved ones ... ah, but uh, one of the ... this may pale in comparison to losses like that, ah, but um, in 1994 I had an automobile stolen and, um, although it was a thing and it was replaceable; ah, what it represented and what was in it, which I never recovered, ... I ... I felt a sense of loss.

He described a sense of the loss of his youth which he attempted to deal with by buying a sporty car. This attempt was thwarted when the car was stolen car some time later. The stolen car contained many objects, some symbolic and important mementos of his life including a first aid kit given to him by his son about 30 years before. The flet sense of that object so disturbed him at this point in his life that it brought him to tears. He explained why it was so important:

GJK1: Whenever I’d open the glove compartment and I’d see that kit in there, the memory of that Christmas would come back and uh, a thirteen year old boy with a big smile on his face, feeling so proud [upset] that he
had been able to give something to daddy and uh, that moment is gone.
The memory is gone

He engaged in a hermeneutic of the meaning for self understanding. At no point did he have a conscious reflection on the loss of youth, or other symbolic relationship losses. Although the nurse-interviewer interposed a question to introduce other potentially related issues, the participant declined that those were losses needing dialogue. He rightly returned to the loss of the first aid box and its validation of his good parenting. The whole unified experience of the loss was the focus of the narrative. The participant explains:

GJK1: Very important. You know, I mean, you know, there’s been times that I’ve had external validation and I’d go, okay, I’m a good son or a good husband or a good teacher or a good counselor, or a good friend. Uh, but that was the first really profound memory of I’m a good Daddy. And, you know, there’ve been other events since then which I guess have been validations. I just walked two daughters down the aisle. I guess that was validating, in a sense, validation. Uh, but that was just such a special day, such a special moment and as I’ve said to you, I will always have the memory of the moment but I no longer have the thing that was associated with that moment. And that thing probably in 1970 couldn’t have cost more than two bucks and probably by 1994, it was worthless but it was also priceless.

The loss was key to parental identity, the symbolic meaning not only of the values of good parenting but also the personal identity of being and acting as authentic self.

The symbolic importance of this object may indeed have something to do with another characteristic of central loss. Throughout the narratives, the participants referred to the physical lingering of the loss. At times, there were mementos of the person who was “lost”. At other times, it was the lingering of the person in the mind of the participant.
Two participants stated that they keep a picture near their bed. At night, they kiss the picture.

BJMB states: And I have his picture by his ashes and every night when I go to bed and when I get up in the morning, I kiss the picture. You know. And a couple of nights when I got into bed, and said, "Oh, I didn’t kiss Phillip goodnight." But it just makes me feel like he’s kinda with me yet. You know. It ... it ... I don’t ... I don’t ... I don’t know about other people losing someone they brought into the world, but I know for me, there’s an ache that ache will never go away.

Physical Expressions or Experiences

The notion that there is a connection between the participants’ personal meaning of loss and their sense of their bodies was reflected in the metaphorical language they used. Eleven of the 12 participants used some language which reflected an alteration in their sense of self-understanding on a physical level. This language reveals an alteration or change in the physical, emotional and spiritual self. It demonstrated a rupture to self understanding amidst the loss which is intimately connected to oneself as body.

AAF2: And I don’t have to have a picture. I don’t have to have nothing, it’s all here and it’s here. I really mean it. Half the times, I’m empty and even now ... In my heart, I’m empty ... very empty. No feeling. It’s all empty there I guess. That’s all empty.

GTKI echoed this: The only way I could describe it is I felt empty ... totally empty. I don’t know whether that was the right feeling or not. It was just the way I felt. Um.

BJMB: You know ... It ... it ... I don’t ... I don’t ... I don’t know about other people losing someone they brought into the world, but I know for me, there’s an ache that will never go away. The ... the pain is like stabbing. It’s like knife wounds in me, you know.
BJMB: But to me that sense of loss ... that sense of something, part of me is gone. It’s always with me. It’s like I'm not complete. It’s like I’m not complete.

CK2: It was just ... there was a lot of pain. You know, pain; and it was real pain that you could feel inside of you. It was like this empty kind of a gnawing feeling.

BJMB: But my personal loss is that there’s just a piece of me gone that will never ever be replaced that I can ... Some participants understood the physicality of loss in terms of the missing person or object.

CKM2: And it’s been ... it’ll be eight years that my son is deceased. And it doesn’t go away. It does not go away. It’s always there. But it’s kind of softer now. You know. And like at holidays initially, you know, there was this huge void. My son was also six foot five. So when I say a huge void, I mean a huge void. When he would stand in that doorway, he was practically touching the ceiling, I mean the archway of the doorway.

For ABC3 there was a rupture in one’s relational self understanding.

ABC3: I got to say just really being totally alone.
GA: Not connected to anybody in your life?
ABC3: Anybody.

She related this aloneness as having a protective component:

ABC3: Nobody to go to. Nobody to help you out. Nobody to be there for you. Nobody to take care of you if you’re sick. Nobody to turn to for advice. Nobody to shop with.

AAF2 echoed this type of thinking in recounting how she asks for protection from her deceased spouse and son.

AAF2: I thought someone’s in my room. But I do that every night, I say sit in the chairs now so you can watch me ... make sure ...
FS1: And my goal was to get in control of my physical, um, because I felt like the loss of the baby made me lose control of my body because I couldn’t keep ... my body couldn’t keep this thing within it.

The notion of experiencing the self and the body as fragmented parts of the experience of loss is reflected in FS1 thoughts:

But for that time, it’s funny, when this thing comes out of you, that um, you just feel that you have a miscarriage and it’s like, stuff, you know, stuff is coming from deep within. It’s just pulling ... pulling out and yes, it’s a big clot or, you know, the conceptus, or whatever. But I don’t know, I think it pulls something out of you and it kind of leaves a shell. And ...

Here the participant actually physically uses her body to express her feelings. The nurse-interviewer asked “It’s just ... what is that pulling that you’re starting at your chest and moving down?” The participant did not have a conscious awareness of her body movements in that moment. She stated: “I didn’t realize I was doing that.”

GA: ... I’m just trying to understand like as you’re giving me a picture, you’re bringing your hands up and you’re going something’s coming out of you.

FS1: Well, I ... I almost feel like not only did I lose the conceptus, but the internal organs that caused me to function. I felt like all of that came out too and there was just a shell inside that it could do ... even though the organs are gone, this shell was capable of doing the work. But it just did the work like a robot kind of a thing. You know.

GA: Who’s the shell though? Or what’s the shell?

FS1: Well, you know, I think the shell is the (FS1) that felt that she could control everything. She was left behind. But she needed those organs to be able to really move on and they were taken out of her.

Other participants reflected the physical in spiritual language:

ABC3: It’s just that I miss her. There’s a part that goes, I think, with that person and I don’t think you get that back. I can’t explain it.

GA: A part of what goes?

ABC3: Your being.
think of for a long time. [crying] ... I know that I am what I am because of her and that she's always with you. But it's hard. It's hard to get to that point, I think. [crying]

BJMB: I don't know how to tell you how I experience; it's just I know he's there. He's in my head. You know what I'm sayin? It's like if [inaudible words] with all the family together, even though Philip isn't here bodily, he's in me somewhere... he's in me somewhere but not enough. I still have that empty spot.

Physical Representations and Lingerings

The notion that surfaced repeatedly for the participants was the sense of the person continuing to be present in some form or another. At times, this emerged as an ongoing dialogue with the person or the embodiment of the lost person or object. There was a sense that the person somehow lingered on.

The issue of physical lingering is not fully understood by the participant or the nurse-researcher. It seemed to occur along a continuum and was common to many of the participants. The participants recognized the conflict in interpreting these lingerings. How can one be present and absent? Yet the importance of the symbol was clearly articulated; GJK1 made it his central loss.

Many of the participant's narratives reflected the lingering presence through ongoing dialogue with the person.

GTK1 stated: "I speak to my mother all the time."

BJMB stated: "while hospitalized, I felt his presence."

At times, the person needed a physical symbol of the loss. Something which connected them again to the loss and could be objectified. ELK1, when visiting her
homeland of Taiwan, asked her mother about a ring that her father had given her at her religious commitment.

ELK1: I went home and asked my mother “Is that ring still there?” At that time, I realized how important, it doesn’t matter what, that ring ... I want something physically I could touch. You know. I could touch it physically. I could feel about it. At that time, it was no longer just to, you know, I can think about it, and through prayers, I can contact with him, it was no longer like that. I really want something. So I asked my mother if the ring was there.

Whether the meanings of the lingering are fully available to one’s consciousness does not seem to be the focus. The participants’ hermeneutic of the meanings seem to provide some comfort and support and other symbolic memories. The issue that surfaced for the nurse-researcher was whether there was any relationship of self and loss and the object chosen. Does the object bridge the narrative of loss? That is, is the object significant itself for restructuring the discordant of loss in the concordant of the narrative of loss?

For example, BJMB stated that she had saved the bus transfer for the bus that broke down which was pivotal in her son’s not getting to his scheduled methadone appointment the day of his overdose.

She said: Do you know, I still carry the transfer from the bus he missed in my pocket?

When the nurse interviewer asked “what does it mean for you?”, she replied: “It means it was something of his I can carry around with me.” She then made an analogy.

BJMB: That’s what it means. It’s kind of like his toothbrush, but I can’t carry a toothbrush around with me. So...(laughter) It’s kinda like he’s not quite gone ... All right? He’s not quite gone.
BJMB talks with a gentle resistance to the loss that the objects represent. The need to keep things the same despite the disruption surfaced frequently. There seems to be a continuum of this need for continuing dialectic with the other.

ELK1: You know. And ... and I dream about my father, also not just the once or twice, and just that closeness that I had that dreams about him. And I think that my beliefs helps me and I would say continue to talk to the person that we missed, that we fear that we have lost, and then I came to realize that the person is not really so far away from me, is much more closer than me. And because my desire, wanting to be with my father, I want to talk to him and that wouldn’t disturb because the distance ... where is the heaven? Heaven is right here. So my father is right here. And this is right here with me.

BJMB’s narrative resonates with the notion of the person not being here but being-in-here: “Even though Philip isn’t here bodily, he’s in me somewhere ... he’s in me some where but not enough. I still have this empty spot.”

Her continuing struggle with the self and the loss is profound. No matter what, the personal loss must be acknowledged as something irrevocable. The self has indeed changed, never again to be the same.

The issue of physical presence and lingering seems, at least in some part, connected to the notion of acceptance. The loss must be accepted.

BCN states: “In other words, to face it, I was able to face it and say this is what happened ... and I could go on.”

The notion of acceptance and moving on was also common to the narratives. The self-understanding in the narrative recognizes things will never be same.

ABC3: Yeah, I think it means that things will never be the same ... and you just have to come to terms with it and move on. Some people, it takes longer than others.
BJMB: "Not only that (pause) but what else can a person do? They have
to go on. I still have others to think about. But he’s always there. He’s
always in my head.

The dialectic of the self before the loss and the self after the loss permeates the sense
of presence, the need for acceptance and the need to move on. One participant
presented a dialectic with herself as a struggle to keep things as they were, and the
need not to lose the self.

CKM2: "I said to myself, I got to get my act together here cause I’m
going down the tubes fast."

Some of the participants related that the support of friends, family and even
strangers was amazing. CH2M stated:

Um, so that’s about it. I had uh ... I had uh ... my husband absolutely gave
everything else up in his life including his job and was with me through this
whole deal. It was a wonderful strength to our marriage. It was wonderful
for me to know that somebody cared about me that much, um, not that I
ever doubted that, but that demonstration was ... (left unarticulated-started
to cry).

The narrative represented the relational character of the self and loss. CH2M was
so moved by the memory that she was unable to complete the sentence. The narrative
reflects the importance of relationship for bridging the experience of loss. Yet,

AAF2 statements indicate how it can be equally disruptive.

AAF2: Because we have a girl upstairs, when I started to cry that day, she
says, “he’s already dead three months.” And she says to me, “I understand
how you feel, but after all, life’s got to go on.” I said, “How would you
feel if you lost a son. Tell me how you’d feel if you lost a son.” All right, I
got six more home. But it’s not like losing. You still lost one.

The need to keep things the same despite the disruptions surfaces frequently.

There seems to be a continuum of this need for continuing dialectic with the other.
Undergoing and Enduring the Loss

The participants’ narratives reflected the characteristic of enduring the loss through time. The notion of suffering through the loss and the reverberations which one not only must undergo but also endure is reflected in statements by the participants. The notion of enduring the pain was expressed across the narratives. BJMB stated regarding the loss of her son:

BJMB: No, only that [pause] but what else can a person do? They have to go on. They have to go on. I still have others to think about. But he’s always there. He’s always in my head.

GTK1: I don’t feel like a robot anymore. I feel like now I do have my feelings back and things are beginning to progress. So I really haven’t experienced that feeling of total emptiness in like a month and a half. But I still experience the piece where, you know, there’s a piece missing. There’s something missing. And it’s not always. There might be good days and bad days. Um, they were two separate, distinct feelings.

Later GTK1 stated: You know, that this emptiness will be filled with God ... not completely, I mean, that piece that’s missing will always hurt but I think that it is a challenge to grow to understand more about myself, more about God and more about our relationship to God and in this world that, you know, no matter what the loss is, whether it’s me in my life, not just the death of my mother but other losses that I’ve had, I’ve always been challenged to grow and I don’t see that when I’m going through it. I hate this feeling. I hate feeling this way, but in hindsight, you look and say, well you have a choice. You can either be totally devastated by this and not do anything or you can just get on with your life, try to understand it and then really try to work it through.

BTN2: Spiritually, mentally, emotionally, it was just draining. It was very hard thing to go through and yet and I would not have wanted to go through that experience again. I mean, I would go through it in a minute again. Just simply because it was just such a healing thing from deep within. It wasn’t just healing, you know, in your head. It was ... you felt healing all over. You felt released from it and that release causes
healing. At least for me that's how I feel. And it was a great thing to go through. Um.

BJMB. I mean it's uh ... I learned very, very young, when I first got polio; I was totally paralyzed. I mean I couldn't even move my neck ... and I learned acceptance in an iron lung, you know, when I was seven years old. So ... I think it's all right to go ahead and grieve. You know. Just don't inflict it on everybody else. You know. For me, it's not a woe is me. It's not a woe is me. It's just a personal loss that I feel and I feel deeply ... and I have to accept the fact that nothing's gonna replace him. There was only one Philip. Nothing and no one will replace him. So I don't look for that anymore, you know what I mean?

Each participant recognized the pain, uniquely defined, and the need to endure it. Yet, each articulated the need to move on, to continue to experience life. This is connected to the notion of no longer being in control. The participants felt that they had no choice regarding this disruption of their lives as a result of the loss.

The need to be in control reflects the confrontation of one's own finiteness in the world. Each of us believes we have control over the world until the experience of loss propels us into another awareness. When this disruption happens, the only choice is to experience it, and to endure it. At times, one moves on, at other times, one may get stuck.

Linkages with Other Losses

The notion that one's self understanding in loss is the state of being-in-loss is reflected throughout all the narratives. Each narrative unfolded a self-identity which understands itself living multiple losses. Many narratives reflected multiple losses -- deaths, illness and other reverberations of loss. The commonality of one's self-
understanding of personal identity as always being a component of the self is also present. An element of endurance was also woven throughout the narratives.

The narratives linked the central loss to other losses. These “other” losses were either distinct losses of other persons, physical losses from illness, reverberations of the central loss, or tangential losses. Seven of the participants had multiple losses over relatively short periods, generally less than five years. CKM2, whose central loss, the death of her son eight years prior to the interview, also described the deaths of her mother and two brothers within a three year period. In addition, she endured two different episodes of breast cancer before and after the central loss. Her narrative identity necessarily reflected a multiplicity of loss. At one point she recalls:

CKM2: In the meantime, another kind of loss is my first diagnosis with breast cancer in 1987. Um ... And uh, and then I had a recurrence in ’92 but that was also treatable. All this I have to deal with and you really do get ticked and you do say to yourself ‘enough is enough’. But guess what? You get through that, too.

The continual disruption to self identity is difficult to image. The participants recalling the losses relate each back to self-understanding and the central loss.

CKM2 states: “You know, we’ve all had our losses, whatever they are. But you know, you’re always thinking about that person. You’re just not mourning that person but you always do reflect”.

This notion of continually reflecting on the “lost” person is common to the narratives. The narrative identity within the loss moves reflectively from one loss to another. CH2M lived in the area of the United States that has the highest incidence of breast cancer. She began her narrative with the caveat that for her, breast cancer was
not a loss. As the narrative unfolds, other losses emerge. “I’ve had a lot of losses”.

It appeared that the recollection and telling of her story affirmed some inner beliefs. Losses of several friends from cancer and other losses had an effect.

CH2M: “It practically eats away at you in some other ways that are not so obvious but ... good and bad. Um ...”

The not so obvious ways loss effects one’s self identity were seen in many narratives. Five participants described subtle reverberations of loss. These losses were both concrete and abstract. DJDI has reflected on these losses over her lifetime. She sees the losses in her life, past, present and future, to be connected in some way to the central loss. Two examples provide insight into the concrete and relational effects of loss:

DJD1: As I had indicated earlier ... one of the important ways the loss of my father has effected my life, um, is that I believe I lost choices. Um ... I think that, had he not died when he did, I would have pursued other, um, avenues of a career track. Things that I was more inclined to, from an emotional point of view, from an ability point of view, um...But I put all of that aside. I didn’t realize as a child and as a teenager and as a young adult that I had put those things aside. Now in my adult years, I see that I have lost a very important choice because of the death of my father. Um. There are many other ways.

ABC3: I think the loss of intimacy. For me, anyway. ‘Cuz we had such a close relationship. I miss that part of it.

The linkages of the losses in the narrative reflected the disruptions to how the person understood the loss. The connection of one loss to another occurred in all the narratives. The narratives provided the framework for the participants to move through time and reckon with the losses as individual and as a unified part of the self.
Each loss represented the discontinuity of self, struggling to re-identify itself in the life story of loss. Frequently, the person would return to the central loss and engage in a comparison of sorts. BJMB reflected on the multiple losses she had endured over her life and concluded:

BJMB: I've had many things in my life ... polio, cancer, heart attack and believe me, Geri, none of it, none of it compares with the loss of my son. My son is ... he died from drugs.”

At times the narrative identity reflecting on the multiple losses was difficult for the participants. Three of the participants stated they had not thought about all their losses in a long time. The conscious reflection on the loss and self-interpretive process in the narrative became disconcerting. The participants stated “this tells me I have more things to work through”. The self-interpretive process of the narrative and the linking of the losses made the impact of the losses on oneself much more available to the consciousness.

Communal or Relational Characteristic

The communal aspect of loss has two components: (1) the mutuality of the experience of loss and the need for mutual comfort, and (2) the continuity of one’s self. CKM2 recalled that she was surprised that people did not know what was helpful or could not move beyond their own meaning of loss is a common reaction to loss. The narrative opens up the loss as a communal experience requiring mutual changes, and acknowledgment of pain.

CKM2: But some of the things that we found during that time was how we had to comfort people during that time. I mean, people came to comfort us, but they didn’t know what to do. They were lost. And they
would walk into this room and they didn’t know what to say. So, we had to comfort them and that was one of the things that helped us through it. Because they’d come and just look or cry. They didn’t know what to do and we would help to say oh come over and look at pictures of my son. We spent a lot of time comforting the people as they comforted us. You know, it was kind of like very much of a two way street and that’s something that in any other situation of a parent or any other loss... I... I... I didn’t experience that during those times. I’ve also lost a couple of brothers since my son died, which was another unusual situation. But, um, that, I think, was something that we learned...that you really have to comfort people too, during such a sad time.

The continuity of the self in the discontinuity of the loss is also expressed communally. The community can serve as a temporary bridge to that which is the same in the different. Participant CKM2 reflects and interprets the benefits of community continuity as mutually helpful:

CKM2: And then his college friends, they’re the ones who don’t live around here, call us. It’s wonderful. Do you know how nice that is, you know, for young... well they did it, they did it... he died when he was twenty three. So these guys were all in their twenties. They would call us... how are you doing. We might be out on Long Island, can we stop by? They always call us in the fall... or... or even other times too. We went to some of their weddings as I said. I think that’s a very, very comforting thing too, you know, that. And in some ways, I always said to my husband, you know, they need us just as much as we need them. And I think that was true too. There we go again, where you’re comforting people who are coming to comfort us. But it’s a two way street. I think there’s a lot to be... that’s something I also learned, certainly from the situation like this.

Here loss has a constructive communal aspect. The community as a whole creates anew the story of loss. This is reminiscent of a community response to other kinds of losses, such as floods, fires, etc. It becomes not only how one particular person or family was before this moment of loss but how the community was and indeed how it will be after the loss.
Anticipated loss

The linking of past losses in a conscious reflective narrative often prompted the participant to discuss impending or anticipated losses. The two were linked with the central loss. The narratives for three participants revealed concerns about future retirement. A number of the issues that surfaced revealed the participant’s recognition of a certain element of choice related to loss. In this awareness the existence of a struggle to let go, take risks for new opportunities, and to reconstruct another part of self-understanding emerged in the participant’s awareness.

CKM2 spoke of the anticipated losses of retirement and selling her home. With that acknowledgment came a recognition of the difficulty in giving up things. She states:

CKM2: “I guess you can say I’m like, uh, it’s hard for me to relinquish loss. It’s hard for me to relinquish even material things. And disassembling this house, I’ll have to get rid of more things than maybe I want to... then there’s your loss in there, too. (?) You know, I mean it’s certainly on a much lesser level but it’s hard to let go... very hard to let go.

CH2M’s anticipated loss also dealt with the potential for retirement. Similar to CKM2, she struggled with the benefits and risk. The nurse-interviewer asked CH2M: “what part of retirement is the most difficult for you?” She makes a provocative and poignant revelation of self understanding. She speaks of the loss and its effect on the person:

CH2M: “Loss of ego. Who am I? What am I? I am my job...is a part of the problem, part of my problem... and I think probably a lot of women’s problem. Um... I invest huge amounts of myself, my identity, in my job.
Rupture in the Ordinary

CH2M: In fact, I had a conversation with my sister, who has the same problem, um, this year. And her husband wants to retire and we, just neither one of us, have been able to make the break with work. Like I said this is the family example.

These reflections and self-interpretation on personal identity are significant. The participant has identified how a loss can rupture the self. The dialogues with the participants reveal that the relationship between the self-as-same and the self-as-other is a tensive one. The dialectic of the self as shown in the narratives demonstrates the struggle in which the person attempts to understand the disruptions in loss in light of who they understand themselves to be.

The Larger Picture

The narratives of ten of the 12 participants revealed the presence of a larger schema of values, beliefs and a system for "coping" with life. Each of their narratives expressed an interpretation of the individual importance of this relationship with God, faith, family and cultural practices. Yet, a dialectic of the relationship of each participant with those values, beliefs and family and cultural practices was also clear.

ABC3 spoke about "family dynamics" making her loss more difficult. The inability to engage in an ongoing dialogue and other unarticulated expressions of this made the struggle much more lonely. She describes herself as being "orphaned" as a result of her mother's death. She was either unable to access this larger schema or it was not there. This inability or absence had some influence the process of understanding the loss.
CKM2 spoke of the value faith had to her in loss as she struggled to find meaning and acceptance.

CKM2: And you know what? I don’t know what people do who don’t have faith. I really don’t ‘cuz how could they accept it? You have to say to yourself this is God’s will. This is ... I mean, there is a reason why this has happened. I mean, you’ve just got to accept it on blind faith. Otherwise, you drive yourself crazy. Don’t you think faith has a great deal to do with accepting things?

The participants seemed to be in a quandary between the importance of this larger schema to their own self-understanding and its blocking of further question and answers. BCN1 identified the struggle between pre-existing beliefs and the experience of loss. In reflecting on the experience he realized something new about it. The reflection created an opening for further clarity. He added:

BCN1: I got to a point where I was just either gonna be drawn closer to God or totally walk away from my faith, which happens to be Christian and, um ... but I think I want to tie in these ... the other losses and see how, you know, I went through that cause like I said I did have a loss ... now wait a minute, that loss was before my brother okay, so, um. Is it all right if I just talk about the different losses.

The struggle with a benevolent being, or God, was noted by six of the participants. The notion that one cannot question or ask why was posed and left unanswered. In the context of her reflection on questioning one’s belief, participant AAF leaves the issue unanswered.

AAF2: You know, I don’t know how you’d say it, I still have the three of them in my mind and I don’t know why they went. I have no idea.

Two participants did not identify this larger schema as being consciously involved in their experience. DJD1, who was eight years old at the time of her
father's death, recognized the long-lasting changes in family values, the loss of trust and intimacy in the family and in relationships in general. The rupture to family life was so serious that any larger context seemed to have been lost. Additionally, DJD1 related the loss of many members of her extended family in the Holocaust.

The struggle for self-interpretation is not totally available to one's consciousness. In a hermeneutic process of question and answer with the notion of God or faith, doubt and fear of that doubt emerges. The narrative surfaces issues of challenged beliefs and questions about one's previous self-identity. DJD1 reflecting on the notion of God stated:

DJD1: Um. And I don't give much thought to God. Um. And I don't know what you want to call it. Am I agnostic? That probably sounds better than to be an atheist. Um. But when I search really deep inside, and it terrifies me, that the nothingness that's there. Um. And I see my life as being this physical body and this heart and mind that will die when I die. And I think that probably is the saddest thing that affected me when my father died. Of course, I didn't have any of these realizations when I was eight and a half and when he died. But as a developing adult and trying to think now about the course of my life, the course of my beliefs, um, my heart, my soul, my spirit. um. It seems like everything has been affected by the loss of my father.

DJD1's understanding of herself deepened as she reflected on her choice to become a physician. She reflected on the value of listening, a personal identity with God and appropriation of the valued characteristics is posited. The dialectic between the narrative identity and reverberations of the losses began to unfold new meaning. Later, in reflective process with the nurse-interviewer, she discussed her beliefs and interpreted her values and beliefs in relationship to her choices.
DJD1: Oddly enough, a loss in the belief that there really is a God. Um. So I think that’s my selecting a helping field, um, becoming a physician is an attempt to be able to help recapture my father’s life by helping to save the lives of others. Um. But it’s also becoming God-like in a way for myself. Um ...

The narratives support the role of the larger schema of one’s values, beliefs, faith and family to inform the self-understanding of loss. This process of self is not without its own dialectic. Each person interprets the loss in light of his/her own historical, social and cultural context. Questions about the meaning of previously helpful beliefs that surface during the process are important. The participants were generally willing to be with the questions not expecting answers. In this regard, the fact that most of the participants’ had Christian backgrounds may be of some consequence.

CH2 reflected on her generation, schooling, and family who all grew up with this larger faith and belief schema.

CH2 stated: “so that’s how I live my life and I’m O.K. I think it serves you well when you need to face something really staggering and you have to get through it. It practically eats away at you in other ways that are not so obvious ... good and bad.

Another aspect of the “larger schema” surfaced in a number of the narratives. ELK1 articulates it in a dialectic with her understanding of human fault, her beliefs and self interpretation in light of two desires: (1) that her father be with her, and (2) that God is loving. It is not clear how the participant understands this for herself but her struggle to understand is evident.

ELK1: But as so many things I could tell my father to be purified and had to believe that God’s forgiveness and God’s mercy is bigger than anything
Rupture in the Ordinary

... than anything we can think about. We often think that somebody do something, they have to be punished and they have to do the justice. But to me, that is God’s love is (overwhelm ... overwhelming) what we can think about it. You know, so then I very much deeply trust that my father is in God’s hands. You know. And...and I dream about my father, also not just the once or twice, and just that closeness I had ... that dreams about him. And I think that my beliefs helps me and I would say continue to talk to the person that we missed, that we fear that we have lost, and then I come to realize that the person is not really so far away from me is much more closer than me. And because my desire, wanting to be with my father, I want to talk to him and that wouldn’t disturb because the distance ... where is the heaven? Heaven is right here, So my father is right here, And this is right here with me.

BJMB spoke of her son and his death from drugs. The narrative reflected the struggle with the notion of forgiveness and human frailty. She related her son was ostracized by the family and how she tried to be there for him. She struggles with God “I have to trust God’s judgement in taking him ... taking him ...”

She then turned to the nurse-interviewer and showed her the prayer on the son’s memorial card. She interprets God’s support and love in the psalm “come to me who labor and are heavy burdened and I will give you rest”. She identifies an attribute of forgiveness to her deceased son stating “he was more forgiving than I”. She concludes with the notion of human faults in all of us.

BJMB: “We all have our faults....there’s not many Mother Theresa’s around, believe me. And I’m sure she had her faults, too...wonderful woman but she was a human being first”.

The nurse-researcher intuits that the notion of forgiveness of self and another may also be a part of the genre of loss narrative. It is subtly reflected in the narratives.
If it was so, How does forgiveness or acknowledgment of one’s human faults and responsibilities reflect one’s self-understanding?

Discovering

As the participants hermeneutics reflected backward through the loss an interesting characteristic of loss emerged: the notion that one learns something about oneself in going through the loss. Nine of the participants recounted ways in which they understand loss differently having moved through the painful expressions of the loss. The stories include learning more about self and the values and beliefs one has and will continue to nurture or let go of, learning about other people, hope for the future, embracing the challenges that grow out of the loss experience, and the changes in who they are now -- all in light of the loss.

FS1 discovered that her self-understanding had changed. This freed her up in unexpected ways. She reflected on the loss:

FS1: And I think that ... I wouldn’t say that this loss I experienced was a good loss because, I mean, I would have liked to have a healthy bouncing baby and all that sort of thing. But it’s funny, I think this loss that I had kind of put me ... it ... it kind of took off a lot of emotional baggage that I had ... this feeling that I had to be perfect or so goal oriented and all that kind of a stuff. It’s like this taking out sort of cracked my shell. And once the shell was damaged, so to speak, I didn’t have to be so perfect anymore.

She interpreted this change in this way:

FS1: It sort of brought me more in touch with my whole emotional state and it’s left me very open to things that I would never have considered or again been open to in, um ...

The experience brought her into a deeper relationship with herself and others.
Other participants recounted a similar deepening of relationships, both individual and communal.

GTK1: And in hindsight, I've looked at a lot of losses and I can say I have grown a lot and I understand myself better. I understand God better and I understand my relationship to Him ... more or less. [laughter]

CKM2 remarked that those who rallied around her included not only the people she expected but also the friends of her deceased son who continued their relationship with her long after his death. FS1 felt it taught her to listen differently:

FS1: I listen to people in a different way now. You know, I ... I ... I think more about the spiritual healing and, you know, things aren't so concrete anymore. And I think for me, that that's a better ... a better thing.

Temporality

The issue of temporality has been indirectly explicated throughout the other characteristics of loss. As the participant described the central loss, the reverberations of that loss, its linkages with other losses, the enduring and discovering within loss, time developed as a key to manifesting meaning. The temporality was a mechanism by which to organize, convey and integrate the story so that the other (i.e., the nurse-interviewer) might understand the important issues that the participant wanted to communicate.

This process of temporality had many layers from which the participant attempted to extract meaning. What occurred in the process was, at times, surprising, even disconcerting, to the participants and the nurse-interviewer. This was due in part to the participant’ and the nurse-interviewer’s projected, yet unspoken, expectation of the unidirectional unfolding of the narrative.
The multiple layers of time were difficult to tease out. They were imbedded in all the characteristics of loss. They were also interconnected with the person's own hermeneutic of self throughout the narrative. Yet, a temporality was clearly a critical characteristic of the meaning of phenomenon.

**Dialectic between Cosmological and Phenomenal Time**

The first layer of time was cosmological time. Each participant was immersed in a cosmological temporality. Each person recounted the facts of the event of loss within the dialectic of the phenomenon of the lived experience of loss. This dialectical process between the time of the historical event of loss, the contextual components, and the lived experience did two things: it created a certain confusion in the coherence of the story and, simultaneously, in recounting of the story of the lived experience of the loss was repeated to some degree.

This dialectical process caused some confusion for the participants. The participant would begin the story and move across time editing the story through a phenomenal hermeneutic process. This prompted the person to stop, take a moment and reflect on the time of the story. For example:

**DJD1** stated: I'm taking a moment now to gather my thoughts. And I think ... this is unusual for me. Usually, my thoughts are much better organized but I'm finding this a little more difficult than I thought I would.

**BCN1**: I went through that cause like I said I did have a loss ... now wait a minute, that loss was before my brother okay, so, um. Is it all right if I just talk about the different losses?
This process of “checking in” with the time of the actual events helped to clarify matters for the listener. On occasion, it required the nurse-interviewer to ask of whom or about what time the participant was speaking.

Throughout this process, the participant told the story of a past event, projected from that past into the then future (which by the time of the interview had already occurred) and returned to the present experience of the interview. This movement through time was responsible for some of the lack of coherence in the story. It was, however, important to the story. The participant’s flexibility in moving through a linear temporal experience with the lived experience created a unitary expression of the phenomenon.

The participants often became tearful or cried during the interview. Three participants made statements of surprise at their emotional response to recollecting the story.

The two dialectical processes, in time about time, revealed how loss disrupted self-understanding. As the participant struggled to convey a story of a loss temporally defined, the impediments to self-understanding became more evident. The impediments to self-understanding were a part of the temporality of the interview. The participants requested time: time to think and gather their thoughts, to reckon with the fractured meanings unfolding within the experience of loss.

There were often long pauses which cannot be appreciated in the text. These pauses occurred throughout the narratives and, in a number of situations, became the
mode of ending the story. The participants would cease speaking and after some time the nurse-interviewer would ask if they were finished or quietly thank the participant.

**Provisional Narrative**

A second layer of a time was defined by the provisional beginnings, middle and endings of the narratives. Each of the narratives started with what, at first glance, appeared to be a chronicle of events. The chronicle served to situate the person and the nurse-interviewer amidst the loss. The beginnings created the atmosphere of the narrative. The loss with which each story began was not identified by the participants as the first or the most serious loss in each of their lives. Each of the central losses was the epitome of the meaning of loss for each participant. Nevertheless, the beginning loss left an indelible mark on personal identity and self-understanding. The nature of these beginnings was significant. It was a provisional beginning, contingent on the event of this loss. It was not uncommon for the participants to begin the story again after the events of the loss had been recounted.

Similarly, the endings of the narratives were provisional. The endings were not the end of the meaning of loss, nor were they always the end of the narrative. Each participant ended in a contextually unique way. In many of the narratives, it was as if the participant could not terminate the story. Four of the participants, as the ending evolved, resumed the story of loss again. This time the story was nuanced within other historical or contextual losses, or a repetition of the central loss. At some level the endings were pauses. Other participants merely stated “that’s it”, or “hope that helped.”
The nurse-researcher sensed that the ending caused a certain awkwardness for the participant. How does one end a story which is not completed? If loss is a state of being, a part of the personal identity, what does one do with the ending?

Some endings were provocative. DJD1 stated, after reflecting on the possibility of future losses:

DJD1: To lose any of those people, I think would be to lose myself, everything. And that is, I think, literal. Because I have thought about, um, suicide in relation to any significant losses. [ ... possible speaking ]

Anyhow, I was hoping I wouldn't feel this, but ... [SUBJECT concludes.]

CH2M stated that the total experience of loss was more difficult than the individual losses. Her dialogue with the notion of loss reflected an awareness of a change in her self-understanding. She stated the “it practically eats away at you in some other ways that are not so obvious but ... good and bad. Um.”

As the participant reflected, other anticipated losses or choices for the future surfaced. For example, the meaning of impending retirement surfaced for two participants. That, in turn, prompted other images of rupture of loss to surface.

CH2M stated she was anticipating a big loss as she considered retirement.

The nurse-interviewer asked: “What part of retiring is so difficult for you?”

CH2M: Loss of ego. Who am I? What am I? I am my job ... is a part of the problem, part of my problem ... and I think probably a lot of women’s problem. Um, I invest huge amounts of my self identity in my job.
This provocative self-interpretation of how personal identity will be before and after retirement mirrored a realization that some significant changes had followed previous losses.

**Self-interpretative Process in Time**

The third layer of time was the dialectic with self. It included the self-interpretative process of the past, the present and the future. This dialectic included the events of the loss and the incorporation of meaning as the person attempted to understand not only the recollections but also what was unfolded in the narrative. The person's hermeneutic of self before, during and after the loss evolved within the context of the narrative. The self had been radically and irrevocably changed. Yet something was not changed. This included how the self was represented to his or her self.

For example, GTK1 stated:

GTK1: To me, I thought I was so emotional. Because I'm not normally an emotional person that shows my emotions. I guess I'm typical Irish, you know. So I really wasn't taught to show my emotions outwardly, but I am a very emotional person. So I noticed that, you know, if I thought my mother was going to get a bad report, that I would emotionally, I would almost fall apart.

How the person understood this change is the work of the narrative in time. The temporal components of the self-as-the-same and the self-as-different-from are evident in the narrative descriptions. Each participant's personal identity included some characteristics that remained and some that changed as a result of the loss.
The fact that the physical manifestation of the “lost” person, body, part or object was no longer there was important to all the participants. The meaning this had for the person was uniquely posited, interpreted and understood.

The pain caused by loss was evident. Many of the participants cried throughout the interview. Two participants characterized the loss as physical “like a knife”, “like being stabbed”. The experience of the self was an assault to one’s being.

The self-as-same and the self-as-other was offered in this interesting metaphor:

FS 1: But for that time, it's funny, when this thing comes out of you, that um, you just feel that you have a miscarriage and it's like, stuff, you know, stuff is coming from deep within. It's just pulling ... pulling out and yes, it's a big clot or, you know, the conceptus, or whatever. But I don't know, I think it pulls something out of you and it kind of leaves a shell. And ...

The interviewer then asked: “What is that pulling that you’re starting at your chest and moving down?” The participant had no conscious awareness of this engagement of her body into the metaphor.

FS 1: I didn’t realize I was doing that.
GA: You’re saying ... I’m just trying to understand like as you’re giving me a picture, you’re bringing your hands up and you’re going something’s coming out of you.
FS 1: Well, I ... I almost feel like not only did I lose the conceptus, but the internal organs that caused me to function. I felt like all of that came out too and there was just a shell inside that it could do ... even though the organs are gone, this shell was capable of doing the work. But it just did the work like a robot kind of a thing. You know.
GA: Who’s the shell though? Or what’s the shell?
FS 1: Well, you know, I think the shell is the FS1 (she refers to herself) that felt that she could control everything. She was left behind. But she needed those organs to be able to really move on and they were taken out of her.
FS 1: Um ... It took everything with it and sort of left the shell.
Yeah. So ... I don’t know. [ pause ]
The participants all struggled with self continuity amidst the discordance of the story. How the person understood his or her self before and after the loss created certain conflict and need for reinterpretation.

GTK1: Like I said, I’m not a crier. I wish I was because I’ve learned it’s a gift from God; but the two weeks she was in the hospital, I couldn’t stop crying.

At times, the self interpretive process of self understanding revealed these new understandings or meanings about the self.

GTK1: And in hindsight, I’ve looked at a lot of losses and I can say I have grown a lot and I understand myself better. I understand God better and I understand my relationship to Him ... more or less. [laughter]

Yet, the participant continued to reconfigure meaning for his or her self. For example, the participants reflected on other resources in their lives. They might say something like: “I still have my grandchildren,” “I have two other children,” “My cancer was cured.” Or “I still am grandmother,” “mother”, or “I always had difficulty with change.”

The central loss became a metaphor for the unitary experience of loss in the self-interpretative process. The participant’s personal identity now had a flaw. This flaw was characterized by an embodied alteration in the image the participant had of her/him self. There was a disruption to the previously held image of the self. The participants described it in two ways: (1) as physical - - “a piece missing”, “part of the soul missing,” “a hole in the heart”, as a disruption in the embodiment of the personal self-reflection; and (2) as psychical. FS1 speaks of a crack in her self-image. This crack or rupture was not necessarily a lasting negative experience.
FS1: But it’s funny, I think this loss that I had kind of put me ... it ... it kind of took off a lot of emotional baggage that I had the feeling that I had to be perfect or so goal oriented and all that kind of stuff ... It’s like this taking out sort of cracked my shell. And once the shell was damaged, so to speak, I didn’t have to be so perfect anymore.

These references to ruptures in self understanding were present in all the narratives. The loss became a means through which the person struggled for self-understanding. The struggle took many forms.

**Reconstructing Self in the Self-interpretative Process**

The fourth layer of temporality is the notion of reconstructing the self. The person amidst loss engaged in a process of question and answer in a self interpretative process of self-understanding. In the story of loss the self continued the dialectic in time with the personal identity. Self-understanding emerged through the narration of losses. The self-as-same afforded the person a sense of history and justifiable constructs for self-understanding. These historical, contextual self-understandings in dialogue with self-changed were a significant commonality in the participant hermeneutic: the self-as-same and the self-as-other as an emergent process. The process did not reflect the time of past or the time of future. Rather, it developed as a dynamic of self-understanding of the evolving self amidst the rupture to one’s self-understanding; the self struggling to recreate alternate possibilities for self-interpretation in light of loss.

Each participant dialogued with his or her self in reconstructing meaning. CKM2 stated “I got to get my act together here cause I’m going down the tubes fast.” For some participants the self engaged in a dialectic with the other through which the person or the community opened an awareness of self in totally unexpected ways.
CH2M stated: It was wonderful for me to know that somebody cared about me that much, um, not that I ever doubted that, but that demonstration was ... [left unarticulated-started to cry].

When the nurse-interviewer asked what was happening CHM2 was surprised. She stated “I’m frankly amazed.” Then, as if unaware of the connections, she recalled the experience of many other losses. This dialectic of who she was in relation to self created another awareness of the loss and of the self which previously was unavailable for reflection.

The future also played a part in the dialectic of self amidst loss. The narrative projected both a fear of other losses and the discovery of self in loss. This process opened the self to other potentials. The self could begin to reconstruct meaning amidst the loss.

FS1 continued her thoughts:

FS1: And you should sort of let things go freely and let them flow. And, I think, after talking to myself and allowing myself to realize that heck, you can fail, you know, and this doesn’t mean cause you fail in one area, that it predicts that you’re gonna fail in all areas because you have been successful in the past.

The process of reflecting on one’s experience of loss calls to the fore experiences about the loss that have meaning for personal identity in the now. Participants reflected on the different self-understandings they had through the process of loss. The need to make choices was evident in the dialectic of self in time. Some participants reflected the active nature of this process. FS1 related briefly how the dialectic was both time consuming and an active process.

FS1: So I had to do a lot of talking to myself with that. It took a while ... it took a long while.
Some participants struggled more with the self that they knew was a reconstruction of who they were before and after the losses. The temporality of reconstructing the self requires what ELKI refers to “as looking with a different angle”. In describing how her relationships with her home in Taiwan is changed she stated:

ELKI: But I have to transform that emptiness to be the fulfillment that’s continuing conversation ... that’s continuing the relationship through the spirit so that emptiness can be fulfilled. Probably just to say, it’s transformed ... transformed to another angle. So the emptiness is still there, but obviously, I am not able to talk to him on the phone, when I go home, I cannot ... no longer see him. You know?

In the process of reconstructing the self, the participants struggled to incorporate the changes in the self. In a reflective process, the participant recognized those opportunities and offered his or her meaning and explanation. DID1 reflected on the loss of her father and who she had become as a result of that loss. She related the opportunities taken from her and their implications.

DID1: The loss of the ... the loss of human contact, um, being more driven toward my career, uh, more driven towards pets and animals, uh ... I have a menagerie at home and I’ve done some pets rescue types of work. Pets do die and I’ve had pets that died but they get replaced by another pet, and I think that’s how I’m able to go on. I’ve never been able to replace my father and that’s why I have limited myself emotionally, because I’ve not been able to get over his death. And that’s why I think, I’ve excelled in my career because I’ve not gotten over his death.

In all the narratives, as in the above statement, the self engaged in a dialectic of self before and after the loss. Time was experienced as a time of the loss and the reverberations of the loss and other possible losses to come. Five participants spoke of anticipated losses and their fear of not being able to reconstruct self-identity.
reflection on possible losses reveals the depth of that fear. She stated: “To lose any of those people, I think would be to lose myself, everything.”

The nurse-researcher began to understand that the intensity of this kind of metaphor reflected the rupture to self-identity. She began to look at it in the context of the narrative of reconstruction of self which reconstruction occurred along a continuum through the narrative of personal identity. How could the person understand his or her self without those significant others? How could they tell the story of loss? Would the rupture to self identity be too terrifying?

The participants’ dilemma was to continue the dialectic with the self while struggling to reconstruct self. Each participant did this to the degree that he or she was ready and able. The reconstruction of the self in the narrative was a temporal and ongoing process.

Conflicting Self-interpretations

The participant used analog metaphors to describe how he or she was affected in the loss. It was here that the person attempted to relay the rupture that loss had on the self. Many participants described the changes in self understanding in metaphorical language. Again, the participants described a “piece of me is missing”, “a part of me has died”, “a feeling of emptiness.” This emptiness was imaged as a “total emptiness.” These words were accompanied by conflicting notions that the person “is always with me”, “I carry them here” [pointing to a part of his or her body]

The language of someone or something gone, no longer part of the present yet simultaneously present with the expectation of future relationships was a part of the
narrative language of a temporality. One participant used two different metaphors (see below) that are generally considered the same genre. Upon questioning for clarification, the participant had a definitive understanding of the distinct meanings of the metaphors as they related to his loss.

GTK1: The only way I can describe it is if you picture like a heart and there’s a hole right through the heart ... That’s how I feel. You know, that there’s ... there’s an emptiness. There’s a big piece missing ... a hole ... that’s the way I picture it in my mind. One feeling is there’s a piece missing. The other feeling was totally empty. ... And that’s the way I felt. I was just existing but I didn’t feel anything. You know, that was one of them. The uh, the other one was the heart with the hole in it, you know, that I felt the devastation and I felt the hurt and I felt the pain and I wasn’t sure whether that will ever be healed and it’s still not ...

Two participants reflected the self as other. “It was as if I were a robot.” Both participants used this word (robot) as they struggled to understand how they actually survived the loss. An aspect of the self continued through the loss while the self experiencing the rupture was halted by the loss. The narrative reflected that somehow there is a part of the self that goes through the motions of daily life while this broken self experiences the tremendous pain of loss. The participant did not necessarily have a conscious understanding of this process. After stating a concern or insight or using a metaphor many participants would add “I don’t know what that means”.

The stories themselves mirrored the rupture while speaking of the things that were the same and those that were different. The self-interpretative process occurred temporally. It included an embodiment of self as other and a confrontation with one’s own finitude, a realization that life is not controlled by the single human being.
FS1: And it was kind of a like a slow process getting ... and realizing that you can’t run your life that way because there are things that are so totally out of your control. And it was all right that there were things that were totally out of your control. And I had dialog, believe me. I’d be in the car driving along and I’d have like dialog with myself about this stuff ... about, you know, you’re not so perfect ... you can’t do everything, you know ... everything shouldn’t just have a beginning and an end.

In the process of the story a number of participants revealed meaning to themselves. BCN1 stated “oh, that’s what that means” after the dialogues with the unfolding meaning of the narrative. CH2M, toward the end of her discourse in the context of her story on an anticipated loss with her impending retirement, stated “Oh, I guess that’s what all this means!” It was as if the unfolding of the past losses in a dialogue with the self along with future concerns revealed meaning of the loss as a whole.

Larger schema in temporality

The participants recounted the values, beliefs and self identity before the loss. The importance of family, friends, and God involved a dialogue with the self. Some participants’ dialectic was an expression of self as mother, father, child. As each participant reflected on his or her world view, the participant would say “you can’t question, you just have to accept this in blind faith or you’ll go crazy.”

The following is how one participant wanted to connect the larger picture to his self. He poses his question about beliefs in light of the loss. The notion that the self must at some point cease to question meaning and move into the future opened other awarenesses.

BCN: I got to a point where I was just either gonna be drawn closer to God or totally walk away from my faith, which happens to be Christian
you know. Like my ... you know, see, I wasn’t really open to it not ... like in other words, I was praying about it, but it was kinda ... it was either pray and believe that it’s gonna happen or otherwise don’t pray.

The participants recognized that the loss and pain must be acknowledged but at some point in time one must move on. Faith, one feature of a larger schema, became part of the active hermeneutic of self in configuring meaning. CKM2 stated that “you have to take things on blind faith or go crazy”. The dialectic with self and the other was complex. The other, part of the dialectic with the self, needed to be reconfigured into the understanding one had of the other.

The dialectic also included the participants’ need to know; to connect their understanding of family, God, culture, etc., with the existential situation in which they found themselves. They posed questions such as: Why would a benevolent God do such a thing? Why did I get cancer? These questions were left unanswered.

This notion of articulating the question generated by loss is an enigma. The participant at some level must leave the question unanswered and unspoken or face the terror of finding the self truly empty. Then there would be no self and that is terrifying. Four participants referred to this experience. Three participants reflected on the fear of looking inside and finding nothing there.

DJD1: Um. And I don’t give much thought to God. Um. And I don’t know what you want to call it. Am I agnostic? That probably sounds better than to be an atheist. Um. But when I search really deep inside, and it terrifies me, that the nothingness that’s there.

CH2M: I don’t dare think about these things. Maybe that is my fear all the time, I guess. I don’t really know what to do but uh, I guess as you can see, cause my job is myself, I’m probably not as in touch with my feelings as I should be but ... maybe that’s a good thing. So, that’s how I live my
life and I’m okay. I think it serves you well when you need to face something really staggering and you have to get through it. It practically eats away at you in some other ways that are not so obvious but... good and bad. Um.

But future for self-understanding was not always so difficult. CKM2 stated that the losses prepared her in a way for other losses. “After you been through what I’ve been through” one understands that one can survive.

**Stylization of the Temporality**

The language style of the narrative was unique to the struggle with the temporality. The fragmented sentences, the pauses, the uses of metaphor, all mirrored the disruption in time inherent in the process toward self-understanding amidst the rupture of the self in loss.

The participants used language filled with pauses and silences. In recounting the loss, the participant stopped as if “arrested in time.” The participant in a hermeneutic lingered in the silence while struggling with both meaning and the real and potential changes caused by this one event. The language of the narratives reflected this disruption in time.

The style itself was often fragmented. Sentences were begun many times and many times were left incomplete. At other times, the sentence, begun and fractured, ended with what seemed to be a totally different idea.

CKM2: All those events, you know, in our lives... or his cousin... our nieces and nephews...

CKM2: She got... you know... she gets... she’s pretty strong too. Um.
CH2M: And the kinds of losses that leave big gapping wounds in your family, holes in your family. You know, we had ... (incomplete sentence).

For the nurse-interviewer these fragmented sentences or changes in thoughts were difficult to follow. With each new narrative the nurse-interviewer began to let go into the temporality of the interview, letting go of the expectation of time, the typical unidirectional movement from beginning to end. This allowed the character of the narrative to unfold in its own temporality and with its own meaning and structure.

Conclusion

The nurse-researcher has attempted to understand the meaning of loss as articulated in the narratives of 12 participants. What their narratives revealed was a hermeneutical process of self-understanding in which the person engages in a hermeneutical circle to service self-understanding of the experience of loss. In the process, the participants revealed certain commonalities of the phenomenon of loss. All the commonalities were filtered through a self-interpretative process through which each participant attempted to understand and explain the experiences to the nurse-interviewer.

In the analysis of the 12 narratives a set of characteristics of a genre of loss narrative emerged. These characteristics of loss narratives are: (1) identification of loss, (2) physical expressions/experiences of the loss, (3) physical representations that lingered, objectively and symbolically, (4) undergoing and enduring loss, (5) linkage with other losses, (6) communal or relational characteristics, (7) anticipated loss, (8) the larger schema, (9) discovering, and (10) temporality. These characteristics were the
components of the personal meaning of loss within the hermeneutic process of self-understanding related in the narratives.

The characteristics were easily defined as they evolved from the narrative texts. The commonalities surfaced as the participants recounted the story of loss and struggled both to convey meaning and to understand what unfolded in the narratives. The characteristic that was most difficult to isolate was the notion of temporality. This was in large part due to the fact that, in addition to being a complex characteristic in itself, it was also embedded within the other characteristics of loss. Ricoeur’s idea that it is not possible to be human without a temporality informed this issue. The participant necessarily defines the self within the historical and contextual structure of one’s life.

The nurse-researcher also recognized that the very process of interviewing is itself a temporal experience. The participant’s intentional choice of a particular loss whose meaning would be communicated had a temporality at that moment of choice and at the moment of the event of loss. By identifying the characteristics of loss the nurse-researcher also opened up the meaning of temporality and was able to identify its components.

The components of temporality are: (1) a dialectic between cosmological and phenomenal time, (2) provisional narrative, (3) self-interpretative process in time with (a) conflicting self-interpretations, and (b) reconstruction in the self interpretative process (4) temporal definition of larger schema, and (5) stylization of the temporality.
Temporality in the narrative is the unitary time which reflects the cosmological and phenomenological notions of time. It is critical to the self-understanding that all human beings seek.

The narrative provided a structure by which the person could access meaning and communicate it to another. The reality of the loss and its resultant meanings emerged from the participants' own hermeneutic process. The nurse-interviewer had a privileged access to this process. The nurse-interviewer engaged in an intersubjective process with the participant as meaning unfolded. Together, the participant and the nurse-interviewer worked toward clarifying the personal meaning of loss. The nurse-researcher interacted with both through the text as the analysis unveiled the meanings both hidden and apparent.
As time passes, filters change offering new meaning through the reflective process of self-interpretation. This creates a continual response to the changes in self-understanding. In time, a new phase of life or events changes the meanings, interrupts the clarity and starts a new process of appropriation of self identity amidst loss.
CHAPTER VI

DISCUSSION

Introduction

This study on the phenomenon of loss emerged from the conviction that something occurred in the phenomenon of loss that was separate and distinct from the phenomenon of grief. As the nurse-researcher, I analyzed the issue of loss, and determined that there might also be a genre of loss narrative. In order to examine these two elements, I chose to investigate the personal meaning of loss using a narrative from people who had identified that they had an experience of loss which they could recount.

The participants readily offered to share a story of loss with the nurse-researcher. In fact, two participants overheard a dialogue about the project and asked to be introduced to the researcher. The stories of loss were varied both in intensity and in time of the event of loss. The participants recounted a variety of losses, from the death of a loved one to the loss of a cherished object. A hermeneutic provides a structure from which to understand human existence. These stories were hermeneutical self-understanding’s of the meaning of the phenomenon of loss.

In this study, the participants and the nurse-researcher unite to formulate a consensus of the meaning of the phenomenon of loss. The findings of the research suggest
that there exists a phenomenon which should rightly be called loss. The research also suggests that there is a genre of loss narratives with identifiable attributes. Together, these findings suggest that loss is a hermeneutic, a process of clarifying human existence by describing a way of being in loss.

Loss is a state of being. This state of being consists of "attributes belonging for the time being to a person or thing" (The Oxford Dictionary, 1989). The findings of this research suggest something more; that loss is an impediment to self-understanding and that it imbeds itself into one's self-understanding in and through time. The phenomenon of loss is a lasting and dynamic way in which one understands oneself. The self is refracted through a self-interpretative process in which one's self-understanding is temporally defined and changed amidst loss. This temporal experience of loss, historically and contextually defined, is a hermeneutic process in which the self structures meaning and understanding.

The title of the dissertation surfaced from the recognition that loss occurs across a continuum of experienced disruptions to self-identity and self-understanding. Loss disrupts or ruptures the ordinary ways a person understands self, relationships, and the meanings of life. These ruptures often go under-questioned. At some point, many people choose to step into the hermeneutical circle in which the questions and answers caused by those ruptures to self-understanding must be articulated.

The ruptures to self-understanding and self-identity are reflected in the participant hermeneutic. This circle of questioning and answering is a process of the self reconstructing meaning amidst the loss in what ostensibly becomes the person's own
hermeneutical circle. This researcher has proposed that this process of self-interpretation occurs in time and about time, in a body, and in the world. The participant narratives have supported this proposal.

All the narratives of the personal meaning of loss were historically and contextually situated. Each participant’s self-understanding is intimately connected to his or her own body (physical and mental) in a self-interpretative process and it is always a temporally defined experience. The person allows us a “privileged access” through the narration of her or his story. His or her personal identity emerges through the language and the meanings revealed and hidden in the narrative.

The participants’ language reflected the disruptions to meaning and self-understanding. The “who and what” of their personal identity engaged in the tensive dialectic throughout the narrative. The language of the narratives was often fragmented, the sentence structure interrupted, and the metaphorical images employed were those of rupture to self-understanding. The rupture in the language of the participants reflected the dialectic of how the person understood his or her self before, during, and after the loss.

The hermeneutic involved a reflective self-interpretative process: reflection on the meaning understood by the participant before and after the process of questioning what was understood. The participants described an event and then explained the meaning to the nurse-interviewer. In the dialectic with the self, augmented by the clarifications sought by the nurse-interviewer, meanings were made more available for conscious reflection and, correspondingly, broadened the possibilities for the future. This process enhanced self-knowledge and, with that knowledge enhanced the ability to choose and participate more
fully in one’s being-ness-in-the-world. In Ricoeur’s perspective, this epistemological reality joined an ontological reality.

Throughout the study the researcher was aware of the need to recognize her own pre-understanding of the phenomenon, and a willingness to let go of this pre-understanding in order to enter into the interview, and to appropriately interact with the person’s hermeneutic in order to allow greater understanding and flexibility in the narrative.

The nurse-interviewer engaged in mutual and parallel hermeneutical processes. It was my experience that listening and being present was critical to joining with the person. A simultaneous process of being present to myself was also important. The nurse-interviewer, who is present to her or his own pre-understandings and need for self-interpretation, can be present to the other in a unique manner. The nurse can pose the questions which surface in the interview while letting go of fear and entering into the process of the interview.

**The Phenomenon of Loss and the Participant Hermeneutic Circle**

The narrative was the framework within which the participant organized, integrated and attempted to convey meaning to the nurse-interviewer. It did this by allowing the participant a way to access self-knowledge through a dialectic with him or her self and another (i.e., the nurse). Throughout the narratives, the insights were accessed from the person’s memory and from the self-interpretive process inherent in the hermeneutic. This self-interpretative process is limited because, as Ricoeur notes, one does
not have access to total consciousness. This flows from the recognition that the human being is in a process of becoming which is never fully actualized.

The participant CH2M embodied this process in her own hermeneutic circle. She moved through many reflections on the several losses of her life, the gains and the losses, the fractures and the reconstructed meanings. At the conclusion, she included an anticipated loss through retirement from her job. As she opened herself to the hermeneutic process in a dialectic toward self-understanding, she recognized a thread which was embedded in all her losses. This realization was the meaning of losing herself totally; to “lose my ego, myself.” The recognition of the interconnectedness of loss to personal identity was dramatic. Self-understanding at the end of the narrative was altered by the knowledge about meaning revealed in the narrative. This hermeneutic principle occurred over a continuum. Each person engaged in it up to the point that she or he was willing, able and supported.

The phenomenon of loss, as narrated by the 12 participants, reflected each person’s process of self-understanding and self-explanation of meaning amidst loss. The hermeneutical circle, as experienced within the narrative, reflected the struggle for self-understanding. The loss ruptured or disrupted the person’s way of knowing her or his self and became a part of a process of self-interpretation toward being in a new or reconstructed self in light of loss.

Through the narrative, the struggle toward self-identity in discourse with another, and in a dialectic with the self unfolds meaning amidst clarity and confusion. The experience of the participant revealed through the language of the metaphor the dilemma
of self-identity amidst loss. For example, the participants spoke of "a piece of me is missing," "a piece died with" the other, while simultaneously providing a conflicting metaphor that the person "is always with me," "I carry them here" pointing to a part of his or her body. The metaphors serviced self-understanding by creatively designating a new relationship between the absent and the present. Although not a complete answer, these types of metaphors reflect, as Ricoeur states, "a heuristic fiction for the sake of redescribing reality" (1978, p. 133). Who the person is in relation to the loss is reflected in the language of the metaphor. His or her identity is both absent and present in the loss.

The participant's hermeneutic was foremost a temporal experience. The dialectic of self occurred within the unitary time of the phenomenon of loss. The human being, however, cannot access this unitary temporality and so needs to express self-understanding through cosmological and phenomenological time. It is in these aspects of time that the human being can engage in discourse and appropriate meaning.

Temporality in the narrative was reflected in each of the characteristics of loss. It was organized through the story which conveyed meaning. The participant reflected on what was recounted in the story and unveiled meanings retrospectively and prospectively. The discourse became a way to connect the self in the lived experience of the narrative to the time of the past and the future.

Across the narratives the participants spoke of themselves as a self which remained the same over time (e.g., "I always had difficulty letting go, even of material things") and a self which was dissimilar over time (e.g., "I will never be the same" or "I have learned to let go, I don't have to be perfect anymore").
In reflecting on the meaning of loss, each of the participants attempted to explain certain characteristics of his or her self in order to convey the self in the fullest manner: “I grew up in an Irish home and Irish community,” “We use a lot of black humor,” and “I was told to always have a stiff upper lip.” This was present in a dialectic of self in which, for example, that part of the self which remained Irish (a characteristic of Ricoeur’s ldem-sameness) struggled with the part in discordance with loss. CH2M: “It worked most of my life but the effects were not always so obvious in good and bad ways.” (Ricoeur’s ipse or selfhood of the person).

Similarly, one participant struggled with the cultural characteristics which he grew up with. GTK1 stated “I’m Irish. We are not very emotional” in a dialectic with “I’m very emotional.” “I never cry” was countered with “I can’t stop crying.” This dialectic within the “who” or “what” of a person’s identity can open new possibilities of being in creative and new ways. Later, after thinking about the issue of crying or his emotionality, the same participant stated “I think crying is a gift from God.” He was able to be more comfortable with this by reframing the meaning of the crying. This resulted in enhanced knowledge of himself and he alters how he understood himself in light of it.

**New Appropriation of Meaning**

The narrative used the cosmological temporality of the events as augmented by the self-reflective process of the person’s hermeneutic. In this dynamic process the person struggled toward self-understanding. The participants’ recollection of the story and the questions in which they engaged became a part of the struggle for self-understanding. At times, the person was able to interiorize the dialectic and appropriate both old and new
meanings. BCN1 said to himself, “Oh, that’s what that means.” GJK1 reflected aloud, “I just wish I knew why that was . . .” paused and stated “I think I just answered my own question.” Other participants for one reason or another were unable to appropriate and posed questions which remained unanswered. BJMB stated “I just don’t know, I just don’t know.”

It was within the context of the provisional temporality that the participant could link the reverberations and other losses to the story of the central loss. Each participant as he or she returned to begin again, included other aspects of the loss which emerged in the dialogue. It was within time that the person’s self-understanding evolved in an interrelated process with the characteristics of loss.

The self-reflective process was sometimes obstructed by the loss. This occurred throughout the descriptions of loss. The participant whose stolen car contained a valued first aid kit questioned whether he would still have the validation of his “being a good father.” Participant DJD1 reflected on her personal identity in light of future losses through death and concluded, “I don’t think I could live . . .” The blurring of meaning in the lived experience of a past event or as anticipated in a future event further disrupts self-understanding. The self continues to struggle through an interpretative process for understanding and meaning.

The narrative also provides the participant with a means to reappropriate the self in light of the rupture to self-identity. Participant FS1 related how her miscarriages made her “feel like a failure.” She described being aware of a self that went through life during the time of loss as if separate from herself, “like a robot.” She also related how she would
have “real” dialogues with herself in her car. This dialectic opened the way to understand herself in a new and imaginative way while she reconstructed a new self, one that “no longer had to be perfect.” “I got to let go of some baggage and say I’m not perfect and that’s okay.” She was also able to interpret childhood instructions “of working hard for what you want” in light of these dialogues with herself. Through these dialogues, she was able to appropriate meaning in a more contextually appropriate way.

Provisional Narrative

In order to understand the personal meaning of loss the researcher looked deeper into the temporal structure of the narrative. The temporality of loss proved to be a complex and slippery notion. Part of this difficulty evolved from the provisional temporality of the narratives.

This provisional temporality was a phenomenon of the loss narratives. Generally, the participant began to tell his or her unique story in a historical and contextual way, and the participant’s hermeneutic was structured in a chronological order. But, this soon gave way to the lived experience in the hermeneutical circle and a unitary time revealed itself to include emerging insights and altered experience of self.

Throughout a series of provisional beginnings, the participants in the hermeneutic recommenced the story while struggling to reconfigure meaning. This element of a struggle reflected the dialectic of self simultaneously in the discordant-concordance of the loss. The participant’s self-understanding, although fractured or impeded by the loss, became aware of the unfolding meaning. Many participants spoke of needing to “deal” with the loss despite the pain or disruption to understanding. The participants spoke of
needing to move on while accepting that the loss was a part of their reality. The notion of enduring the pain while continuing with one’s life was posited by almost all the participants: “I still have two daughters,” “I still have the hole in my heart.” They recognized that life goes on. You go to work, shop, and participate in daily (ordinary) life but things are not the same. CKM2 stated that “you always reflect on the person.”

The process of struggle with the discordant in life created impediments as well as imaginative understandings recounting the story. ABC3 at times could not progress with the story and repeatedly requested that the nurse-interviewer ask questions to keep the story going. For AAF2, the story was at times so fragmented that the fragmentation was an impediment to the story’s coherence. BTN2, who structured the loss temporally, recalled when her one and a half year old child asked “why grampa was so different?” She recounted another story of the toddler knocking on the door of his deceased uncle and stated “Oh yeah, he’s dead!”

From a Ricoeurian perspective, it is important to remember that recounting a story can reconfigure the temporal experience for both the speaker and the listener. The narratives of loss presented a diverse ways of unifying time and meaning. The participant must reconfigure the meaning of the loss in time. Personal identity is reconstructed as the person endures the fracture to self-understanding in a time both the same and different.

These struggles to create a unitary time of loss are posited by the participants along a continuum of coherence. At times, they confused sequence and were unable to narrate without assistance or without altering the facts. At other times, the participant deftly narrated the story and articulated its meanings both then and now.
The stories were not simply historical accounts. The linkages with other loss throughout the narrative complicated the story. The person was not simply recounting one event of loss but a series of events that he or she called loss. This complexity of loss represented a threat to personal identity and reflected both unity in the diversity and the provisional temporality of the story. The process of sorting out all of this sometimes confused the participant. BCN1 stated:

... but I think I want to tie in these ... the other losses and see how, you know, I went through that cause like I said I did have a loss ... now wait a minute, that loss was before my brother okay, so, um... Is it all right if I just talk about the different losses.

The participant reflecting on the loss recognized the need to access the experience and the difficulty in managing the sequence of the story. The researcher recognized that the participant recounts the story in the discordant-concordance of time, seeking to extract the unity in the diversity of the experience.

The participant hermeneutic is communal as well as personal. The communal aspect of the participant hermeneutic was reflected in two ways: (1) the personal meaning of loss inevitably included interactions with others, and (2) the loss was related to a larger schema.

The Personal Meaning of Loss and Others

The narratives of the central loss joined the reverberations, the linkages of other losses, and the self-as-another into one personal identity. The participants recognized both that they, themselves, were in the loss and that they were in relationship to others. This was illustrated in stories of love and support, or lack thereof, from others. CKM2 and
CH2M related how they were very supported, while DJD1 and AAF’s related the absence of this love and support. All participants related their personal identity within the context of other relationships.

CKM2 understood support as a mutual process. CKM2 stated that the community of family and friends, even those she did not know, came to offer support and care during her time of loss. The presence these people chose to have in her life was a surprise. The notion that she and the community were engaged in a mutual process surfaced twice in her narrative. “They would just stand there and look. We had to help and support them, they needed help as much as we did.” DJD1 stated that the loss of her father was also a loss of her mother and the potential for intimate relationships.

At times, the loss disrupted families so much that they were unable to act as a group. BTN2 stated “we fought and yelled...” only later were they able to converge and reconnect as a group. Another participant recognized the effects of loss for self and family. ELK1 stated the family itself was changed. When she returns home to Taiwan, she does not have the physical presence of her father and culturally must realign herself with her brother, as the authority in her family-life. The family itself has experienced changes and when she returns home her role and experience in that family is different. Yet at the same time, she reflects, things are the same. The nurse-researcher became cognizant of the tensive dialectic as the participant tried to identify herself and her role in the family that was both changed and the same. GTK1 related how “we all gathered together.”

This dialectic, with the self and the other, permeated all the narratives. How the person saw, his or her self in relationship to the other was a consistent concern for every
participant. CKM2 related escorting her spouse to a community event in which he spoke about the death of their son. "He had a presence about him" and was a real support to members of the community who had lost a child. This was a community of loss struggling to understand itself.

The tense dialectic between the self and the community became a struggle for personal identity in an intersubjective relationship with the community identity. AAF2 related dialogues with members of her community in which she did not feel supported or a part of that community. She related co-workers and neighbors who shared their own losses. They told her she needed to move on, before she was ready. Her response was a dissociation from the community, separating her loss as special or different. "You can get another husband but you can’t get another son."

The notion of the interview as a communal response to loss seemed to emerge from the participants. Each told the story of his or her loss not only to help the researcher understand the personal meaning of loss but also to help others who might be experiencing a loss.

The Relationship of Loss to a Larger Schema

All the participants contextualized loss in a larger schema, whether beliefs and values, family, culture, God or spirituality. The experience of one’s personal identity was in a dialectic with this larger schema. The struggle for self-interpretation and authenticity questioned, for example, the existence of a benevolent God who "could allow this to happen," the cultural practices of "grin and bear it," and the role of family.
These questions, in a tensive dialectic with personal identity, opened avenues for self-understanding not previously available to the participant. CH2M stated that, while black humor and a “stiff upper lip” worked many times in her life she wondered now if there was something more. She recognized that not questioning had effects that “were not always so obvious, good and bad.” Many participants were only able to pose the question “why”.

On the other side of the dialectic faith, family and community has a central importance of to the struggle for self-understanding of loss. CKM2 stated “I don’t know how people do it without faith.” This notion was repeated by many participants. The presence of family, beliefs and faith became a way to understand not only the loss but also oneself amidst the loss. One is a part of a larger schema despite the flaws each schema.

Language of Loss

In the narrative, the language of the phenomenon of loss was first a language of a temporality. The loss occurred in the past, was experienced in the now of the narrative and projected itself throughout one’s future potentialities. DJD1 stated “although I didn’t realize this when I was eight and a half years old ... it affected the whole direction of my life.” The participant recounted the experience of the phenomenon of loss as a turning point in life. He or she placed his or her self-understanding within the context of the loss. The loss altered the participants’ understanding of self in time; a time changed from the moment of the loss.

The fluidity with which the participant moved in and through time both clarified and confused the coherence of the narrative. It became clear to the nurse-researcher, that
the participant was attempting to understand the entire phenomenon. Time refracted the loss through personal identity requiring the participant to recreate the beginnings and the endings until the unity of the experience was most closely approximated. The provisional time of the narrative serviced the emergence of the phenomenon. Occasionally, this made the story difficult to follow. The nurse-interviewer then needed to clarify who and what was the subject of the story.

The stories often ended abruptly, provocatively or faded into silence. The nurse-researcher had the impression that the participants could not end the story. I had the sense that the narrative faded into what either should not, or could not, be articulated. Heidegger (1971) implies silence has meaning. “Can a person not speak? Is there no experience in one’s historical or contextual life? Or are the words unavailable to the person?” (Heidegger, 1971, p. 122)

The nurse-researcher suggests a number of reasons for the faded endings, long pauses and silence throughout the narrative: (1) the silence itself was a way to communicate in the narrative, (2) the story had reached an end, (3) a loss of one of the many voices of oneself within, (4) the person resisted ending the narrative, and (5) the temporality disrupted self-understanding in the process of the person’s hermeneutic.

**Metaphors of the Language of Loss**

Metaphors, an element of the language of loss, reflected the participant’s self-understanding and aided the self-interpretative process. Each metaphor represented the changes of personal-identity in time. The metaphor expressed the tensive dialectic of the participant’s fractured and unified self. This otherness of self was experienced both as
separate from the self of the other as well as an embodiment of the loss. The metaphor created new ways to exist in the same and the different.

The "intensity metaphors" of the narratives had a characteristic of intentionality to them. The intensity metaphor made a "claim to reality" (Ricoeur, 1978). The participant needed to be able to declare the meaning of the rupture of loss for personal identity. The metaphor demonstrated, in the language of the participant, how the self-interpretative process configured meaning and augmented the person’s self-understanding amidst loss.

FS1 used a metaphor in which she became a shell moving through the ordinary aspects of her life but was unconnected to herself. This "shell-like" self continued throughout the daily plans of life as she continued to experience the pain of the rupture to self-understanding in loss.

The metaphors of "feeling like I was stabbed," "the pain was like a knife," reflected this same dynamic. For the participants, the metaphors became a way of recreating the link between the experience of loss and how each understood and or explained his or her self. The language of the metaphor linked self-understanding and the body, representing the discordant-concordance of the self amidst loss.

The Body

The connection of the metaphorical language and the body needs further explications. Ricoeur (1992) writes of the passivity of the body as otherness: (1) as an experience of one’s own body, (2) as the inherent otherness of body, one of the intersubjectivity of self to other, and (3) as the relation of the self to itself (Ricoeur, 1992, p. 318).
The language of the narrative reflected the notion that the participant self-understanding was a being-existing-in-a-body whose experience is that of a body and who relates to others as a body.

The participant imaged, endured and reconfigured meaning amidst the disruptions and rupture to self-understanding. For Ricoeur, this ontological relationship of body to one's being could explain why a person, like ABC3, might be unable to tell a story at the time of the narrative. The multiple life histories which are a part of the narrative and the relationship of those in the story had not been sorted out.

The language of body became a way to understand the person's process of healing in relation to the self. The participants' language "of the piece missing" while at the same time carrying the loss object or person within could reflect the healing as the diverse experience of loss as co-present within a unity of the self. The language of body reflected a self that is both distant from and together with the other.

The notion of the body as mediator of the self in the world was reflected in the narratives. The body mediated the experience of the discordance of self in the concordance of the story of loss through metaphorical language. The participant's metaphors reflected the tensive dialectic of self in a world of loss. Often, it was the language of the body that reflected the dissimilar experience of the self as the same and as different. GTK1's "heart with the "hole"which seemed to heal only to open again, "though not as deeply", reflected the language of fracture and healing.

The second passivity of the body in an intersubjective relationship with the self was reflected in a description by CKM2. She stated "you need someone to wrap their arms
around you, like this.” The importance of the physical absence of the other, no longer a being with my being, is repeated in many of the narratives. The undergoing while enduring the disruption of self-understanding amidst loss was evidenced across the narratives. The self without the physical presence of the lost person or object struggled with “who and what I am”. This relationship was reflected with participant GJK1. He struggled with personal identity in light of the loss of his “first aid kit.” The physical absences threatened the selfhood of the participants. The characteristics and roles they played with the “lost” other were no longer available to anchor the self. [Was I a good parent? Am I still a mother?] The participant must endure as the self reconfigures and reconstructs personal identity in light of the loss.

The body was also a metaphor for intimacy. The body, not limited to one’s physiology, the body of the whole self, mediated the changes in personal identity amidst loss. These changes were temporally defined in the experience of one’s being-in-the-world struggling for self-understanding. The notion of a body as metaphor for intimacy surfaced in the narratives of GTK1, DJD1, ABC3. All the narratives referred to the loss of intimacy as a result of the central loss. The intersubjectivity of loss mediated by the body was understood by the participants as a loss of intimacy. The participants all incorporated meaning into bodily context of the experience the loss.

Discovery and Future of Loss

The story mediated meaning and opened possibilities for the self in future projects. The participants spoke of how they were changed through the experience of loss, how
they had learned or chose to “transform the angle” from which they experienced loss. One participant stated she felt freer, another declared she worried less.2

The notion of healing of oneself was exemplified in FS1's narrative. For FS1 the experience of loss was a feeling of loss of control. This loss of control was a bodily experience. Her approach to the healing process as she related it was first to get back control of her body. She struggled to get control back by exercising control over her body. Her diet and exercise regimen itself became a metaphor for the tensive dialectic of self-as-same and self-as-other. It became central to her hermeneutic of self-understanding and appropriation.

The healing process of self was also reflected in the participant’s self-understanding. “I am more gentle with myself.” ELK1 stated that she began to “transform the angle” through which she saw her deceased father and her remaining family members. The participant’s self-understanding, through a self-reflective process, included new insights and self-revelations which were previously unavailable.

The dialogue between the self and the body enduring the rupture through time represented the experience of existence itself. The struggle of being-in-the-world enduring the pain of loss offered some of the participants this window of self discovery.

2 It is important to note two things at this point. The loss itself was not the cause of transformation. The transformation emerged in the self-interpretative, self-reflective process which enabled the person to contemplated other potentialities and embraced those for the self. The participants’ caveat was they would have preferred not to have the experience of loss.
The Nurse Hermeneutic

The nurse works with the story in order to mediate the person's self-understanding and appropriation of meaning for self. For the nurse-interviewer, the hermeneutic is a letting go into the process with the participant in order to be present, listen, and receive to the unfolding meaning.

The meanings unfolded in the narratives were not always obvious to the participant. Generally, the participant was not aware of the affective responses during the interview. In these situations, the nurse sought clarification both to enhance the nurse's understanding and to increase the awareness of the participant. Two examples illustrate this: FS1's use of her arms to demonstrate her understanding of what happened to her person as a result of the loss. When the nurse-interviewer asked what was happening she stated:

FS1: But I don't know, I think it pulls something out of you and it kind of leaves a shell. And . . . .
GA: It's just . . . what is that pulling that you're starting at your chest and moving down?
FS1: I didn't realize I was doing that.

CH2M began to weep after telling a story of her spouse's supportive response to her breast cancer. When the nurse-interviewer asked about the tears, she stated: "I am frankly amazed."

In their narratives, the participants revealed and concealed meaning at the same time. The nurse facilitated meaning and the person then choose to appropriate the meaning or not, as he or she wished.
The nurse recognized that the narrative is a blending of the real and the wished, while resisting and opening the self to meaning. The participants’ stories were a reflection of this blending. The nurse needed to be open to the provisional time of the narrative and relinquish the expectation of a sequential pattern. In the process, the story unfolded unexpected meanings which in turn opened possibilities for the participant’s own reflection.

This process facilitated self knowledge in the tensive dialectic of self-identity. Some of the participants were able to recognize the depth of the loss in a new way. CH2M, who began her narrative with the statement “My breast cancer was not a loss” repeatedly stated how many losses she has experienced in her life. This seemed to come as a surprise to her. She reflects in the end that her life was filled with losses which had effects “not always so obvious.”

Several of the participants recounted a story and stopped to explain the meaning to the nurse-interviewer. This interactive process shed light on the meanings for both the nurse and the participant. Several participants stated that what came to light in the interviews surfaced a need to continue to understand the meaning of the loss.

Implications Related to Nursing Practice

An implicit assumption of this nurse-researcher is that research should form an interconnected link to nursing practice. The circle of practice, research and practice is complete when the findings of the research return back to practice of nursing.

This study emerged from my practice as a Grief Therapist and Grief Educator. The clients recounted a variety of stories of loss and grief. In investigating the notion of loss, I
discovered the language and the literature seemed to blur the borders of the phenomenon of grief and the phenomenon of loss. Each person often used language which reflected this blurring of each phenomenon. Yet, the findings of this study imply that loss is a distinct phenomenon. As such, it deserves certain privileges of informing nursing practice. The findings of the study that there are characteristics of a genre of loss narratives and that recounting the story has potential therapeutic value informs nursing practice.

This nurse-researcher posits that the hermeneutic processes has the following implications for nursing: (1) opportunities to join and listen in new and creative ways, (2) opportunities to foster a self-reflective process, (3) new understanding through distance and language, (4) interaction which encourages a dialectic for personal-identity, and (5) creativity in dialogue with self-interpretation.

The researcher suggests that a practice which focuses primarily on loss would derive the greatest benefit from this research. However, nursing knowledge and practice in general can be enhanced by an awareness of the phenomenon of loss. The characteristics of loss, its linkages, fears, hope of the past and the future can inform the nurse’s awareness that loss is not simply this loss. Nor is it simply the person’s present understanding of the loss. The ordinary losses of one’s life are part of the phenomenon of loss. The opportunities to engage in a reflective dialogue with the person can be central to the process of reconstructing the person’s self-identity.

**Joining with the Person**

The nurse who joins with the person who tells a story of loss joins in an effort to better understand the person’s description of a way of being-in-the-world amidst loss. The
process is a hermeneutic, an attempt at self-interpretation, and enables conceivable alternatives for self-understanding to unfold.

Both the nurse and the person engage in this mutual hermeneutic. Both arrive with their own pre-understandings of the meaning of the experience. The nurse, however, has a unique role in this hermeneutic. She or he can create an environment of openness and non-judgment in which the person may safely recount a story where meaning cannot only be posited but explored and explained.

The nurse must understand that this interaction is a conscious task, one which affords a privileged access to the depth of that inner world of the other. In attempting this task the nurse must be present to her or his self as well as to the person. The nurse must appreciate the unique time and space of the participant’s world. The person, existing amidst the loss with his or her own unique history, will understand the future in light of his or her own history and meanings.

The narratives of loss are described in the natural language of the participant. This language includes the reflections and the metaphors and the articulation of the changes in personal-identity. The nurse listens to the narrative without imposing an end on the story. In so doing, the therapeutic effect of listening is always at work.

The nurse recognizes that the story of loss is not necessarily one in which a resolution is reached. The participant who experiences a radical rupture to self-identity must be able to recount the story, reconfigure unfolding meanings and reconstruct identity amid the loss. The nurse can listen to the reconfiguration and reconstruction of personal identity in the non-sequential, fictive aspects of the story of loss.
Rupture in the Ordinary

The process is a letting go into the story for both the person and the nurse. Ricoeur explains the importance of this letting go into the process of the narrative as a way to be truly authentic to the self. The person, struggling for authenticity, can benefit from a mediator. The nurse as other can help filter meaning, revealed and concealed through self-interpretative process. This dialectic between self-understanding and explanation is the focus of the nurse-person relationship. It is the mutual hermeneutic process. Through the process of listening, the nurse can help bring the story of loss to another level of self-interpretation.

Self-reflective Process

The nurse assists by facilitating a self-reflective process as the person struggles with the emerging meanings of loss. The moments of insight and meaning in the study have reflected this process. The "insights revealed is a reorganization of the meaning of past experience, a present reorientation toward both the future and past" (Fingarette, 1963, p.20). The reflective process in concert with a self-interpretative process opens the possibilities for deeper insights. The self-reflective process in tandem with the person's need for self-interpretation recreates opportunities for what Ricoeur refers to as "second naïveté". The second naïveté is a new knowledge that emerges from a situation in which the person risked questioning the meaning of his or her understandings.

The person is creator and interpreter of his or her own experience. Yet, the nurse can assist as co-interpreter and guide in the reconstruction of a language of meaning for the person in loss. As the person reconfigures the meaning of loss, options for recreating
self emerge, leading to a new self-understanding. The person recounting the story of loss is doing so through a unique provisional temporality.

The provisional temporality of the narrative affords the person time to return and recreate the beginning with new insights and understandings. In addition, the story can be reconfigured based on the person's historical and contextual life experience, at times informed with fear and resistance. The nurse assists in the healing process by supporting the person as he or she blends the emerging knowledge with the experience of living in the world.

**Distanciation and Loss**

The distance, which hearing and reading afford, allowed the nurse to apprehend meanings which were not transparent to the person. In the interview, the meaning of the symbols was not always available to the person for conscious reflection. Often participants were not aware of the meaning until they began to question and look through the hermeneutic process. The metaphor, the use of body language, the meaning of recalled thoughts presented by the participant, all were understood in the interactive process with the nurse. The nurse can seek clarity in situations that promote questioning by the participant.

It is important to listen to the language and the symbols of the story of loss recognizing that meaning is never fixed. The two different meanings of the word “heart” in the metaphors used by GTK1 were an example of the possible changes in meaning. One meaning was of his mother as the “heart” of the family. Later, the word was used to reflect his “heart” having a hole in it.
The silence as well as the words are part of the language of the narrative. The language, symbols, and silences are continually reconfigured and reconstructed as if the person interacts with new insights, experiences, and hopes for the future.

The nurse recognizes that she or he engages in an process of interpreting a myriad of events and interrelationships. The person does not speak of one historical event of loss but of multiple events and interrelationships. The nurse's role is that of an interpreter of all that and more, of the hidden and resisted, the words and the silence. The nurse mediates the self-understanding as the person surfaces questions which call for interpretation.

The nurse can listen for the linkages that emerge in the narratives. The phenomenon of loss linked the reverberations, other losses and anticipated losses with the personal meaning of loss. The person, throughout the narrative, reconfigured the experience of loss in an active dialectic with the self in order to reconstruct the "who and what" of personal identity. The nurse listens to the multiple levels of the genre of the loss narrative.

**Encouraging the Dialectic for Personal-identity**

The notion that personal identity is an ongoing and tensive dialectic for each person is important. The nurse can listen to how the person moves back and forth in the dialectic, questioning the once held beliefs and understanding of the reality of his or her own world. The issue of personal-identity is integral to the phenomenon of loss. The narrative provides a place for the person to negotiate self-understanding of the self before, during and after the loss. Through the narrative the person speaks of his or her ideals, virtues, and beliefs and chooses the meaning amidst the disruption of the loss.
The question of personal identity is a human question. It can be understood through a dialectic with the self. Yet, the person struggling with the dialectic of self is changed in ways that are known and unknown to the person and the nurse. The nurse can be a presence as the self-interpretative process provides opportunities to know those changes in one's world and be open to what is unfolding in time.

**Creativity in Dialogue with Self**

The nurse can encourage a dialectic with self. There are several tools available for this. She or he can incorporate the story and the created metaphors into the interaction of the person-nurse relationship. The nurse can use art, music, prayer, gardening, or diaries to help the person uncover meaning. The choice of a tool is made with the person and his or her own historical and contextual understandings. Through these tools, the creative process can be accessed and the potential for self-understanding and healing emerges.

The nurse recognizes the interdependence of self and that outside of self. For Ricoeur, the self is not independent of matter (body). The person’s use of language reflects the interdependence of self and body. The nurse listens to these representations of loss in the self and body and encourages self-exploration. The language of this interdependence enhances self-understanding. The nurse can use these relational symbols to mediate another level of understanding.

Giving words to one's experience is very important. It provides opportunities to reappropriate emerging meanings. The nurse can encourage these opportunities, listening to the evolution of the story of loss, with all its meanings. The person is encouraged to
participate in the hermeneutic circle of meaning and explanation. The nurse can assist the person in letting go into the process.

As the person searches to make sense of any situation, the meaning of the world changes. The nurse who can recognize this can allow the person to experience and recount stories in creative and imaginative ways. These may not be consonant with “reality” but they are a way to reconfigure meaning while the person reconstructs personal identity.

Limitations of the Study

There were few limitations in the study. The researcher included male and female participants, and participants from a variety of ethnic and cultural backgrounds. The educational backgrounds of the participants ranged from junior high school to medical degree. Although most participants had a Christian background, some were non-Christian or agnostic.

A possible limitation in the participant selection was that all the participants were over the age of forty. The time from the loss event to the time of the interviews varied. One participant’s loss occurred three months prior to the study. Two others spoke of loss that occurred about 12 months prior to the interview. Eight participants identified their loss as having occurred three to five years before the interview. One participant’s loss was 36 years prior to the interview.

Implications Related to Ricoeur

The philosophy of Paul Ricoeur was used as the theoretical framework for this study. The concern of Ricoeur with narrative and time as it relates to one’s personal identity was new to this researcher. It was very useful in analyzing the narratives of the
personal meaning of loss. The explicit use of Ricoeur’s framework to examine personal-identity and self-understanding in the experience of loss was new.

Ricoeur’s philosophy and resultant use of a phenomenological-hermeneutic method was never explicitly practical. How personal-identity unfolds in the story of loss is never explicitly stated. The nurse-researcher in using the perspective of Ricoeur did so taking certain liberties of interpreting meaning in an autobiographical narrative. How one actually “deciphers the concealed, distorted, censored representations of the unconscious by means of hermeneutics of suspicion” (Blaney, 1995, p. 573) in practice in not clear.

The temporality that is so important in Ricoeur’s philosophy surfaced in the narratives. The density of Ricoeur’s notion of a temporality made analyzing the narratives a more complex task. According to Ricoeur, the narrative brings to expression the enigma of the human experience. Sometimes accessing that enigma was difficult. The participants’ use of time and the provisional time of the narrative occasionally interfered with the logic and coherence of the plot.

In Ricoeur, a dialectic is central to narrative identity. The researcher recognized that the understanding of a personal identity in the genre of a loss narrative may be stretching Ricoeur’s notion of selfhood. The language of Ricoeur is dense; meaning is not always apparent. The researcher has had to grapple with the language of Ricoeur in order to be authentic to his perspective. The notion of distanciation required the nurse-researcher to risk a new way of being with the person in the process of the study. For Ricoeur, the person can lose the self in reading the narrative and in losing oneself gain self in the situation of that loss. This provides a way for a self moving toward authenticity. A
person lets go of expectations and judgments and thereby gains access to a whole other world as he or she releases the self into the process.

The phenomenologic-hermeneutic of Ricoeur was not, in effect, a method. It was not a technique with identifiable steps. Rather, it was a process in which the participant, the nurse-interviewer and the nurse-researcher engaged in a unified approach to understanding a phenomenon. The process was a circular structure for recreating the self. The researcher loses herself to the story and through it becomes more fully present to the other. The participant "let go" into the narrative and he or she recounted the story, the process of the letting go into the story imbued the narrative with new meaning and search for understanding. By loosing herself to the story, the researcher became more fully present to the participant.

Impediments to Self

The researcher attempted to demonstrate that all loss is a concern for personal identity. Ricoeur has not addressed the notion of loss as an impediment to self-understanding. He has said, however, that death is the ultimate impediment to self-understanding.

Genre

This study analyzed the text in order to understand the genre, style, and linguistic logic of the narrative of loss. The analysis identified certain characteristics that suggest a distinct style and genre common to all loss narratives. This, in turn, suggests the universality of the phenomenon. The genre provides a way to understand the characteristics which are a part of it. The knowledge that a genre exists can enhance
understanding and provide for a creative move with the person amidst the loss. Because it is the result of an interpretative process, the components of the genre identified in this research are neither all inclusive nor fixed. The importance of the research is the finding that there is, indeed a distinct genre of loss narrative; that the loss narratives have certain identifiable shared characteristics. Comparison of these characteristics among several loss narratives can enhance the understanding of each story.

A limitation of this study was that the text was the sole means of analysis. This was based on Ricoeur's notion that the text is used as a tool for accessing the inner world of the participant. The nurse-researcher found that the individual characteristics of the person could not be fully appreciated within the sole context of the written format.

The nurse-interviewer in a dialogue with the participants had access to a number of nuances that were not apparent in the text. The long silences and pauses (which the researcher identified in the section on style of the narrative) lose their depth and eloquence in the written text. The text also impeded an appreciation of the role that humor played throughout the narratives. In the spoken narratives the humor was either contextually appropriate or was a way for the participant to diffuse the intensity of the dialogue. In the written text, however, it appeared awkward or inappropriate.

Letting Go into the Narrative

The hermeneutic circle requires a person to enter into the process fully. Initially, the notion of letting go of self into the narrative created some difficulties for the nurse-researcher. Trusting the narrative itself became an important element in order to be able to fully listen to the participant and the emerging meanings.
The self, interdependent with matter (body), created certain intense metaphors. The creation of these metaphors, a part of the style and language of the narrative, was disconcerting to the nurse-researcher. The researcher had to let go of her role of nurse-in-control. Once this occurred, the nurse-researcher could understand the characteristics of the genre with greater clarity.

**Hermeneutic Principle**

The hermeneutic principle provides an opportunity to work with the symbols used by the person. Simultaneously, the hermeneutic principle recognizes that the person does not always have access to the full meaning of the symbols. The hermeneutics clarify the process of human existence by understanding the descriptions of a way of being in the world. The person as a human being resists certain unfolding meanings. For this reason, the meanings surface in a hermeneutic process are partial meanings, meanings that need continual refinement.

In the perspective of Ricoeur the language of the participant is important to the process. The language is not simply words. Rather, it is the way to self-appropriation. Through language meaning comes to light. The nurse-researcher, using Ricoeur, discovered that language affords an understanding of that which is.

**Implications for Future Study**

The researcher using the dialogue of the narratives and the philosophy of Ricoeur investigated the personal meaning of loss. In the process, she determined that a phenomenon of loss exists and that there is a genre of the loss narrative. As a result,
several questions have emerged for future study. The questions are a result of Ricoeur’s process.

First, the meaning of loss evolves from a process of self-interpretation and self-understanding. Building on this, the nurse-researcher, in dialogue with Dr. John McCarthy, added a step to the research. The participant’s were asked if they would be willing to read the text (the personal meaning of loss) of the interviews and meet with the nurse-researcher in one year’s time. Each participant has agreed to do so. The purpose of this research will be to explore how the participants’ self-understanding of the meaning of loss has changed over time and what impact, if any, the experience of reading their story of loss will have.

Second, the research recommendation is a call to other researchers to investigate the phenomenon of loss, using the theoretical perspective of Ricoeur and other theoretical perspectives. This would add to the body of knowledge concerning the phenomenon itself and the genre of loss narratives. Are there other characteristics of the genre? What implications do they have for understanding the personal meaning of loss? What questions might surface from adopting different perspectives?

Third, the participants’ ages ranged from forty to seventy-three years. In light of the notion of personal-identity and self-understanding, the nurse-researcher recommends the inclusion of children, adolescents and adults up to the age of forty. If loss is an impediment to self-understanding of one’s self-identity, then what are the impediments of loss for children or adolescents who have not developed an integrated ego? What are the
impediments to self-interpretation for children and young adults who experience rupture to self-understanding early in their lives?

Fourth, the issue of loss as an impediment to self-understanding has been posited. The narratives reflect the ruptures to personal-identity amidst loss. Ricoeur states that the biggest impediment to self-understanding is death. What is the meaning of retirement and aging as uncontrollable yet predictable losses in life? In light of the three participant descriptions of the fears related to their anticipated retirement -- fear of letting go, fear of being out of control, and fear of losing oneself, the researcher posits the need for further investigation into the meaning of aging and retirement for personal-identity and self-understanding.

Fifth, on a daily basis the nurse is in a relationship with people who are experiencing and who have experienced many losses of varying degrees. The role of nurse as a person who can enhance story telling, a function of self-interpretation and self-understanding, should be investigated. How is the nurse to listen to the other? How can the nurse use creative and imaginative strategies to assist people with their own hermeneutic of loss? What is the role of educators in teaching the nurse to be a hermeneut? How can the nurse’s own hermeneutic process enhance healing of the personal meaning of loss of self-as-other?

Sixth, the issue of control surfaced many times in the narratives. The importance of people needing to feel they have control and the recognition of this need in a health care environment in which patient-nurse contact time is diminishing has implications for our
society. How does the nurse mediate situations of loss to maximize the control a person has over his or her life?

Lastly, the larger schema provided a frame for the participants to reflect on the meaning of loss and reconstruct meaning in the experience through a hermeneutical process. What are the implications of this larger schema for self-understanding and what approaches might a nurse have when a person does not have an identified larger schema upon which to reflect?
APPENDICES

INFORMED CONSENT INSTRUCTIONS

INFORMED CONSENT
APPENDIX A

INFORMED CONSENT INSTRUCTIONS

I understand that I am being asked to participate in a research study by

Geraldine A. Abbatiello, Ph.D.(c), R.N.

Purpose of the study:

The purpose is to investigate the personal meaning of the experience of loss as told in one person's narrative account. It is an attempt to uncover the elements of the loss of a significant person or event and how one understands oneself in light of the experience of loss.

Description of the study:

I have been identified for participation by positive response to a request to volunteer to recall an experience of loss.

The session(s) will be audiotaped. No name or identifying data will be used. I will be assigned a code and both my name and the code will be kept in a locked file cabinet.

The interview will take place in a mutually convenient place which affords comfort and privacy.

The time for the interview is based on each person's need. It is expected that it take anywhere from 30 to 60 minutes.

Benefits:

I understand the session required for this study is free of cost; and a follow-up session if requested shall also be free of cost. The results may provide further insights into
one's self-understanding of the meaning of loss as I experienced it. I may benefit from the opportunity to give words to my loss.

Risk and Discomforts:

There are minimal potential risk. They reflect the possible discomfort which might arise in the recollection of the loss experience. If I should feel overcome with feelings related to the recollection of the story of loss, I will have telephone access and the possibility for follow-up session at the CENTER FOR LOSS AND GRIEF; FAMILY GROWTH. 12 Sheridan Drive, Pawling, New York 12564. The telephone number is 914-855-1508. Please feel free to call. Business card attached.

Right to refuse or end participation:

I understand I am free to withdraw from the study at any time. If I decide not to continue, I will call the researcher and give verbal notification of the same. At that time, all data, tapes, and transcripts will be destroyed.

Cost:

I understand that there is no cost to me for the study session. I understand that I will not be paid for my participation in the study and that I am under no obligation to participate.

Confidentiality:

The audiotape cassette will have a code. There will be a professional secretary who will transcribe the data from the audiotaped recording to a written text. The transcriber will only have access to the code and not any identifying data. The document with
identifying information shall be kept separate and locked. Any reference to my specific
statements will be referred to by the code number.

Addendum to Consent Form

I have been asked and have agreed to consider participation in a follow-up study in
one year. I am not bound by this decision.

The nurse-researcher may also contact me approximately one year from the time of
the interview and I will have an opportunity to participate in the follow-up of the study.

However, as a result of this permission, the researcher may keep the audiotape for
one year from the time of the interview.

At that time, I will be asked to read the text of this interview and respond to it with
the nurse-researcher.

If I should decide not to continue with the study, the audiotape will be destroyed
as planned.

I may contact the nurse-research at any point within the year and decline further
participation.
APPENDIX B

INFORMED CONSENT

I, __________________________, voluntarily consent to participate in a qualitative research study on the personal meaning of my experience of loss.

I understand that the interview will be taped using a code number to provide for anonymity.

I understand there are no guidelines for telling the story of my loss. I understand there is no pre-established time framework. I may take as much time as telling the story requires.

I understand that should it be necessary for a follow-up session for my comfort, it will be given free of cost to me.

I am promised that my identity will be kept confidential in reports of the study. I may also withdraw permission for my participation at any time.

This study has been explained to me to my satisfaction by the nurse-researcher.

I have received a copy of this consent form. I have also received a business card from the nurse-researcher for possible future need.

I agree to consider participation in a follow-up one year from this study. I understand the researcher will contact me by telephone. I understand that I am may change my mind.

I am signing this consent form of my own free will.

Name: __________________________ Date: __________________________

Nurse- Researcher: __________________________ Date: __________________________
REFERENCES


Rupture in the Ordinary


Rupture in the Ordinary


VITA

Geraldine A. Abbatiello was born in Yonkers, New York. She now resides in Pawling, New York.

Ms. Abbatiello graduated from St. Vincent’s Hospital School of Nursing in New York City (1972). In 1979, she received a Certificate as a Geriatric Nurse Practitioner and in 1981 she received a Bachelor of Science in Nursing from the State University of New York. She holds a Master of Arts from Fordham University (1981) with a speciality in Elderly Ministry/Adult Education.

In 1995, Ms. Abbatiello received a Master of Science, with a major in Nursing from City University of New York, Hunter-Bellevue School of Nursing. She has worked in private practice for the last four years with Dr. Alma Carrington.

Since 1989, Ms. Abbatiello has worked in the field of thanatology working with dying and grieving people and their significant others. She is a Certified Grief Therapist and Grief Educator. In 1991, she started a Center for Loss and Grief and provides grief therapy and education to members of the community.

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DISSERTATION APPROVAL SHEET

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

5/09/98
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