



Moving beyond the limits of grief

by Helene Grau Kristensen and Augusta-Lucia Grau Kristensen



Helene Grau Kristensen is a narrative therapist who works with families who experience and live with grief, suffering from the loss of very close and significant relationships. Her work with parents who live with grief is internationally known for its significant development of re-membering conversations. Helene has been trained by Michael White, Maggie Carey, David Nyland, Stephen Madigan, David Marsten and Lorraine Hedtke. She has a private practice in Copenhagen, Denmark, and teaches narrative therapy at the University of Copenhagen. She is currently part of the teaching faculty at Vancouver School for Narrative Therapy where she teaches re-membering conversations. She has presented keynotes and workshops at international narrative conferences. info@helenegrau.dk

Augusta-Lucia Grau Kristensen has, since 2024, worked for Helene Grau Kristensen doing transcriptions of therapeutic conversations, participating as an outsider witness and writing therapeutic letters. She has attended narrative therapy training at the Vancouver School of Narrative Therapy and has participated in multiple international conferences alongside Helene Grau Kristensen. Augusta-Lucia's work focuses on relational understandings of grief, with particular attention to how bereaved parents sustain a continuing and active relationship with their deceased children. She is currently developing her academic and clinical practice through ongoing study of narrative therapy under the guidance of Helene Grau Kristensen.



Kristensen, H. G., & Kristensen, A.-L. G. (2026). Moving beyond the limits of grief. *International Journal of Narrative Therapy and Community Work*, (2), 1-14. <https://doi.org/10.4320/GAJX8630>

Author pronouns: she/her for both authors

Abstract

Western grief discourse remains shaped by modernist norms that individualise and internalise struggles with grief. This article proposes that grief-related symptoms often reflect resistance to cultural expectations that the bereaved should “let go” of the deceased and confine them to a static “museum of memories”. We argue that re-membering a deceased child – actively restoring their presence in the ongoing life of the parent – plays a vital role in supporting bereaved parents. Drawing on clinical case studies, we introduce a four-part framework for re-membering: alternative, ally, augmented reality and audience. This framework helps parents cultivate an active, present and physically felt relationship with their deceased child, offering a counter-narrative to dominant cultural norms surrounding grief.

Key words: *continuing bonds, complicated grief, bereaved parents, relational grief, Four A's framework, narrative therapy, narrative practice*

Why does our society make it so complicated to grieve?

My own story of working with grief began in 2007 when I lost my first child, Augusta, at the end of pregnancy. Grief disrupted the structures that had previously organised my life: it left me standing in a life that felt unfamiliar, stripped of its former shape. Conversations that should have been filled with joy and anticipation were replaced by silence and condolences.

Because Augusta never breathed outside my body, she was slipped into silence. For others, she did not exist. For me, she was my daughter, shaping my values, my sense of responsibility and the huge love that I had for her, the love that made me a mother.

What struck me most was not only the pain of her death, but the way society responded to it. My grief was treated as a condition to recover from and to be solved, rather than a testimony to my relationship with Augusta. In defending my right to cry, I was also defending her existence.

This experience revealed something larger: grief is not simply personal, it is cultural. Western society has constructed grief as an individual process, and as a condition in the bereaved when they exceed the culture's fixed timeline. If you continue to relate to the deceased in ways that don't comply with cultural norms of grieving for more than six months, you risk being diagnosed with "complicated grief" (Kristensen, 2021; Simon & Shear, 2024). In this design, relationships are permitted only between living bodies. When death occurs, the relationship is considered to come to an end, and the bereaved are expected to accept that (Hedtke & Kristensen, 2018; Hedtke & Winslade, 2016; Kristensen, 2021).

My daughter's death made me acutely aware of how these norms marginalise both bereaved parents and their deceased children. Augusta became my guide into the field of grief work, where I have consistently witnessed how society problematises those who grieve outside the prescribed script.

The question, then, is not what symptoms define complicated grief. The real question is: Why does our society make it so complicated to grieve?

Freud's legacy: The origins of Western grief culture

The way Western societies complicate grief is not accidental – it is rooted in specific histories. In 1917, Sigmund Freud published the essay "Mourning and melancholia", which laid the foundation for how grief would be understood for generations to come (Hedtke & Winslade, 2016; Klass et al., 1996). In this essay, Freud conceptualised relationships as existing only between two physical living bodies, centring a bodily realism. When one body died, the relationship, he argued, had come to an end, and detaching from the deceased would enable the living to move forward in the grieving process (Hedtke & Winslade, 2016; Klass et al., 1996; White, 1988, 2007). If the grieving person failed in their attempts to let go and instead continued the relationship, Freud labelled the process pathological, describing it as "a clinging to the object through the medium of a hallucinatory wishful psychosis" (Freud, 1917/1957, p. 244).

The dominant Western discourse of grief has been shaped by Freud's framework, informing the cultural expectation that the bereaved must detach from the deceased and move on. Within this dominant discourse, we are told to let go of the deceased, accepting their death as if grief were a condition we overcome through a linear process with a fixed expiration date. The deceased are gradually relocated into what I call a "museum of memories": a regulated space where the bereaved may engage with the dead only under culturally sanctioned conditions. Here, the dead become static artefacts – passive memories acknowledged only as something that existed in the past. In this museum, the language spoken is in the past tense. The bereaved are subtly instructed in how often they may "visit", how long they may linger and how deeply they may be influenced by those visits, as though grief were a condition to be managed rather than a relationship that continues.

There are, of course, people who find comfort in this model of grief. They are able to come to terms with their loss and move forward by detaching from the deceased. But these are not the people who seek professional help. Those who struggle with grief often come to therapy precisely because they cannot – and do not wish to – detach from the deceased. They continue to relate intensively to the dead.

The politics of grief

Although the rules of the museum of memories have become more flexible since Freud first envisioned them, and newer grief models such as continuing bonds critique his detachment framework, Freud's legacy remains deeply embedded and culturally entrenched (Hedtke & Winslade, 2016; Kristensen & Hedtke, 2018).

Freud's assumptions continue to be present in the diagnosis of complicated grief, where the bereaved's consistent preoccupation with the deceased, denial of their death and intense longing for them are interpreted as symptoms of pathology. Within this diagnostic framework, the prescribed solution is to help the bereaved to accept the permanence of the loss, detach from the deceased and develop a life independent of them (Simon & Shear, 2024).

Freud's map is no longer recognised as a historical construct tied to his 1917 essay; it has instead become a dominant cultural truth, shaping how our society at large thinks about grief and active relationships after death. This "cultural truth" is the real problem complicating grief today (Kristensen, 2021; Kristensen & Hedtke, 2018).

It is not only health care professionals who urge further detachment – "letting go" and "accepting the permanence of the loss" – if the bereaved continues to struggle with grief after six months. Significant others echo the same message (Kristensen, 2021). To grieve is not only to bridge the relationship to the loved one who has died. It is also to re-establish relationships with significant others in the community and to

break the silence by speaking about how the deceased continues to live in our lives. To grieve is not only to face one's own loss, but also to navigate the community's diminished capacity to heal. Trapped in the modern museum of memories, the bereaved must not only find their own way out, they must also guide the very custodians who were meant to help them towards the exit.

It became evident to me that extraordinary resilience is required to counteract the negative impact of these ideas on the grieving process. I began to consider how narrative therapy might support bereaved parents in building strong relational alliances that can help them to stand against the pressure and to hold on to what they know and prefer. I have come to see that development of these alliances in re-membering consists of at least four elements. For simplicity, and in honour of my daughter Augusta, I have labelled them with four words beginning with the letter A:

1. alternative
2. ally
3. augmented reality
4. audience.

Each of these elements is influential in helping bereaved parents to stand stronger in developing and strengthening the reality of the relationship to the deceased child and to resist definitions imposed on it.

Four A's framework: Alternative

Bereaved people seldom arrive at their first counselling session ready to re-member and "say hullo again" (White, 1988). Instead, they come bewildered and distressed, burdened by grief, questioning their own ability to grieve.

One and a half years after the death of her son Christian, aged 30, Susanne reached out to me. She was overwhelmed by grief and surrounded by the dominant discourse that insists grief must be endured until it subsides. Susanne found herself unable to bear the weight of relating to Christian

solely through his absence. Like many bereaved parents I have met, she could not detach. She could not not relate to her child. And when the only relationship available was one shaped by static memories and the constant reminder of what he could no longer be, the pain became unbearable. The weight of these memories left her unable to sleep at night or to function at work during the day.

Displaying what might be described by health professionals as symptoms of complicated grief, Susanne explained how she had asked her employer for sick leave after her son's death as her work didn't leave her much time and space for grief that was making it hard to function. He refused, advising her that the best treatment for grief was to let go of Christian and work through it. She explained how she had tried to continue working but little improved. She had even tried to detach from Christian but only felt increasingly disconnected from herself, her life and her surroundings – surroundings that didn't talk about Christian.

This raises a critical question: was Susanne truly suffering from complicated grief, or was society itself complicating her grief?

Susanne had tried to follow the map of grieving, but it didn't help her to feel better. She felt stuck in the grief, not being able to let go of Christian and feeling the pain of his absence. As therapists, we must recognise that what is often labelled as complicated grief may, in fact, be the client's protest against the position society has offered them: to let go of the dead and silence the relationship. From a narrative therapy-informed approach to grief and loss, Susanne was not the problem. Her complications arose because society had trapped her in the modernistic museum of memories without offering her a map to the exit.

Susanne needed something else. She needed a way to continue relating to Christian that was active, present and alive in her daily life.

Drawing on White's (1988, 2007) concept of "saying hullo again", we began the process of re-membering Christian, not reduced to the past

but as a companion in the present. By bringing Christian into the centre of our conversations, we explored his actions, his values and the ways those values had shaped his life. As Christian became more present and active in Susanne's everyday world, she discovered she could continue to relate to him by allowing his values, his pride and his care for her to inform her own actions. His imagined voice became available to her, not just as a storied connection but as a felt ongoing relationship.

By our third conversation, Susanne reflected on the transformation:

He becomes a constant presence that I can carry with me. Before, it was a heavy burden because the grief was so overwhelming. Now, it's more like it was when he was alive, and it's okay. It's really hard to explain, but he is more present in me in a more lively way without it being heavy.

For Susanne, the relationship with Christian became real again – not merely a storied connection but an active one. This shift made the burden of grief less overwhelming. No longer confined to memories of what Christian used to be, she began to sense his presence daily in a relationship that continued to develop.

Yet, as Susanne herself acknowledged, this experience is difficult to explain. What does it mean to have an active relationship with someone who is no longer breathing? And how can therapists help establish such an active relationship if it is desired?

Before re-membering the deceased can begin, the parent's responses to the dominant discourse of grief must be made visible. An alternative understanding of their grief, which might otherwise be labelled as symptoms of complicated grief or not being able to move on, needs to be established as an opening to re-membering. To achieve this, I often turn to questions that explore the absent-but-implicit in the parent's grief. In this context, the absent-but-implicit refers to how the symptoms of grief reflect what remains important in the parent's relationship with the deceased child.

Gustav and Marie: Continuing love

Marie reached out to me a year after her son Gustav had died by suicide at the age of 17. At the start of our first conversation, she explained that she had already spent a year in therapy with a psychologist specialising in trauma and crisis, yet those sessions had focused almost entirely on the crisis, leaving little space to explore the loss of Gustav. As she recounted this, she burst into tears.

From the more dominant psychological practice perspective, her tears could easily have been categorised as a symptom of her inability to accept the permanence of the loss. Yet I was curious: could they also speak to her relationship with Gustav and how she wished that relationship to continue?

Here are some of the first questions I asked Marie, and her responses.

Helene: Can those tears speak to what has been touched in your motherly heart that there has been so little space for Gustav? Are these tears protesting something in relation to Gustav?

Through these questions, I wanted to bring forward how the tears did not comply with the norms of letting go of Gustav. I could have asked: Does not talking about Gustav silence your continuing love for your son? And how is it for you as a mother when Gustav is being reduced to not being talked about? Very often, these kinds of questions allow the parent's protest against the cultural norms to become evident, respecting their lived experience as protest and a reflection of what continues to matter: their love for their child in an ongoing relationship.

Marie: On one hand, I want to be able to feel Gustav. On the other hand, it brings pain. When I come home to an empty house, that's when I feel it.

Marie's response spoke to what was absent in the tears: to feel Gustav again and not to let go of him. But what she also was experiencing, and what was complicating her continuing

relationship with Gustav, was that he had been reduced to memories. These only reminded her of who Gustav *used to be and could no longer be*, making it extremely painful to relate to him.

While Marie was relating to his absence – to Gustav not being there – I wanted to ask questions that made Gustav's continuing presence more visible.

Helene: Yesterday, when you had more time to relate to Gustav and your attention wasn't pulled elsewhere in the direction of your other children, how did Gustav appear? Do you see him or does he appear in your thoughts?

Marie: Lately he has started to show up in the streets – older boys about his size, walking in the same relaxed way he did, his hairstyle, his broad, handsome and relaxed upper body.

Helene: So you see Gustav in relation to other young men? If you could tell me more about Gustav, how would you describe him?

Marie: He was ready to take on the whole world. He looked good. He was musical, kind to others – his friends. He was something truly special.

Helene: So I get a sense that Gustav is truly something very special. I do find myself being so much more interested in getting to know who Gustav is. Does Gustav have strong values in relation to friendships?

When Gustav becomes one *who is*, and not one who *used to be*, he becomes more available in a present relationship. In the following transcript, you can see she changes her language.

Marie: Yes, he has done a lot for a friend he had in ninth grade who couldn't get out of bed and go to school. He smoked a lot of hash and Gustav went to his house.

Helene: Do you have a sense of what made Gustav not just stay at school, but walk all the way to see his friend at home?

Marie: Because he **is** very caring.

Focusing on what remained present in the connection between Marie and her son moved past the traumatic memories of Gustav's death. The deceased should be relationally *reincorporated* into the lives of the bereaved (Hedtke & Winslade, 2016; White, 1988, 2007). Left alone, Marie would continue to relate to Gustav only through memories, centring the loss of the relationship. Instead, I sought to help her recreate an active and present relationship. This can be achieved through the process of re-membering in which we help the deceased become an ally.

Four A's framework: Ally

As an ally, the deceased child becomes an active and supportive presence that can help shape the bereaved parent's identity and guide their responses to the complexities of grief and life. Instead of responding as an isolated individual to dominant grief discourses, the bereaved parent can begin to respond within the relationship with the deceased child. It becomes a relationship in which the child and the parent can team up, being influenced by the child's present guidance, intentions, care and imagined voice.

For the bereaved, grief is not only about responding to loss. Parents whose child has died are often tormented by guilt and persistent questions such as: "If only I had acted differently, my child might not have died." This was true for Susanne, whose son Christian had been terminally ill. Being a doctor herself, Susanne knew Christian's medication was only life prolonging, not lifesaving. Knowing what was coming, Susanne made the choice to stop the medication. Soon after, Christian died, and Susanne started to repeatedly ask herself: Was it the right choice? Have I killed my own son? I could have reassured her that she had not killed him. But parents do not step away from guilt simply because someone

tells them it is not their fault. Mother-blaming is far more persistent than the voice of the therapist.² Instead, I invoked a voice that might be stronger than mother-blaming: the deceased child.

In our re-membering conversations, we explored what Christian valued most. A theme of "being present" ran through his life, and those valuable moments of being present often played out in his relationship with his mom. Christian, restrained by the disabilities of his body, loved to feel the presence of his mom: her hugs, holding her hand and hours of her undivided attention. Grounded by this knowledge, I started to bring Christian into our conversations as an active and present voice about the guilt: "If Christian could have a voice, and he could speak for what he knows about you, what would he say you intended for him by stopping the medication?"

This question opened space for Susanne to reflect on what she so deeply intended – that her choice had been informed by her wish to be close to Christian while he died. She could not allow that Christian should die distanced from her and surrounded by medical equipment. She wanted to lie beside Christian on his final night.

By bringing Christian into the conversation – asking how her decision mattered for him, how he wanted her to be present with him, holding her arms around him – she realised that her decision made a difference to Christian. I then asked her: "Do you have a sense of what difference it makes for Christian that he can help you stand stronger against the guilt?" Through this series of questions, Susanne and Christian's relationship grew. Susanne experienced that Christian could support and guide her in relation to the grief and how to proceed in life. He became her most trusted ally.

I often explore the deceased child's values and skills in the first conversations of re-membering, and I draw on these values in constructing the deceased as a trusted ally throughout subsequent sessions. The following illustrates this approach.

Gustav and Marie: Positioning Gustav as an ally

In our first conversation, Marie began to remember her son Gustav. While alive, he had said, “It is important that you now start to live your life”. He supported her to stand up for her own needs and to leave a troubled marriage. As Marie spoke about their relationship, she became increasingly connected to her son’s caring and love for her. It became important for her to continue to let her actions be informed by Gustav’s values as a way of continuously being connected to him.

Many of the questions I asked brought Gustav from the past into the present: “Do you think that Gustav would appreciate that his caring for you can still be brought forward and influence you to stand up for yourself?” Questions like this invited Marie to experience how Gustav could continue to support and influence her if she was drawing on his values, caring, intentions and love for her.

I then started to explore how Gustav could specifically support her in navigating the complexities of grief, specifically the effects of guilt. Because Gustav had ended his own life, Marie could easily have been tormented by guilt and mother-blaming, questioning her abilities as a mother and seeing herself as a failure in preventing her child from killing himself. I externalised the experience of guilt and centred exploration of Gustav’s knowledge about his mother.

Helene: What is your sense of what Gustav especially appreciated about you, that you were able to do in relation to him, that really spoke to his values?

Marie: I think that Gustav really felt that I understood him, and I respected him, not blaming him. The other day, I came across a picture of Gustav where I could see his gaze on me, so full of love. After he got sick, he said to me, “Mom, I have become so much more aware of how much I love you after all the things you have done for me,” and

I felt an unconditional love from him because we understood each other.

Helene: Knowing how Gustav sees you through his loving eyes, knowing his exact words for how huge his love is for you, do you have a sense of what difference it makes, compared to if Gustav had not shared this with you?

Marie: I don’t know ... Maybe I would have blamed myself more. I do think about things I should have done, but maybe that gets stopped by knowing Gustav knew I did what I could – and more than that.

Helene: Wow, can it reflect the impact Gustav’s loving gaze and kind words can have on you when you make use of it – that if you hadn’t known about them, the guilt would have had an even stronger hold on you?

Marie: Yes, I think so.

Helene: Even though guilt may always find its way into a mother’s heart – when you love so deeply – is it fair to say Gustav makes a small or a big difference in how you relate to guilt?

Marie: Yes, he actually makes a huge difference. I hadn’t thought about it before, but yes – he does.

Through these questions, Marie began to recognise how profoundly Gustav was already influencing her relationship with guilt. In constructing Gustav as a significant ally, my intention was to help them move into a present and active allyship, one where he could actively support her in navigating grief by his present intentions and caring.

Helene: When you think about your relationship with Gustav and the value he places on care for you, do you have a sense of what it means for him that his loving gaze and kind words now help you stand stronger against guilt?

Marie: It means everything. The night he died, he sent me a message: "I'm sorry. I hope you can forgive me. You did everything for me. I wouldn't have made it without you. I hope we meet on the other side." That night, after he died, I was trying to sleep. My eyes were vibrating, and I felt butterflies behind my eyelids. It was so real, so intensely real. I had no doubt it was Gustav. He was saying: "Mom, it's not your fault. You need to find peace and sleep now." And then a calmness came over me, and I fell asleep.

Helene: What do you think this says about his love for you?

Marie: It says everything.

Helene: Do you think Gustav, in his love for you, has a wish that he can continue to support and help you in your life?

Marie: I believe he does. Even though I selfishly wish he were here in a different way, I still feel he is present. When people say, "It's amazing how you manage to keep going", I know it's Gustav who gives me light.

These questions helped Marie to connect to richer descriptions of how it mattered for her son to be her ally in the relationship they continued to develop and enabled them to stand together against the effects of guilt. These questions even helped Marie to see that when she draws on Gustav's gaze and his support for standing against guilt, this becomes an act of motherly love – she is doing something that matters to Gustav. This created the opportunity for reciprocity in the relationship she was now growing with Gustav.

In positioning Gustav as an ally in responding to the complexities of grief such as guilt, it became clear that Gustav's experience of his mother offered a markedly different account of her than the discourses of mother-blaming and guilt. Additionally, because of the significance of his identity as her son and

their relationship, it was more important for Marie to listen to him than anyone else.

When we construct a present and active continuing relationship in which reciprocity between the deceased and the parent can occur, the deceased can become a significant ally who supports and helps the bereaved parent in responding to all matters of life, not merely in relation to guilt. Yet for this preferred story of a present and active relationship to thicken, it must become more than words. The deceased's presence must feel real, like the night Marie described sensing butterflies behind her eyelids and knew without doubt that Gustav was speaking to her.

Four A's framework: Augmented reality

When a bereaved parent starts to cultivate a present and ongoing allyship with the deceased child, the experience of sensing and feeling the child's physical presence can become an important element in growing the relationship. Lorraine Hedtke has written about this as embodying the re-membling in an upcoming book.

Confronted with the ever-present physical absence of their child, it can become important for bereaved parents not only to develop an active allyship, but also a relationship where they can experience the physical presence of their child. These moments of felt presence are not just symbolic or narrative constructions; they are moments when parents achieve the ability to have an embodied experience of their child that expands the relationship into a lived, sensory, augmented reality.

To support and help parents to develop a continuing experience of their deceased child's physical presence in the relationship, I often ask questions that bring forward or explore the sensory experience of the deceased child's presence: "In that moment, how do you feel the presence of Gustav? Where do you sense him? Is he beside you, behind you or does he somehow emerge in you?"

In these conversations, I often explore moments of physical presence where symbols and rituals are created that can make small openings for the parent to feel and call on the deceased's physical presence, for instance in a hug, the touch of a hand or small signs through which they experience being able to feel physically connected. These questions or rituals allow the bereaved to develop a counter to dominant cultural discourses that impose a reality in which the child's presence is impossible. And in many of these conversations, parents start to experience the growing realness of their child's physical presence. This sensory experience allows parents to construct an augmented reality that is not merely imagined but *felt*. Marie described such a moment:

That night, after he died, I was trying to sleep. My eyes were vibrating, and I felt butterflies behind my eyelids. It was so real, so intensely real. I had no doubt it was Gustav. He was saying: "Mom, it's not your fault. You need to find peace and sleep now." And then a calmness came over me, and I fell asleep.

In this moment, Gustav's presence was not metaphorical. Marie did not just imagine calmness but felt it because Gustav brought it to her. Narrative therapy has often described re-membering as constructed through stories. But bereaved parents frequently construct reality, when their senses are being employed, convincing them through what is being sensed. As Anthropologist Barbara Myerhoff argued:

The extreme employment of the senses in these moments convinces the body, and the mind follows. "Doing is believing" in such cases and "sensory," as opposed to what Langer calls "discursive," symbols are used, because of their extraordinary capacity to make the improbable momentarily beyond question. (Myerhoff, 1982, p. 106)

Through questions that help parents to explore and develop what they are sensing, the stories help to grow the sensed reality.

When questions helped Marie to focus and story how her relationship with Gustav was

developing through her sensing of his physical presence, these moments could become more than imagination; they could become *relational events* in which his presence was felt rather than constructed. They served as a protest against the dominant discourse of bodily realism that insists that sensing the dead is a psychological construction rather than a relational event. For Marie, these conversations allowed her sensory reality to have more authority than the external one. The reality she and Gustav related to became stronger than the reality imposed on her.

Christian and Susanne: Re-embodiment through rituals

Through our conversations, Susanne began to feel and sense Christian's physical presence. Sometimes he would appear as bubbling, loving particles in the left side of her body. At other times, she would sense his physical presence in the car, sitting in the passenger seat beside her. Susanne was left with the experience of being filled by love from Christian.

By our ninth conversation, we started to explore Susanne's practices of re-invoking Christian's physical presence in the car so that she could at any time sense or call forward his physical presence.

Helene: Those times when you have succeeded in connecting and sensing Christian's presence in the car, I wonder how you might have helped Christian to emerge. Is there anything you do before getting into the car?

Susanne: No, it's just that my mind has been calm at those times – no racing thoughts – and I think that creates the space in my head to make room for him to emerge.

Helene: What are some of the first steps you might take to connect to Christian?

Susanne: I reach my hand over to the passenger seat – that's where it starts.

Helene: When you reach your hand over, what do you make possible for you and Christian, what do you begin to sense?

Susanne: Yes, I first sense his body, the way I feel it on the seat next to me. That's when the portal begins to open. I sense him, and I connect with him. Yes, it definitely starts when I reach out my hand.

These kinds of questions helped Susanne to notice how the physical sensing of Christian in their continued relationship was a relational action: she was reaching out for him while she was making herself available for sensing him.

A ritual for how to bring Christian's felt physical presence forward in the relationship was starting to take form. Very often, these rituals are not accidental but represent fragments of practices of physical connection that were once played out between the bereaved and the deceased while both were bodily alive, such as hugs, holding hands or sitting next to each other. When those practices are relationally brought forward into a present and active sensory relationship with the deceased, where they are being re-imagined and re-felt, they can create new openings for sensing the physical presence of the deceased.

Helene: On those days when you're able to connect and sense Christian's presence, is there a particular way you think of him? Do you picture him at the age he would be now or younger?

Susanne: I think I see him as he was when he was younger – when we used to drive to Italy every summer for three weeks, and he sat right next to me. That's the image I bring up. He loved those trips. There was nothing he enjoyed more. We had long drives, and it was just so cosy.

Susanne was becoming more aware of how to create openings to feel and sense Christian's physicality. I wanted to ask questions that explored how the physical presence of Christian was being felt. This helped Susanne to grow the bodily experience of feeling Christian's presence.

Helene: And when you reach your hand to the passenger seat, and you and Christian start to connect, can you describe even more how you sense him?

Susanne: Well, I think I feel his presence.

Helene: And how do you feel his presence, when he is present?

Susanne: It's hard to define, but I have no doubt. I can feel it.

Helene: Do you sense it as Christian's physical body, his energy or how do you sense it?

Susanne: Not his physical body – and yet, yes. It's his energy that I feel, like bubbling love particles inside me. He does something that allows me to feel him within me. And some people might say I'm just imagining it – that I'm delusional – but it feels real between Christian and me. It's there. He does something to me.

Susanne was describing an augmented reality that was gradually being formed: the relational space in which Christian could emerge and fill her with what she called his "love particles". In this augmented reality, the relationship between them moved to another level in which the reality she held could become stronger than the dominant discourses of bodily realism. These discourses can so easily rob bereaved parents of the possibility of continuing to experience a sensed and present relationship with their child. But when the sensory reality is strengthened, and when the relationship is shaped by what is being sensed rather than by what is socially imposed, parents can continue to relate to their child through felt presence rather than absence.

For Susanne and Christian, a ritual was re-established that allowed her to invoke authority over the sensed reality, rather than a reality that otherwise left no space for sensing an ongoing relationship. Some may describe this augmented reality as spiritual, but its significance lies in the fact that it does not rely on a belief in spirituality; it arises through bodily experiences. It offers a way of experiencing the child's presence that is

available even to those who do not think spiritually. Therefore, what matters does not lie in what it is called but in what it allows: an ongoing sensory relationship that modernistic discourses would otherwise erase or make difficult to articulate. Even as Susanne described her experiences, she felt compelled to add, “and some might say ... I’m delusional”. She was fully aware of the rules of the modern museum of memories or the dominant discourses of bodily realism. She knew that if one of its custodians discovered she was “taking the dead for a ride”, she would be labelled as mad. But if we as a society become too caught up in these engraved modernistic and scientific discourses, we will fail to see that for Marie, that night she felt Gustav’s physical presence through the butterflies behind her eyelids, it was more than a grief-induced hallucination. We will fail to see that for Susanne, taking Christian for a ride and sensing his physical presence by through the bubbling love particles was more than a psychological coping strategy.

Modernism has edited the dead out of our reality, leaving us with a deprived language of death and grief in which relationships are only permitted between two physical bodies. Within such a restricted vocabulary, sensory experiences of the deceased are easily dismissed as imagination or projection. This is why Susanne found it easier to sense than to explain, and the sensory reality she related to was richer than the language available to her. This is also why even narrative therapists struggle to grasp such experiences: our professional vocabularies have been shaped inside the same modernistic discourses that deny the possibility of felt presence. Yet slowly, through remembering and reembodying the deceased, we can begin to rebuild a more vivid language for our relationships with the dead, which opens space for alternative relationships with the deceased.

Four A's framework: Audience

Often, bereaved parents can feel lonely when they continue to develop their allyship with the deceased child, lacking support and participation from others. Being influenced by

the dominant discourses of death, grief and bodily realism, significant family members and friends often remain trapped in the modernistic museum of memories that the parents have already exited. The surroundings continue to reduce the child to mere memories, to silence the voice of the continuing relationship, and at times seeks to regulate the bereaved parent’s interaction with the deceased child.

Both Susanne and Marie struggled to recruit others into more actively support their ongoing relationships to their sons. Susanne and Christian were silenced when Susanne’s mother-in-law decided to exit the dinner saying she did not want to hear about the dead. Marie recounted an encounter with an ex-boyfriend:

I met an ex-boyfriend where I talked about Gustav, and that he is still here, but I don’t think he quite understood. I sounded like someone with a tinfoil hat. It’s so hard for others to understand if they haven’t experienced it themselves, so it becomes a bit like: she believes it because it’s unbearable that he’s not here anymore, that it’s just a security blanket.

Bereaved parents can sometimes be supported to recruit an audience to the ongoing and active relationship with the deceased child through sharing letters. Drawing on narrative therapy’s rich practices of letter writing, I write letters to the bereaved parent after each session, positioning myself as an outsider witness to the continuing relationship (Bjoroy et al., 2016; Russel & Carey, 2004). Those letters significantly help to build and support the allyship with the deceased child and their continuing physical presence at times when the parent feels lonely. The letters can also be shared with important others who may become supporters of the continuing relationship. Questions can be included for readers, helping them to become a more active audience. Marie, for instance, shared a therapeutic letter with her mother, and this allowed her mother to become knowledgeable about and affirm the reality of Marie’s ongoing relationship with Gustav.

At other times, I write letters from the deceased child to the surroundings, helping the child to have a voice that speaks to the importance of having a continuing present allyship, reiterating what the deceased child appreciates about their parents not having reduced them to memories, but continuing to make it possible for them to be a helper and supporter, and how the child hopes in specific ways the surroundings can help them and their parent.

More recently, I have begun building communities for bereaved parents. I record conversations with one parent, and these recordings are then shared with other bereaved parents, who listen and write an outsider-witnessing letter. As they listen, they are influenced by the questions, the values and the relational movements in the conversation, allowing them to reflect on their own continuing relationship with their child. When they write the letter, they position themselves and their own child as supporters of the parent whose conversation they witnessed. These letters often describe what the listener noticed about the deceased child's values, the ongoing relationship being expressed, the protest against cultural norms, and the resonances with their own continuing allyship. In this way, each parent becomes both witness and companion, strengthening their own relationship with their child while supporting one another. This practice moves grieving parents from a position of lonely protest to one of community rebellion, creating solidarity in the face of dominant discourses that marginalise their grief and their ongoing relationship with the deceased.

Conclusion

Bereaved parents who struggle with grief are not best supported through further detachment but through practices of re-membling that restore the continuing relationship with their deceased

child. The Four A's framework demonstrates how bereaved parents can develop an **alternative** understanding of their grief, recognising their symptoms as a protest against dominant cultural norms rather than signs of pathology. It further supports parents in growing an **allyship** with the deceased child, allowing the child to continue as an active and present guide in their lives. Through creating an **augmented reality**, bereaved parents can continue to feel and sense the child's physical presence, enabling the relationship to develop through ongoing embodied and sensory experiences rather than through memories alone. Finally, through recruiting an **audience**, therapeutic letters and outsider-witnessing practices invite others into the continuing relationship, creating communities that witness, validate and actively strengthen the relationships bereaved parents continue to live and sense with their deceased child. Together, these Four A's strengthen the reality of the continuing relationship until it surpasses the modernistic definitions imposed on it.

Notes

- ¹ Throughout this article, the pronoun "I" refers to Helene Grau Kristensen, who conducted all therapeutic conversations described. The article itself has been coauthored by Augusta Lucia Grau Kristensen and Helene Grau Kristensen.
- ² The term "mother-blaming" describes a dominant societal tendency to locate responsibility for a child's suffering or behavior within the mother (see Caplan, 1990).

Dedication

Dedicated to all the deceased children we have come to know and to Lorraine Hedtke for her teachings.

References

- Bjoroy, A., Madigan, S., & Nylund, D. (2016). The practice of therapeutic letter writing in narrative therapy. In B. Douglas, R. Woolfe, S. Strawbridge, E. Kasket, & V. Galbraith (Eds.), *The handbook of counselling psychology* (pp. 332–348). Sage.
- Caplan, P. J. (1990). *Don't blame mother: Mending the mother-daughter relationship*. Harper.
- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of complete psychological works of Sigmund Freud* (Vol. 14, pp. 237–258). Hogart Press. (Original work published 1917).
- Hedtke, L., & Winslade, J. (2016). *The crafting of grief: Constructing aesthetic responses to loss*. Routledge.
- Klass, D., Silverman, P. R., & Nickman, S. (1996). *Continuing bonds: New understandings of grief*. Routledge.
- Kristensen, H. (2021). The politics of saying hullo again. *Journal of Contemporary Narrative Therapy*, (1), 20–37.
- Kristensen, H. G., & Hedtke, L. (2018). Still alive: Counselling conversations with parents whose child has died during or soon after pregnancy. *International journal of Narrative Therapy and Community Work*, (1), 22–30.
- Myerhoff, B. (1982). Life story among the elderly: Performance, visibility and remembering. In J. Ruby (Ed.), *A crack in the mirror: Reflexive perspectives in anthropology* (pp. 99–117). University of Pennsylvania Press.
- Russell, S., & Carey, M. (2004). *Narrative therapy: Responding to your questions*. Dulwich Centre Publications.
- Simon, N. M., & Shear, M. K. (2024). Prolong grief disorder. *New England Journal of Medicine*, 391(1), 1227–1236. <https://doi.org/10.1056/NEJMcp2308707>
- White, M. (1988). Saying hullo again: The Incorporation of the lost relationship in the resolution of grief. *Dulwich Centre Newsletter*, (Spring), 7–11.
- White, M. (2007). *Maps of narrative practice*. Norton.