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THE LOSS OF A LOVED ONE

Remembering the Life and the Dying Days

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The American sitcom *How I Met Your Mother* follows five friends living in New York City. The show explores their triumphs and failures, new experiences and old challenges, the beginnings and endings of lives. In one salient episode, one of the friends, Marshall, loses his father and becomes fixated on his dad's final words. He is distressed that his father's last words involved trivial advice about a silly movie he should see whereas his family members recall last moments involving professions of love or pride. Marshall's wife attempts to sooth him, saying, 'You have so many great memories of your dad. Who cares about the last one?' Marshall, however, is not consoled. Having a good ending to remember, he believes, would bring comfort as he goes on in life without his dad. This example demonstrates a sentiment found in literary and popular culture: memories from the dying days of a loved one, including final memories, are often given extra significance by those who remain.

Though individuals cherish a variety of memories from across the lives of their lost loved one, why might memories of the dying days hold special significance? In this chapter, we argue that such memories serve psychosocial functions for the bereaved (Bluck and Alea 2002). We begin by reviewing the role of reminiscence in processes that occur in the early period of bereavement (e.g. meaning reconstruction, personal growth). Long after this initial period of mourning is over, however, it is normative for memories of the lost loved one to drift to mind or be brought to mind intentionally (e.g. de Vries and Rutherford 2004; Marwit and Klass 1995). We address how memories of the loved one's life, including explicit memorializing (e.g. Schwab 2004), can help the bereaved maintain a healthy connection to the lost one

over time. Finally, we speculate on the functions served particularly by recalling and sharing memories from a certain life period, the dying days. We argue that such memories may be unusually valued because they serve both self-continuity and social bonding functions (Bluck 2003). The chapter concludes by examining the implications of seeing memories of the dying days as serving important functions. That is, the environment (i.e. death in hospital, hospice, at home) may play a key role in what is remembered about those days. As such, the setting in which individuals die may be critical not only to a good death for the patient (e.g. Wright *et al.* 2010) but also for the wellbeing of their loved ones as they remember the deceased over time.

Scope

Three issues are clarified here before beginning. First, reminiscence can be public (i.e. sharing stories with others) or private (i.e. recalling events in one's own mind). Both occur regularly in daily life (e.g. Bluck and Levine 1998). This is also true following a loss: bereaved individuals commonly recall their loved one to themselves, and also reminisce with others (Neimeyer, Klass and Dennis 2014; Robinaugh and McNally 2013). As such, reference to memory or reminiscence in this chapter refers to both public and private forms. Second, the review is limited to situations that involve a lingering death trajectory as opposed to sudden, unexpected deaths that do not afford the opportunity for final moments or conversations. As such, use of the term dying days refers to the time before the death (i.e. months, weeks, days) when it is known that the loved one is terminally ill or dying. Finally, we use the term, the bereaved, to refer to any person who has lost a loved one (Genevro *et al.* 2004). The loss may have occurred recently or at any point in the individual's life. As such, he or she may not consider that they are actively grieving but are simply remembering a loved one who was once part of their life, and is no longer.

The role of memory in meaning reconstruction and personal growth

We all face the deaths of loved ones in our lives. We all carry loved ones with us in memory. Immediately following a loss, one needs to

both emotionally comprehend the death and navigate the changes it brings to daily life (i.e. *dual model of coping with bereavement*, Stroebe and Schut 1999). Loss has historically been characterized as a negative life experience, for example melancholia (Freud 1917), and much of the current work on grief and loss also details how remembering the loved one can lead to maladaptive post-loss attachment (Neimeyer, Baldwin, and Gillies 2006) or an inability to function due to depression or anxiety (Prigerson and Jacobs 2001). Though it is important to recognize that some individuals will face *complicated grief* (Prigerson *et al.* 1995) which may require clinical attention (Granek 2010), the loss of a loved one is best characterized not only as negative but also as a dynamic, multi-dimensional life event. This includes variation in the severity and length of grief responses (Wortman and Boerner 2011).

Though the loss of a loved one commonly comes with suffering, theoretical thinking about grief has expanded – it is no longer considered as something that people should ‘recover from’ (Tedeschi and Calhoun 2008). Instead, grieving is now considered an emotionally challenging activity (Baddeley 1988; Stroebe and Schut 2010) that can include learning from reviewing memories of the lost loved one. That is, remembering a lost loved one is sometimes painful but can also lead to beneficial outcomes over the initial grief period. Particularly we argue that memory, remembering the loved one, is central to both *meaning reconstruction* (Neimeyer 2001) and *post-traumatic growth* (Calhoun and Tedeschi 1998; Tedeschi and Calhoun 2004).

Meaning reconstruction

When a loved one dies, the overwhelming finality of their death can challenge one’s internalized representation of the deceased (Shear and Shair 2005) and one’s worldview more generally (Moules 1998). This may require reconstruction of basic psychological meaning structures. The majority of individuals appear to navigate loss well over time (Bonanno 2004), using memories of lived experiences with the deceased not only as painful reminders, but also to provide solace. When bereaved individuals first face the reality of a loss, they often recall, review and reconstruct personally significant memories of experiences with their lost loved one. *Integrative reminiscence* (Wong and Watt 1991) following a loss can include re-telling of stories and

memories to make new meanings of past experience. Recalling and sharing memories can help individuals process and, in some ways benefit from, the loss experience (Baddeley and Singer 2009). As such, meaning reconstruction involves the use of memory to come to terms with how the loss unfolded and the larger implications that the loss holds for the one who carries on (Janoff-Bulman and McPherson 1997).

Humans are keen to tell the stories of their lives, creating narratives of life's events that can be shared and compared – in part to forge meaning (Reker, Birren and Svensson 2012). Individuals do this throughout life including to forge meaningful narratives in the face of loss (e.g. Dennis 2008). Ultimately, the use of memory, the retelling of stories, and reminiscing with others can result in reconstruction of meaning that allows the bereaved some comfort (Gillies and Neimeyer 2006). This can occur in at least two specific ways, namely *sense-making* and *benefit-finding* (Davis, Nolen-Hoeksema and Larson 1998). Sense-making involves recalling information about the deceased's life in a way that helps explain why the loss had to happen and why it unfolded as it did. This may include, for example, spiritual validation (e.g. recalling the deceased's devotion to religion across their life and thereby feeling that they were ready to transition to an afterlife) or assignment of responsibility for the death (e.g. recalling the rich, full life that the lost loved one lived, with old age as an explanation for their death). In contrast to sense-making, benefit-finding includes reviewing of the lost one's life and death that results in positive insight for the one who remains, for example understanding that the loved one is no longer suffering. Such benefit-finding is common when loss occurs, and even more so when facing other difficult life events (Mackay and Bluck 2010). In sum, individuals use memory to reconstruct meaning after loss, attempting to create stories about their experience to fit with the worldview they held before the loss, or to re-forge a positive worldview (Balk 1997; Bleakley *et al.* 2003). [AQ]

Personal growth

Adverse life events such as the loss of a loved one can also lead to personal growth. We suggest that memory plays a central role in this process. Growth refers to positive self-development, including the ability to identify lessons or perceive life progress. This can occur,

partially, through recalling and reviewing even the distressing loss of a loved one (Tedeschi and Calhoun 1996; Tedeschi and Calhoun 2004). As such, bereavement is one example of an opportunity for *post-traumatic growth* (Gillies and Neimeyer 2006). Note that while this term includes the word trauma, the construct refers to growth occurring in the wake of any significant, difficult life event and not only a traumatic or violent death. This construct includes coming to terms with a loss by focusing on how one has grown through sharing life with the lost one, or through experiencing their death. As such, the occurrence of post-traumatic growth following the loss of a loved one fits closely with Tedeschi and Calhoun's (2008) delineation of bereavement as a period of resolution that includes holding the deceased in memory as opposed to 'recovery from grief', which implies an illness and a cure.

Personal growth is typically experienced within the first few months after loss, as a person reflects on their relationship with the deceased (Caserta *et al.* 2009). Individuals may experience growth in the form of feelings of increased strength and competency or improvements in social relationships. Growth outcomes related to loss (Calhoun and Tedeschi 1998) have been categorized as changes in perception of:

- the self, including becoming a better version of oneself
- social relationships, including feeling closeness with living family and friends, or with the lost loved one (Affleck *et al.* 1985)
- philosophy going forward, including increased appreciation for life.

In sum, the use of memory to reflect on the life or death of a lost loved one can provide a unique opportunity for personal growth.

Meaning-reconstruction and personal growth largely occur in the early period following the death of a loved one, often as part of accepting the loss (Gillies and Neimeyer 2006). We have argued that autobiographical memory and reminiscence play a role in these processes. The important role of memory, however, also extends well past the initial period of grief. As time goes on, individuals strive to maintain an ongoing connection with their loved one (Klass, Silverman and Nickman 1996) or to integrate the loved one's death into their own life story (Bluck and Mroz 2018). We suggest that they

do that, in part, by remembering the life of the lost loved one over time, sometimes over a lifetime.

Remembering the lost loved one's life

Maintaining an enduring relationship with a lost loved one has been formally considered through the concept of *continuing bonds* (Klass *et al.* 1996). One aspect of continuing bonds is feeling a sense of calm through recalling memories of the deceased, as suggested, for example, by Currier *et al.* (2015). Exploration of how individuals maintain some kind of relationship with the deceased through memory, however, dates back more than a century (Shand 1920; Stroebe and Schut 2005). It has been studied across disciplines, indicating wide interest in the idea that the deceased can play ongoing social roles in individuals' lives (Sweeting and Gilhooly 1992).

In contrast to early theory suggesting that individuals should disengage from the deceased (for a review, see Wortman and Boerner 2011), research now suggests that it can be beneficial to maintain certain types of connection with a lost loved one, even long after they are gone. Such a connection is maintained most directly through remembering and reflecting on experiences shared (Boerner and Heckhausen 2003; Hagman 1995). As Buchsbaum (1996) writes, memories of the deceased are 'an essential bridge between the world with and the world without the loved person' (p.113). Indeed, verse or poetry at funerals and memorials – readings meant to comfort individuals and set them on a path to continue life without their loved one – include themes of how the lost one remains in memory. For example, one poem suggests: *Keep my memory with you, for memories never die. I will be there with you, when you look across the sky* (Allison Chambers Coxsey 1996, p.1). Christina Rossetti (1992) writes: *Remember me when I am gone away, Gone far away into the silent land*. These examples represent how, in society, the idea is widespread that memory is important in the face of loss: it can help us maintain a connection with those who have died, to not forget them, though we continue with our life.

Individuals' feelings regarding their ongoing connection with the deceased indicate the benefits of remembering the life shared with the loved one. Following a loss, individuals are sometimes fearful that they may forget the deceased (Kastenbaum 2015), again pointing to the importance individuals place on remembering those they

have lost. Spontaneous reminiscence or *involuntary memory* (Berntsen 2008) about a lost loved one may occur in the day-to-day lives of the bereaved. When asked to identify the role, if any, the lost loved one played in their ongoing life (Marwit and Klass 1995), college students endorsed several positive ones. Remembering the deceased was seen to provide *a role model, situation-specific guidance, or values clarification*. Reminiscence about the lost one was also seen as generally useful for *remembrance formation* (i.e. retaining strong memories that elicit positive emotions). Thus, reminiscing about the times one shared with a lost loved one continues to occur and holds value for individuals long after the initial period of grief. Indeed, recalling the life shared with the deceased and incorporating them into our lives appears to be a healthy approach to facing the unavoidable reality of death (Bluck and Mroz 2018).

Though spontaneous or involuntary recall of cherished memories of the loved one does occur, so does directed, intentional remembering (Field *et al.* 1999). This includes engaging, over the long-term, in memorializing behaviors (Leming and Dickinson 2007). Memorializing can be seen as a type of strategic, voluntary remembering to honor the loved one but also to ensure a continuing connection with them (e.g. eating something that person loved on their birthday each year). Saving intimate objects such as jewellery, clothing or books is a common practice used to help the bereaved bring the loved one back to mind in day-to-day life. Technology now makes it easy to store digital 'heirlooms': artefacts of a lost loved one's life that can be accessed virtually to help individuals connect with memories of their loved one (van den Hoven, Sas and Whittaker 2012). The internet also allows for direct association with the deceased, through maintaining online social networking profiles of lost loved ones, or viewing specific memorial pages to review their life, maintaining a connection through text, pictures and stories (Degroot 2012; De Vries and Rutherford 2004).

Clinical psychologists have noted the possible benefits of exploring the life of the lost loved one through remembering them, using reflection on the shared past to create new feelings of connection after the loved one is gone. For example, sharing memories with others who knew the deceased may provide a chance to relive one's own memories but also to enhance one's sense of relationship with the deceased through hearing others' stories of them (Neimeyer 2001). Reviewing

photographs that the deceased left behind may also bolster the sense of relationship (Attig 2000) by providing cues that provoke reflection on the lost loved one's life, beliefs and feelings. Indeed, contemporary sympathy cards reflect the societal view that we are comforted best by remembering our loved one, and by cherishing those memories. Sympathy cards often include reference to remembering the lost loved one's life. For example: *Always in our hearts, forever in our memory*;¹ *Death leaves a heartache no one can heal, love leaves a memory no one can steal*;² *Those we love can never be more than a thought away... for as long as there's a memory they live in our hearts to stay*.³

This individual and sociocultural propensity for remembering the life of lost loved ones have also been formalized in therapeutic techniques that involve the production of legacy documents that individuals can leave for their remaining loved ones to review. These records left by the deceased have the explicit goal of helping others to remember them once they are gone.

Records left by the deceased

The practice of leaving a written record such as a life review, legacy document or memoir has grown in the last few decades (Gulotta *et al.* 2013; Hunter and Rowles 2005). This again suggests the importance placed on remembering and reminiscing about the life shared with the deceased. Reminiscence, particularly integrative reminiscence (Wong and Watt 1991) that includes re-evaluating past experiences, can promote mental health (Westerhof *et al.* 2010). This occurs partly through reflection leading to a greater understanding of life's purpose (Reker *et al.* 2012). Based on these findings, individuals working in the field of palliative care have created a therapeutic technique known as dignity therapy whereby dying individuals create legacy documents (Chochinov *et al.* 2002; Chochinov *et al.* 2005). The dying person speaks about the things in life that matter most, sharing events and experiences that they want remembered by the people closest to them, after they are gone. Recorded interview sessions are transcribed and streamlined, and edited for clarity and to bring out important life

1 www.askideas.com

2 www.funeralresources.com

3 www.quoteambition.com

themes. After being reviewed by the dying person, these records are passed down to their close family or friends.

While dignity therapy was established relatively recently, other reminiscence techniques have long been used to create records that individuals can eventually pass on to loved ones, for example see (Allen *et al.* 2008; Birren and Deutchman 1991). For example, guided autobiography (Birren and Deutchman 1991) was crafted with one of its goals being to create an autobiographical record that could be utilized by family or friends to remember the life of their lost loved one. (See Chapter 6 by Kuo and Chapter 9 by Svensson and de Vries.) Other reminiscence activities were not necessarily created with this goal in mind, for example digital life story books (Westerhof 2017b), but could easily be used in the same manner. All of these reminiscence techniques result in records left by the deceased that can serve an explicit role in helping the bereaved remember the life of the lost loved one.

The use of memory to maintain some type of connection to the lost loved one has been demonstrated here through reference to empirical work as well as common societal practices such as sympathy cards and memorial readings and therapeutic techniques like dignity therapy or guided autobiography. All of that work is based on explicit or implicit assumptions that a person will find comfort, and potentially even growth, through remembering the life shared. When individuals die, however, remembering the shared life also includes remembering the final stage, the dying days. Research on memory of the dying days is sparse. We therefore speculate in the next section on how memories of the dying days may be particularly important and argue that they can serve adaptive psychosocial functions (Bluck and Alea 2009).

Remembering the dying days

Individuals recall emotional memories about the life shared with their loved one long after the initial grief period (Rubin 1984). This includes stories of the dying days. What function might these memories serve? We argue that positive memories of the dying days are recalled because they serve psychosocial functions in the current life of the bereaved. In particular, we discuss how memories of the dying days may help individuals maintain self-continuity and strengthen social bonds. This discussion of memory of the dying days includes remembering final

visits, or conversations, with the deceased. If dying days do serve important psychosocial functions, we discuss how this has implications for the environments in which people die.

Cherished stories of the dying days

Remembering and sharing memories of the end of a loved one's life is considered helpful in American culture (Baddeley and Singer 2008), especially when memories from this time period encapsulate positive or significant themes. Indeed, an individual's story of how their loved one died is often used in grief therapy (Sedney, Baker and Gross 1994). Recall, however, continues well beyond the initial grief period. Widowed older women, for example, often recount stories about their husbands' dying, long after they have adjusted to the reality of the loss (van den Hoonaard 1999).

Memory researchers have focused little on this issue. Mackay and Bluck (2010), however, asked middle-aged and older adults (not currently grieving) to recall 'a specific memory about any death or dying-related experience' from any time in their life. Though they could talk about any aspect of the experience, individuals often shared a memory about a loved one's dying days. Though not specifically asked to talk about this period, 65 per cent of participants shared a memory that took place in the dying days, and 83 per cent of participants mentioned the dying days as a part of their memory narrative (Bluck 2017, personal communication). The narratives included themes of positive emotional connection with the lost loved one and other family and friends. Memories were recalled with detail, even years following the loss. One participant offered this memory:

Many things in that last two weeks in the hospital have stuck with me...what also sticks in my memory is the help and support of my family... From my 13-year-old daughter who took my wife's part in a church play, to the friends she stayed with and my cousin who sat with me using his vacation time to do so.

When considering memories of the dying days, it needs to be acknowledged that there are different endings for each person: not everyone has a *good death* (Flaskerud 2017). Some endings may not be as easy as others. Beyond the nature of the death itself, the way that those who live on and remember it may also vary based on their own

personality, relationship history and other factors. While the dying days may include tranquillity, peace and tender moments, this period of a lost loved one's life may also include turmoil, confusion and pain for both the dying individual and their loved ones.

For memories to serve adaptive functions over time, they must be either of positive moments or of difficult moments that were made positive through their meaning or poignancy (e.g. cherished memories). As such, in discussing the functions served by recalling the dying days, we refer to these sort of positive memories (Bennett and Vidal-Hall 2000). Constant recall of distressing or discomfiting memories of the dying days is likely to be maladaptive. As such, the environment in which individuals die may have critical implications for the ways in which the memories of the dying days may serve adaptive functions following a loss.

The functional perspective on autobiographical memory

The functional perspective on autobiographical memory suggests that recall of one's personal past is adaptive (Bruce 1989) and that memory (Bluck 2003) and reminiscence (Webster 1993) serve psychosocial functions in everyday life.⁴ The flexible, constructive nature of autobiographical memory helps individuals to constantly update their knowledge in order to navigate daily life in an ever-changing world (Newman and Lindsay 2009). That is, memory provides a record of lived experience but also involves reconstruction, including personal interpretation (Ruth, Birren and Polkinghorne 1996) and meaning-making (Sedney *et al.* 1994). The nature of the memory system thus aids in the storage and recall of memories that can serve specific functions (Bluck, Alea and Demiray 2010).

Researchers denote several broad functions that autobiographical remembering serves (Bluck 2009; Bluck and Alea 2011). The self-function involves the use of memory to understand one's own identity (Neisser 1988), including maintaining self-continuity over time

4 The functional perspective on autobiographical memory suggests that this memory system is adaptive; however, not all stored or recalled memories serve adaptive functions. Reminiscence for bitterness revival (Webster 1993), for example, is considered a maladaptive use of memory (Harris *et al.* 2014). Although the bereaved may sometimes engage in rumination or bitterness revival, the focus of the current chapter is on adaptive, functional use of memories of the lost loved one

(Bluck and Liao 2013) or enhancing one's view of self (Wilson and Ross 2000). The social function involves using memory to develop, maintain and deepen personal relationships (Alea and Bluck 2007; Neisser 1988). This perspective on memory is useful in understanding the importance of remembering the final days of life. Individuals recognize the importance of time spent with a dying loved one, even if those days are not necessarily happy, and cherish some memories long after the loved one has passed. For example, Freeman (2016) writes about his final days with his mother: 'I wouldn't call those times "good". But nor were they bad. They were just...times. All I could do, all any of us could do, was just take them in, be there with her, be present.'

Theoretical functions of remembering can be applied to how individuals recall and reflect on the dying days of a lost loved one. For example, Baddeley and Singer (2009) propose that memories of the lost loved one particularly serve self and social functions. We argue, this is likely to be true also of memories of the dying days; remembering this period may help maintain self-continuity and foster relationships with others as well as feelings of closeness to the lost loved one.

Self-continuity

In Western culture, identity formation and maintenance occur through creation of a *life story* (McAdams 2001). Significant life events, both positive and challenging, are coherently incorporated into a story of one's life. For some time, psychologists have agreed that memory plays a role in both identity formation (Erikson 1959) and growth (Jung 1933). Reminiscing about life can help build and maintain identity (Cappeliez, O'Rourke and Chaudhury 2005; Webster 1993). When a loved one dies, the bereaved may feel discontinuity in their life, a disruption to their own identity. They have lost a person who was a large part of their life story. As such, memories of the lost loved one may be recalled to re-forge a sense of continuity, to strengthen a sense of personal identity. Memories from the dying days may be crucial in making sense of the death in relation to the individual's own sense of self, following the loss (Davis *et al.* 1998). People sometimes share salient recollections about their loved one's death because such memories are closely connected to, and help to reify, their sense of self (Baddeley and Singer 2009; Neimeyer 2001; Walter 1996).

Discussing loss experiences in a supportive social environment allows not only for emotional recovery but also helps in reconstructing a stable sense of personal identity (Kübler-Ross and Kessler 2005). Individuals selectively share memories of their lost loved one. These memories are often generated in order to present a stable narrative that reinforces a sense of self (Walter 1996). The bereaved may try to validate their experience of the end of their lived relationship with a loved one by sharing memories that have unique or special emotional significance, particularly cherished and intimate memories from the dying days. Indeed, it may be beneficial to select these particular memories *because* they are connected to key values of the narrator (e.g. being loved by the lost loved one during provision of care, being able to please the loved one when visiting).

One bereaved individual from Mackay and Bluck's (2010) study reflected on their caregiving responsibilities during the terminal illness of their loved one: 'It was quickly established that I would be the caregiver 24/7... It was an honour and a gift. I kept her clean, comfortable and laughing at all times.' Memories from the end of a lost loved one's life thus allow the bereaved to connect back to their loved one, maintaining a sense of self by reliving the connection with a significant figure in their life story. Privately reminiscing or publicly sharing vivid, intimate memories of tender moments with a dying loved one may provide needed stability, serving a self-continuity function (Bluck and Liao 2013).

Social bonding

Recalling memories of the dying days may also serve a social-bonding function. Losing a loved one is a social experience (Walter 1996). Rarely do individuals navigate loss alone – they engage in social rituals and memorializing (Leming and Dickinson 2007), look to friends and family for emotional support, and rely on their connection with the lost loved one for comfort (Schwab 2004). Recalling the final days spent with a loved one may serve a social-bonding function in two ways. Autobiographical remembering has been shown to: a) enhance closeness with others (Alea and Bluck 2007) and b) help

maintain intimacy with the lost loved one (Bennett and Vidal-Hall 2000; Webster 1993).⁵

Sharing significant personal memories from the dying days should enhance closeness between the listener and the teller. When difficult events occur as part of loss this can lead to increased self-disclosure, sharing intimate aspects of important memories with others. Such sharing provides an opportunity to further develop and enhance interpersonal relationships (Alea and Bluck 2007; Calhoun and Tedeschi 1998). For example, one study participant (Mackay and Bluck 2010) shared a symbolic experience from the dying days of her husband:

He (the doctor) explained they needed to cut the ring off his swollen finger. I held the two pieces to the light and saw that it had been cut off exactly between our two names. To me it was a sign and I whispered to my husband 'It's okay, honey, you can let go now.' Clearly, this memory would be a powerful one for this woman to share with her family and friends.

Baddeley and Singer (2008) argue that closeness between the narrator and the listener (e.g. more acceptance, less social awkwardness, greater social support) occurs when individuals tell memories that include redemptive aspects, that is, when difficult situations are described as having led to an improved outcome or insight. As such, sharing memories of the dying days may lead to greater intimacy with others, particularly when the memory is constructed as a redemption story. While memories from other life periods are often shared widely with friends, family and even acquaintances, memories of the dying days may feel precious, even sacred. Such memories can be infused with deep meaning and may thus be shared more sparingly, though able to deepen intimacy with those who are already trusted, close others.

5 Immediately following the loss, individuals may share such memories to elicit empathy from others, another functional use of autobiographical memory (e.g. Bluck *et al.* 2013; Pillemer 1992). However, when considering the use of such memories over the life course of the bereaved, it is likely to be uncommon that eliciting empathy will be a primary goal of memory sharing once the immediate grieving period has passed. As such, we focus on the functions these memories may serve following the grieving period, when an individual has navigated the majority of their distress in response to the death of their loved one.

We have suggested that recalling and sharing memories of the dying days may bring us closer to others in our lives. Recall may also help to maintain the narrator's sense of closeness to the lost loved one. Retaining some sense of connection to a lost loved one over the course of one's life is considered normative (Klass *et al.* 1996). Memories from the time preceding the loss are particularly important for maintaining this valuable connection (Tedeschi and Calhoun 2008). Remembering positive, unique or meaningful experiences from the end of a loved one's life may help individuals grapple with sometimes shifting emotions and attitudes towards the deceased (Baddeley and Singer 2010). Taking time to remember and reminisce about specific memories of the lost loved one leads to greater mental health than enacting behaviors such as simply holding on to their possessions (Field *et al.* 1999). Final experiences with a lost loved one, often including themes of love or strength, may be particularly beneficial for maintaining continuing bonds. Memories from this time period that may hold particular emotional weight include final conversations one had with the loved one.

The dying days: remembering final conversations

Individuals recall stories of a loved one's death, including the time leading up to the death, the experience of the death itself, or the aftermath (Sedney *et al.* 1994). Final conversations may be salient from this period. Although end of life is a difficult time, both for the lost loved one and for the family, memories of final conversations are often treasured (Bennett and Vidal-Hall 2000). Such moments are thought about privately and sometimes shared, usually with close others.

As a culture, we tend to give final conversations and last words special importance, collecting them on websites⁶ and even recording the last words of specific groups of people, such as inmates on death row.⁷ Aside from these examples of 'famous last words,' the Marie Curie Foundation has collected memories of final conversations as part of its work with terminally ill patients and families in the UK. Its recent poll found that 83 per cent of adults who had lost a loved

6 For example, https://en.wikiquote.org/wiki/Last_words

7 www.goodbyewarden.com

one remembered their final conversation.⁸ Such recollections were specific, even when they involved stories of deaths that had occurred many years before. Some individuals recounted final conversations of reconciliation while others recalled expressions of love. These two examples provide a sense of the importance of final conversations from their poll. The first tells of a lasting love:

My fiancé Ian passed away almost 19 years ago...10 weeks before our son was born. He was in hospital at the end. His last words to me were 'I love you'. He didn't say those words to me very often, but I knew he loved me. I'll never get over losing him, but those last words have bought me so much comfort over the years.

The second example concerns an important chance for forgiveness and gratitude:

Two days before she passed away I held her hands and had a lovely conversation with her during which I told her how sorry I was for all the wrong things I did. She looked in my eyes and said, 'You have nothing to apologize for. You have been a wonderful daughter. Leaving you behind is like leaving myself.' She said, 'Always look for something good in every situation, doesn't matter how bad – and it will help you to cope with whatever life throws at you.' The best thing she's ever told me as it really helps.

Overall, many of those who chose to share their memories told heart-warming stories with personal significance. Final words or conversations with lost loved ones often result in profound memories. Such memories may allow us to meaningfully mark an end to our lost loved one's life as part of our own life story (Bluck and Mroz 2018).

Implications: where we die

Every story unfolds in a given setting. 'All the world's a stage, and all the men and women merely players. They have their exits and their entrances' (Shakespeare 1623). We have argued that memories of an individual's exit from the stage, the dying days of a lost loved one, serve important psychosocial functions. Reflecting that, part of the construction of dignity therapy transcripts with a patient at the end

8 www.mariecurie.org.uk/blog/last-words/49569

of life involves making sure the legacy document is structured so as to include a meaningful ending to the story. Memories of the dying days are important to bereaved individuals as they incorporate the death into their own life story. We suggest that the end of a loved one's story – the memories the bereaved carry with them – depends in part on the 'setting of the stage' in which the loved one dies.

As an example of the importance of the setting of death, Bennett and Vidal-Hall (2000) found that wives whose husbands died at home remember their experiences during this time much more vividly than wives whose husbands died in hospital. This reflects current research citing dying at home as more favourable than dying in a hospital setting (Kinoshita *et al.* 2014). Indeed, terminally ill individuals rate dying at home as superior to dying in hospital both for maintaining their own happiness, and also for maintaining good relationships with their close loved ones. Though many people would prefer to die at home, however, the actual end-of-life environment for over half of terminally ill Americans is a hospital ward, or an intensive care unit (Gomes and Higginson 2008). Though modern medicine has made amazing strides and some hospitals provide exceptional care, the modern medicalized approach to end of life, traditional in the American healthcare system, places relatively low value on creating an environment that fosters positive memories for families and loved ones.

Those working in hospice and palliative care offer a fresh perspective. They are concerned with creating environments that facilitate positive social interaction and meaningful family involvement during the dying days (Parker-Oliver 2000). Such services also make it more feasible for individuals to die at home, respecting important patient wishes about how they wish to die (Steinhauser 2000). One participant from MacKay and Bluck's (2010) study notes the setting distinctly, when telling the story of the dying days of a loved one:

I went to the house, held her hand, cried and talked to her. Knowing she was where she wanted to be to die, I can live with her memory and feel that we did something she wanted. If possible, people's wishes should be a reality.

Compared to one's familiar home, impersonal, unfamiliar hospital environments may not necessarily foster the formation of adaptive memories of a dying loved one. The disturbing reality of losing a loved

one in a sterile, busy hospital setting is aggravated by the unfortunate reality that often doctors and hospital staff provide underwhelming psychosocial support for those who have just lost their loved one (Prigerson and Jacobs 2001). Earlier referral to hospice care, on understanding that a patient is dying, can result in a positive hospice transfer, with fewer markers of aggressive care and a more comfortable setting in which to die (Amano *et al.* 2015). If we take an ecological approach to the understanding of end of life, place of death may thus have strong implications for the likelihood that dying individuals have a good death (Kinoshita *et al.* 2014). We argue in addition that, due to the important functions that such memories continue to play after the death, the wellbeing of their loved ones is also affected by the memories that family and friends carry with them of the dying days.

Conclusion

Everyone eventually loses someone they love. While these losses can be painful, the trajectory that individuals take following a loss is not typically exclusively negative. Remembering the lost loved one is an essential aspect of meaning reconstruction and growth, particularly in the initial period following a loss. Across a lifetime, memories of the deceased can serve adaptive psychosocial functions. This includes recalling the life shared with the deceased, but also remembering the end of their story, the dying days. Reminiscing specifically about the dying days may help maintain and re-forge self-continuity for the one left behind. It may also help to create stronger social bonds with loved ones and maintain a sense of closeness with the one who has gone. As such, fostering peaceful, humane environments for the dying and their loved ones is an essential goal. Providing settings such as home, hospice or hospital palliative care units where meaningful, poignant, tender memories can be made will allow individuals to end their life story in a way that also brings comfort to those who live on.