2002

Legacies transforming memories into memorials

Bonnie Evans
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_theses

Recommended Citation

Evans, Bonnie, "Legacies transforming memories into memorials" (2002). *Master's Theses*. 2315.
DOI: <https://doi.org/10.31979/etd.68qg-fcv4>
https://scholarworks.sjsu.edu/etd_theses/2315

This Thesis is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Theses by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI[®]

**LEGACIES:
TRANSFORMING MEMORIES INTO MEMORIALS**

A Thesis

Presented to

The Faculty of the Departments of Social Science and Anthropology

San Jose State University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Arts

By

Bonnie Evans

August 2002

UMI Number: 1410415

Copyright 2002 by
Evans, Bonnie Rae

All rights reserved.

UMI[®]

UMI Microform 1410415

Copyright 2002 by ProQuest Information and Learning Company.
All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.

ProQuest Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

© 2002

Bonnie Evans

ALL RIGHTS RESERVED

APPROVED FOR THE DEPARTMENT OF SOCIAL SCIENCE

Dr. J. A. English-Lueck

Dr. Charles Darrah

Dr. Wendy Ng

APPROVED FOR THE UNIVERSITY

ABSTRACT

LEGACIES: TRANSFORMING MEMORIES INTO MEMORIALS

By Bonnie Evans

This thesis investigates the memories, personal memorials, and intangible legacies of ordinary individuals who have faced or are facing a life threatening event. Each of the 18 participants participated in an in-depth, open ended interview which included an informal life review and questions about their memorialization strategies and goals. The findings of this ethnographic study indicate that informants enjoyed reviewing their lives with an interested person, had accumulated or created memorials to remind them of significant memories, and had contemplated legacy issues regarding those memorials. The data also revealed that informants gave high personal pleasure ratings but low legacy values to their identity collections (photos, scrapbooks, symbolic memorabilia). These findings suggest that laypeople could use ethnographic tools to uncover and record the narratives behind identity collections. In hearing and responding to those stories, people who care could find another way to draw marginalized patients into a sense of community.

ACKNOWLEDGEMENTS

I am grateful to everyone who helped me form, conduct, and finish this thesis.

The first layer of gratitude goes to the professors at San Jose State University who have both inspired and enriched my work. I would specifically like to thank my committee chair—Professor Jan English-Lueck—for not only challenging my academic and communication skills, but knowing how and when to energize my sagging endurance level. I also want to thank Professor Chuck Darrah for the captivating courses he taught on ethnographic methods, his high standards of excellence, and for helping me cross the finish line. Another sincere thank you goes to Professor Wendy Ng for lending her patience and social science expertise to the project. In addition, I thank Professor James Freeman for igniting my interest in anthropology and his ongoing help through the years.

I would also like to thank those outside of San Jose State's boundaries who invested time and energy into this project. I am grateful to the five hospice gatekeepers who offered ethical advice and professional guidance as I began designing the research. I am indebted to the 18 participants who shared narratives about a sensitive time in their lives and then trusted me to write about them. I thank my lay readers Karen Suty and Melissa Evans for wading through rough drafts of rough drafts and pages of historical references that ended up on the cutting room floor. I would also like to thank Kathie Williams, Carolyn Suty, Judy Vogt, and Pat Flipppo for praying me through the overwhelming temptation to abort the project before its completion.

Lastly, I dedicate this thesis to my husband Mike; who—in sickness and in health—has always been the strong, steady wind beneath my rumpled wings.

CONTENTS

SECTION I: FOUNDATIONS

CHAPTER ONE: Introduction	2
Personal experiences	3
Literature Review: Historical overview of death and dying	5
Literature Review: Memories, memorials, legacies	8
Memories	8
Memorials	9
Legacies	10
Significance	11
Significance to academic disciplines	12
Therapeutic implications	16
Anthropological implications	19
Summary	19
CHAPTER TWO: Memories, memorials, legacies	21
Historical Setting	21
Memories	24
Theory—efficacy of life reviews	26
Memorials	28
Theory—symbolic interactionism	29
Legacies – cultural generativity	33
Summary	34
CHAPTER THREE: Approach and methodology	35
Approach	35
Disciplinary approach	35
Theoretical framework	36
Ethnography	37
Methodology	40
Interview with thanatology professionals	40
Sampling	42
Technique	44
Community demographics	46
Analysis	52

SECTION II: FINDINGS

CHAPTER FOUR: Individuals and their significant memories	57
The individuals	57
Caregivers	57
Patients	60

Both caregiver and a patient	61
Significant Memories	63
Work	63
Beliefs	66
Major turning points	67
Influential people	69
Identity	71
Summary	73
 CHAPTER FIVE: Memorials	74
Memorials	74
Reminiscentia	74
Scrapbook and scrap boxes	74
Heirlooms	76
Symbolic memorabilia	78
Visual	78
Literary	80
Objects	81
Places	82
Examples	83
Leroy's fireman doll	84
Diana's trio of multicultural angels	85
Shirley's memory quilts	87
Angelica's angel choir	89
Pencil sketch of Anne's familial farm	90
Shannon's Creative Memory Albums	92
Summary	93
 CHAPTER SIX: Legacies	95
Reasons for not memorializing	95
Concerns about becoming a packrat	96
Concerns about descendants accepting assigned value	97
Concerns about spending time with people	99
Reasons for memorializing	101
Explicit legacies	101
Pragmatics	101
Heirlooms	102
Children's artifacts	105
Spiritual legacies	106
Implicit legacies – personal pleasure	106
Relationships	107
Self edification or identity	109
Summary	111

SECTION III: FINAL COMMENTS

CHAPTER SEVEN: Implications and conclusions	114
Theoretical implications	115
Memories – efficacy of life reviews	115
Memorials – symbolic interactionism	117
Legacies – cultural generativity	119
Therapeutic implications	124
Cultural model	124
Lay people can make a difference	126
REFERENCES	129
APPENDIX	
A – Interview protocol	134
B – In their own words (Participants' stories of their life threatening event)	136

Section I: FOUNDATIONS

Section I prepares the research foundation by introducing the project, providing a conceptual framework, and describing the methodology used to investigate the primary goals.

Leroy's work related memorabilia. His mother made the doll's clothing out of his fire department uniforms; the toy fire trucks are models of the rigs he used to work on.

Chapter One: INTRODUCTION

*There are in our existence spots of time,
which with distinct pre-eminence retain a renovating virtue.*

- William Wordsworth, *The Prelude*

In this thesis, I investigate the significant memories, personal memorials, and legacies of ordinary people who are undergoing very special circumstances. All of the participants in this study have faced—either personally or as a familial caregiver—a life threatening event that challenged them to clarify their important memories, sort symbolic memorabilia, and consider whether descendants will appreciate the value of personally saved artifacts. *Legacies* looks at these aspects of American culture in the San Francisco Bay Area at the beginning of the 21st century.

The disciplinary perspective for this thesis is primarily anthropological and incorporates psychological concepts. The research methodology is ethnographic in design. Because individuals who have faced a life threatening event are often involved in reviewing their lives and assessing legacy issues, they were chosen to be the windows of investigation. Specifically, eighteen individuals who have faced or are facing a life threatening event were interviewed, their home sites toured, and their personal memorials observed and photographed. The primary investigative questions were: Do participants mark significant memories, relationships, or personal values with tangible objects? If so, why? Do informants state or imply that they hope survivors will consider those objects a viable part of their earthly legacy?

In the following pages of Chapter One, I outline the preliminary research efforts of *Legacies*. I begin with the personal experiences that inspired the thesis domains and

questions. Then, in order to frame the research setting and informant pool, I give a historical overview of death and dying in America. Next, I present a brief literature review of memories (autobiographical narratives), memorials (symbolic memorabilia), and legacies (tangible and intangible assets legators wish to impart to others) to show what others have done in the primary domains. I close the chapter by discussing the significance of the research.

Once I have laid the broadest components of the conceptual framework, I continue in Chapter Two with a comprehensive look at the topics of memories, memorials, and legacies. In Chapter Three, I finalize the investigative framework by discussing the theoretical approach and methodology.

PERSONAL EXPERIENCES

In 1995, two life threatening illnesses forced me to face my mortality and gave me an unsolicited opportunity to evaluate my earthly legacy. While a team of medical specialists quoted statistics and made educated guesses about my future, my thoughts turned toward the past. What had I done with my life? I silently reviewed the high points and the low points of my first 45 years—accomplishments, failures, things I had done, places I had gone, and people I had known. It was a long, lonely, introspective time that yearned for dialogue or an audience.

During that season of reminiscing, I realized how often I had marked significant memories and important relationships with inconspicuous artifacts. These ordinary but cherished objects were connected to memories and evoked vibrant images of people, places, and events. Images that still possessed the power to make me smile, laugh, blush,

wince, or cry. Images that mentally transported me to better days and reminded me that I had once been an active part of my community. Sometimes the objects inspired the memory and sometimes the memory sent me on a quest through cupboards or drawers searching for physical remnants of an important moment. Touching, seeing, handling the objects felt affirming—therapeutic. I wondered if anyone knew how much those items, and the memories they represented, meant to me. They were memorials to the life I had lived—the things I had done and the people I had loved.

I was fortunate. After two years of tests and treatments, I began to regain my health. As I cautiously moved back into public life, I wondered if my coping strategies—informal life reviews, organization of memorabilia, and primitive legacy attempts—could be paralleled in the lives of others caught in medical crises. Did other individuals, who had their physical needs adequately met, find themselves wanting to talk about significant events in their lives or the narratives behind their symbolic markers? If so, could those parallels be used as therapeutic tools? Tools that ordinary people with minimal training could use to help family and friends faced with a life threatening event?

In 1997, the Visiting Nurse Association Home Care and Hospice Program invited me to join their team as a respite volunteer. This opportunity gave me a chance to informally assess my theoretical questions in a larger setting. Sitting with terminally ill patients in their final days of life, I noticed that—in spite of devoted care from familial caregivers and the dedicated efforts of hospice medical team members—patients often got lost in the shadow of disease, physical needs, and medication regimes. I made mental notes of the times patients seemed eager to reminisce. I listened as they spent precious

energy sharing anecdotes that made them laugh and cry, narratives about times of fulfillment, and warm tributes to influential people. I sat next to them as they picture-walked through their lives via photo albums, pointed out memorabilia in their hospice room, and told me why those things were important to them.

Both my experiences and my observations as a hospice volunteer led me to formulate this research topic. They indicated that a systematic and scientific investigation into significant memories, private memorials, and legacy issues could have implications for laypeople interested in helping patients. As I continued to volunteer and informally observe in the hospice arena, I turned my attention to published literature: What had others done and what areas needed to be investigated?

LITERATURE REVIEW: HISTORICAL OVERVIEW OF DEATH AND DYING IN AMERICA

In the United States, dying was once viewed as a natural and expected stage of life: People died in their homes surrounded by the people and things they loved (Ita 1996; McCue 1995; Bradshaw 1996; Cloud 2000; Kubler-Ross 1981:3). As advances in modern medicine became commonplace, technology transformed the communal model of death and dying into a medical model (McCue 1995). Terminally diagnosed patients were moved out of their homes and almost exclusively into intensive care units, hospital wards, or long term care facilities. No longer cared for by family members, they became the ward of strangers who had no knowledge of them when they were healthy or functioning independently (McCue 1995; Bradshaw 1996). This medicalization of the

final days of life inadvertently reframed a natural event of social and cultural significance for our society (McCue 1995; Ita 1996; Byock 1997; Bradshaw 1996).

In the mid 1950's, the face of death in the United States shifted again with the introduction of the hospice ideal. The word "hospice" originally referred to a place in the mountains of Switzerland where monks of the hospice of St. Bernard took care of needy, injured, or tired travelers coming through the mountain passes. Later, Cicely Saunders created a nursing model of "hospice" in her English homeland. Based on her religious beliefs, the program was founded as a place where dying patients could be cared for in a home-like setting as they completed the last segment of life's journey. In the 1970's, the concept of hospice was introduced to the United States. The American version of hospice combined the communal model with the medical model, utilizing both medical expertise and familial involvement. It encouraged medical personnel to offer terminally ill patients the option of moving from the curative medical mode (test, treat, cure) and into the palliative medical mode (management of symptoms, provide comfort). The hospice ideal encourages families to bring dying individuals home for their final days. It allows terminally ill patients to die surrounded by the people and things they love under the direct supervision of an interdisciplinary medical team.

According to John Cloud (2000), a national survey conducted by *CNN* and *Time* revealed that 70 percent of polled Americans would prefer to die at home. The reality is that—of those who receive a terminal diagnoses in the United States—only 25 percent die at home under hospice supervision. Cloud points out that in addition to hospice being a personal preference, it also has fiscal benefits. At the Balm of Gilead Center in

Alabama, the average cost to care for a hospice patient is \$720 a day; the average cost of dying in an intensive care unit in the same city is \$3180 per day. Private insurance companies vary considerably when it comes to payment for terminal care but Medicare—which currently pays the medical expenses of 80 percent of our dying citizens—includes thorough coverage. The problem continues to be that hospice care, whether private or public, requires two doctors to sign documents stating that the patient has six months or less to live. According to Cloud, those declarations start the “fatal ticking clock” for patients. In spite of the many advantages of hospice care, medical professionals and patients resist the hospice ideal because they feel it is a self-fulfilling prognosis void of hope.

Most professionals agree that the hospice philosophy adequately addresses the physical anxieties surrounding the dying process (pain, comfort, care, environment); however, even in the communal or hospice model, the idea of being dead—no longer existing—still generates a considerable amount of anxiety. The levels of this type of death anxiety in terminally ill individuals have been studied from the perspective of personality traits and age but are most often linked to the spiritual part of what it means to be human (Rasmussen 1996; Rasmussen, Johnson 1994; Kubler-Ross 1995:44-49). In this context, spirituality refers to the part of the human being that asks the existential questions of origin, identity, purpose, and destiny. Origin, “Where did I come from?” Identity, “Who am I?” Purpose, “What have I accomplished?” Destiny, “Where am I going?” (Professor James Freeman class lecture, Fall 1995; Professor Ken Kramer class lecture, Fall 1994). Culture provides a context for addressing these questions.

LITERATURE REVIEW: MEMORIES, MEMORIALS, LEGACIES

MEMORIES

In this thesis, memories refer to autobiographical reminiscences. These memories are narratives about specific times, places, persons, and events laden with affective meaning.

Sigmund Freud (1856-1939) was one of the first psychologists to realize that individual memories could serve as therapeutic tools. Some argue that his use of memory in psychoanalysis was “negative” in that he focused on repressed memories that had adversely affected individuals’ choices and lives (Olick, Robbins 1998). Psychologist Robert Butler (1963) is credited with being one of the first to use memories as a positive therapeutic tool. In clinical settings, he found that encouraging people to talk about their memories in the form of a life review enhanced their sense of well-being. Butler’s theories have been solidly entrenched in the clinical practices of psychologists and gerontologists for the last 30 years. Research has shown that the reminiscing found in the form of a life review can result in a sense of self-fulfillment (Butler 1974; White 1995; Merriam 1993), elevated self-esteem (Price 1995; Megill 1998), resolution of personal and social conflicts (Butler 1974), and, a reconnection to social settings or communities (Price 1995; Jordan 2000; Becker 1997:119-20). Several studies have proven that spontaneous life reviews are not the universals that Butler originally posited (Wallace 1992; Merriam 1993); however, there are no indications that those who choose to participate in a formal or informal life review have experienced negative repercussions.

MEMORIALS

In this paper, memorials represent those items chosen by an individual to symbolically represent an autobiographical memory. The individual has assigned meaning to an item that may or may not be obvious without explanation. Memorials will include reminiscencia—that which is left behind (Casey 1987:11), symbolic mementos—objects arbitrarily assigned meaning (Casey 1987:95-96), and places—memory sites (Casey 1987:195-201).

A significant amount of literature has been written on the public memorials communities have erected to commemorate historical events. From ancient obelisks to the Vietnam Wall, researchers have documented how communities negotiated which events should be memorialized, the memorial's appearance, and who would pay for the public icon.

There also appears to be a growing empirical interest in semi-public memorials. These types of memorials are usually created by an individual's descendants, honor the individual's life, and are placed where the public can view them.

In recent years, the topic of personal memorials has gained recognition. Clinicians involved in elder care have begun to use personal memorials (cherished objects) as reminiscing inducers in group settings. Howard Thorsheim and Bruce Roberts (2000) incorporated the concepts of memories and symbolic memorabilia in their book, *I Remember When*. Written as a guide to adult day care centers, skilled nursing facilities, or senior centers, the book offers activity guides that facilitators can use to help people publicly reminisce. The authors offer two chapters on using "things" as "pump

primers” or storytelling catalysts (2000:61-71). While the authors have produced a user-friendly text, their primary focus is on the personal edification of individuals who participate, not the anthropological concerns of cultural generativity (transferring or reproducing cultural values in the next generation). Nor do they address how people assign meaning to objects and then communicate those meanings to others in their social groups (symbolic interactionism).

LEGACIES

The concept of legacies is used here in its broadest sense. It includes tangible objects with or without financial value—but more importantly—intangible concepts or cultural values that one wishes to transfer or reproduce in another. It is a mechanism of cultural generativity—the awareness of being bound to those who have gone before and those who will come after as well as a psychosocial end of life task that has been found to alleviate death anxiety.

In the last ten years, legacy issues have increased in popularity. Researchers have conducted studies in the area of tangible legacies (Keating 1996; Rubinstein 1996; Weinberg 1996). Although clinicians are beginning to discuss intangible legacy issues—wisdom, oral history, cultural values—scientific investigations lag in these areas.

One recent study involving legacy issues was conducted by Roy Rosenzweig and David Thelen (2000). The authors of *Presence of the Past* conducted a telephone survey with 1,453 informants regarding people’s interest in “history making” and “historical identity.” The anecdotes that they cite support the idea that reminiscing makes Americans feel connected to the past and that some hope their descendants will value

their artifacts. However, the study's interview protocol left some social scientists troubled with its ambiguity (Blake 1999; Kammen 2000). For example, in the introductory chapter, Rosenzweig and Thelen stated that their plan was to investigate if ordinary Americans feel connected to academic historians by asking informants if they participated in "popular historymaking" (2000:1-3). As the interviewers began testing the interview protocol, they found that the informants seemed confused by the "popular historymaking" phrase. At first, "history" was dropped in favor of "traditions" and "heritage;" eventually the question became, "Do you participate in the past? (2000:234). When participants responded in the affirmative and cited examples of reminiscing about their personal lives, the interviewers allowed participants to talk about information that was not in their operational definition or original research design (Kammen 2000). Of special significance to this thesis is that the interviews were conducted on the telephone not in the informant's natural setting. And, the informants were taken at their word, no evidence was sought to see if the participants actually acted as they said.

SIGNIFICANCE

Early in the thesis design, I accepted the premise that not all individuals want to conduct life reviews, sort symbolic artifacts, or transfer legacies to the next generation as they face their mortality. For those that do, a qualitative investigation into the memorializing practices of ordinary people seems a timely undertaking. The implications may prove advantageous to hospice programs, familial caregivers, estate planners, as well as to the academic disciplines of anthropology and psychology.

SIGNIFICANCE TO ACADEMIC DISCIPLINES

Most of the social science work done in the domain of legacy has been conducted in the field of psychological anthropology and rooted in the theories of Erik Erikson (1950). According to his theory of human development, the “psycho” element addresses “what it means to be me” and the “social” element addresses “how I have affected others.” The term “psychosocial” combines the concepts of human individuality and communality as well as incorporates both the anthropological and psychological perspectives. In his model, Erikson introduces the idea that human beings continue to develop as individuals and social beings throughout their lifetimes. They advance through developmental levels by learning how to balance two seemingly contrary dispositions. He calls it “the dynamic balance of opposites” (Erikson, Erikson, Kivnick 1986:36). Erikson maintains that individuals learn to balance the opposites through tasks—work that is undertaken as individuals cope with life’s challenges. Although his eight stages of development are age related, Erikson states that individuals who face a crisis may need to return to formerly completed tasks and that each level includes and deepens all that has been learned before it (Erikson 1982:59).

According to his theoretical framework, the two sets of opposing tensions that are central to the process of creating and bequeathing a psychosocial legacy are called “integrity versus despair” and “generativity versus self absorption.” Erikson counters the psychosocial tendency towards despair at the end-of-life with the idea of ego integrity—or the ability to accept the past, acknowledge mistakes, and find the balance needed to carry on (Erikson, Erikson, Kivnick 1986:56). The tasks require one to review, evaluate,

and synthesize past experiences in order to gain a sense of purpose and meaning in life. Erikson also theorizes that the mid-life themes of “generativity and self absorption” must be reviewed, renewed, and reworked at the end-of-life (Kivnick 1996). In those psychosocial tensions, the tendency towards self-absorption is countered by investing in the future, the essence of generativity (Kivnick 1993:73-75). Both of the above dyads contribute to the sense of symbolic immortality that becomes important to those facing their mortality. In contrast to most material legacies, the type of psychosocial legacy Erikson implies is most often given while both the giver and the recipient are alive to benefit from the transference (Kivnick 1996). Both of those psychosocial strengths—realistic life assessments and investing in the next generation—are entwined in the primary domains of this thesis.

Erikson's psycho social stages of life								
OLD AGE								integrity versus despair WISDOM
ADULTHOOD							generativity versus self absorption CARE	
YOUNG ADULTHOOD						intimacy versus isolation LOVE		
ADOLESCENCE					identity versus confusion FIDELITY			
SCHOOL AGE				industry versus inferiority COMPETENCE				
PLAY AGE			initiative versus guilt PURPOSE					
EARLY CHILDHOOD		autonomy versus shame, doubt WILL						
INFANCY	basic trust versus basic mistrust HOPE							

Erikson, Erikson, Kivnick 1996:36-38

Based on Erikson's seventh level of development, psychologist John Kotre (1984) created a theoretical model with four types of generativity: biological (reproducing), parental (nurturing and disciplining offspring), technical (teaching learned skills), and cultural (transferring values, beliefs, wisdom). He defines generativity as "a desire to invest one's substance in forms of life and work that will outlive the self" (1995).

In Kotre's model, cultural generativity is last and normally enters the scene with the prospect of death. The tasks involved with this end-of-life generativity include: (1) a cultural demand that adults take responsibility, (2) an inner desire for symbolic immortality, (3) a conscious concern for the next generation, (4) a commitment to act on behalf of the young of the species, and, (5) a sharing of life themes through narrative accounts of important autobiographical episodes. Kotre suggests that one transcends the challenges of mortality by accepting the inevitable, investing one's wealth in others, and relinquishing center stage. In this way, an individual will continue to exist by living on in other people, institutions, groups, or through valued possessions. Kotre writes that generativity allows "human beings to leave their stamp on the future" (1984:7). He describes it as a "desire to be fertile in the broadest sense of the term, a desire to make one's life count" (Kotre 1999/2000).

Just as Erikson's end-of-life developmental levels involve caring for the self while simultaneously investing in others, Kotre's model of generativity combines agency and communion. Agency represents the self-protecting, self-expanding existence of the individual; communion represents the individual participating in something larger than himself or herself (1995). Unlike some humanistic psychologists who say that life's

paramount task is to establish a separate sense of self (Berman 1995), Kotre's model considers participation in culture mandatory. Before an individual feels the responsibility to pass on cultural values, he or she must feel like they belong to it. In turn, cultures provide a sense of order and direction to individuals, give them generative outlets, and establish a base for individuals to obtain a sense of personal worth.

To practice cultural generativity, Kotre states an individual creates narratives from their biographies that will display and communicate values that they wish to transfer. When a teller transfers a moral message based on personal history with a listener, "outliving the self" occurs. The storytelling also validates the teller's life experiences and connects him or her to the collective. Cultural generativity is a communal event, not a solitary endeavor.

These theories have inspired gerontologists and clinicians to dialogue about legacy issues and their therapeutic implications in the American model of death and dying. However, much of the published literature in this arena is rich in ideas but poor in data. It is often based on speculation, informal assessments, and generalized assumptions. The authors publish to showcase the need for descriptive and empirical investigations in the hopes that it will prove valuable as a therapeutic tool (Kane 1996a; Kane 1996b; Weinberg 1996; Wyatt-Brown 1996; Kotre 1999/2000).

Others have set out to prove legacy issues false or at best limited in scope. The universality of legacy issues has been challenged by L. Eugene Thomas (1995) and Robert Lifton (1974). Lifton (Lifton, Olson 1974:66) argues that the twin threats of nuclear holocaust and the ongoing threat of ecological annihilation have altered the

human psyche so that it no longer presumes that the human enterprise will continue.

Thomas (1995) cites results from in-depth interviews he conducted with elderly men in England and India to show that informants in different cultures vary in their concepts of generativity or non-material legacies. Based on his study, Thomas concludes that the idea of generativity is narcissist or culturally biased. His findings illustrate the importance of cultural context and provide the theoretical foundation for exploring the legacy process in a specific time and space, San Francisco Bay Area in the 21st century.

THERAPEUTIC IMPLICATIONS

Anthropologist Victor Turner (1920-1983) coined the term “liminal” to describe humans who are suspended in social space—individuals at a threshold outside the boundaries of society who are declassified but not yet reclassified (Becker 1997:119). Over the years, social scientists, gerontologists, psychologists, and hospice professionals have begun to add terminally ill patients to the list of humans caught in the phenomenon of social suspension that occurs during the dying process, the ultimate rite of passage. Terms vary slightly—marginalized, living-dying, disconnected, isolated—but the idea resonates from discipline to discipline: Dying Americans continue to exist neither fully in nor fully out of their social worlds (Byock 1997; Becker 1997:119-20; Jordan 2000; Corr 1992; McCue 1995; Bradshaw 1996). According to some clinicians, the problem with the current model of death and dying in America is that: (1) The dying process separates and transforms individuals by confiscating their health and eliminating physical functions, (2) Our culture separates terminally diagnosed individuals because they can no longer function in their old roles, fulfill obligations, or complete responsibilities, and,

(3) There are no established roles for dying individuals to perform as members of a community (Parker-Oliver 1999/2000). Consequently, if reintegration is going to take place, terminal individuals and those in their immediate environment must establish new roles for themselves and rewrite societal scripts (Parker-Oliver 1999/2000). Some terminally ill patients are able to accomplish this final feat quite well and spend their last days with a renewed sense of meaning or purpose. Others are not so fortunate. In a way, they die socially before they die biologically.

The hospice paradigm begins the process of reintegrating terminally ill patients; however, for a variety of reasons, hospice patients often remain marginalized in the home setting instead of being reincorporated into the family unit. The most common reason is that familial caregivers find themselves inundated with the physical demands of caring for someone who is in their final days of life. The patient is usually bed bound, drugs must be administered in varying doses and at varying times and in various ways; and, as hygiene needs escalate, caregivers must learn how to bath, shave, brush teeth, and change diapers—tasks they never dreamed they would be performing on behalf of an adult. In addition to lack of time or energy, familial caregivers often feel inadequate or bereft of skills and tools to assist patients with their psychological or social need to reconnect. Active or reciprocal listening appears to be a simple strategy but most familial caregivers have not seen it modeled nor have they been informed of its therapeutic results.

By most accounts, there are no single therapeutic protocols that professionals use to help human beings face death. However, it is believed by many gerontologists and clinicians that Charles Corr's (1992) task-based approach is the most accessible to

laypeople (Kastenbaum, Thuell 1995). The task-based approach emphasizes that there is no universal way to die, that each individual's perspective and coping mechanisms are valid, patients should be treated holistically, and, that attention be given to family and friends as well as to the dying person. In this view, the patient is not a victim of death but an active participant in the final days of life. The patient decides what needs to be accomplished in the light of their existential mortality issues (Corr 1992; Doka 1995; Kastenbaum, Thuell 1995). Family and friends can play supporting roles through active listening, appropriate questions, and when possible, helping patients act on end-of-life tasks. Corr's work has shown that terminal patients who complete the tasks they have assigned to themselves find renewed security, autonomy, and a sense of satisfaction or completion (Corr 1992). The task-based approach allows individuals to redefine themselves and their role in the dying process. It centers on the individual's perspective and affords each voice equal value thus opening the door for cultural exploration..

Psychologists have also found that it is possible to assist individuals struggling with end-of-life issues by affirming their identity, work, and beliefs (Rasmussen, Johnson 1994; Rasmussen 1996; Corr 1992; Byock 1997). Furthermore, studies have shown a direct correlation between identity and personal memories (Megill 1998). When identity is weakened in a crisis such as terminal or chronic illness, individuals have a strong tendency to turn toward the past. Memories bring the past-self into the present thereby serving as psychological and emotional stabilizers (Megill 1998). While solitary reminiscing can be an internal source of pleasure for the rememberer, it is through

community or shared reminiscing that individuals find their identity affirmed and death anxiety alleviated (Casey 1987:7; Megill 1998).

One of the implications for this thesis is that volunteers (as well as friends and family members) could learn to be good listeners and questioners, or trained in tools of active and reciprocal listening skills. Specifically, they could be encouraged to listen for the narratives behind collected memorabilia; and, in hearing the stories that attend those items, people who care could find another way to draw marginalized patients into reciprocal communities.

ANTHROPOLOGICAL IMPLICATIONS

The study also has anthropological implications. Through the ethnographic methodology, *Legacies* will address what it means to face death as a human being in ways that quantitative data alone cannot. As the study considers which memories participants feel are significant, it contributes to data regarding the efficacy of life reviews. Through its investigation of memorials, or symbolic memorabilia, this thesis will add to the theories of symbolic interactionism—how humans assign meaning to objects. Lastly, through narrative interpretation, the study will describe how individuals hope to transfer or reproduce their values in others—cultural generativity.

SUMMARY

At the first level of research design, the investigation focused on *how* individuals transformed significant memories into silent, private memorials: How do individuals mark important events, special places, or influential people so that they will not be

forgotten? The second level of investigation focused on *why* individuals created memorials (stated and implied reasons for memorialization): Do participants keep selected artifacts or memorabilia for themselves, because they see themselves as the guardians or creators of familial history, or because they hope those items will transmit their values and beliefs to future generations? Or, are their reasons a complex combination of all three and others?

The window or setting for this investigation was shaped by an interest in the field of thanatology (the study of death and dying) and a desire to see improvements in end-of-life care for terminally ill patients. I embarked on my investigative journey by accepting theories that have been tested in the disciplines of anthropology and psychology regarding end-of-life psychosocial tasks. And, based on the premise that individuals faced with life threatening events (either personally or vicariously) are likely to be assessing memories and accrued artifacts, they were chosen to be the windows of investigation. Due to the sensitivity of the subject matter and the elusive nature of the data sought, a qualitative, ethnographic approach seemed the clearest choice for investigating the thesis questions.

Chapter Two continues to draw the parameters of the research design with a comprehensive review of the three primary domains: memories, memorials, and legacies.

Chapter Two: MEMORIES, MEMORIALS, LEGACIES

We will grieve not, rather find strength in what remains behind.

- William Wordsworth, *The Prelude*

In Chapter One, I discussed the impetus for this research as well as death and dying in America and the project's significance. In Chapter Two, I continue to build a conceptual framework by comprehensively defining the primary areas of investigation: memories, memorials, and legacies. To show how memory moved from the public realm into the private sector and how it moved from having internal to external inducers, I first provide a historical setting. Then, I discuss each of the domains and related theories.

HISTORICAL SETTING

The idea of memory has a lengthy history in classical European thought. Early Greek thinkers began making distinctions about the nature of memory; those distinctions later influenced the categories used by philosophers and psychologists.

According to ancient stories, Mnemosyne (Memory) was the daughter of an incestuous union between Ouranos (the Sky) and his mother, Gaia (the Earth). Though Mnemosyne only makes a brief appearance among the primordial gods, in accordance with tradition, she was the key figure credited with bringing human beings out from chaos and into the reign of culture. This mythical figure accomplished the feat by granting humans the ability to remember—to inscribe or leave traces in the brain. Mnemosyne was also the mother of the nine muses whose vocation was to “tenderly care for the art of memory,” an art considered by Rupp-Eisenreich (1997) to be the framework

for the development of conceptual language, transmission of culture, and Western education.

For the early Greeks, memory was an obsessive concern—the survival of their oral culture depended on disciplined remembering. Until the introduction of an alphabet and writing, they relied completely on the memorial powers of individuals specifically trained in the art of memory. These bards, or mnemonic masters, helped Greek citizens remember the past and forget the anxieties of the present.

Memorization in this period was more than a device to keep facts straight, more than a storage and retrieval system. It was a way of getting (and staying) in touch with a past that would otherwise be consigned to oblivion. It was a fateful fending off of forgetfulness. [Casey 1987:12]

According to Kate Cambor (1999), early Greek mnemonic masters relied on organizational and mental imaging to memorize large portions of historical narratives and literary works. One of the most popular mnemonic systems used mental loci. In this technique, everything one wished to remember was assigned a mental image and located in an imaginary building. As the oration began, the teller would mentally journey from room to room picking up objects and recalling for their audience what the object represented. In this way, internal images or objects with assigned meaning, became “memory inducers” and allowed the recitation of lengthy, intricate passages. According to the mnemonic masters, the best way to remember things was to choose inducers that were similar in appearance to what one wished to remember. Another mode was to pick a symbol that signaled the next segment of the story. In each of these cases, the “inducer” carried no intrinsic meaning but only carried meaning to the one who using it as a memorization aid.

With the emergence of philosophy in the fifth century B.C., the ability to memorize was no longer considered a divine act of benevolence but a human ability gained by accessing knowledge from within, the product of dialectical inquiry. For the first time, it also became a personal matter, *propria persona*, instead of a social necessity.

Another significant historical shift in the field of mnemonics occurred with the advent of the written word. The changes induced by this shift intensified as common individuals gained access to published literature through printing presses—it was no longer necessary to memorize historical records or significant narratives because they were now written down for all to read. This transformed the “inducers” from internal, mental objects with personally assigned meaning into external, concrete loci that could be interpreted by many because of the shared symbolic meaning of words (Cambor 1999). Philosophers feared that the art of memory would be lost through these artificial sites and began to predict and mourn the demise of memory. They considered the written texts—containing the important stories and rich oral narratives of prior cultures—a devaluation of memory (Cambor 1999). Those philosophers proved incorrect in surmising that the written word would replace the human ability to remember. However they were correct on two other counts: (1) The value of oral histories or the rite of reminiscing would be diminished by modern societies (Casey 1987:7; Cambor 1999; Butler 1974); and, (2) Words recorded by a printing press are not the same thing as an oral narrative communicated by one human being to another human being (Cambor 1999).

Literary works were soon joined by other means of concretely recording public memories. Museums and universities and libraries replaced the mnemonic masters by

archiving historical records and artifacts for the societies they served. In turn, individuals copied public historical models to preserve their personal past. They wrote in diaries, journals, memoirs, autobiographies; they saved scraps and memorabilia that represented significant people, places, or events; they acted as the guardians of family history by preserving artifacts from past generations; they created memorials to represent things they did not want to forget; they bought souvenirs so that the past could come with them into the present. In short, they appropriated artifacts from their lives in a selective way, assigned meaning to them, and used them to memorialize their significant memories. Regardless of the reasons for choosing specific objects, there was a connection between the object, the person, and the act of remembering. This is referred to as the "triad of meaning" and is consistent with symbolic interactionist thinking, or, how humans assign meaning to objects (Sherman 1991).

MEMORIES

Some philosophers and psychologists, while not denying the presence of social memory, focus on the influential powers of personal memory. They argue that when an individual remembers an event, the sense of "self" or "self-presence" is activated. Personal memories link us to who we are, where we have been, and things we have done (Lindholm 2001:7). As Olick and Robbins (1998) write, "Memory is a central, if not the central, medium through which identities are constituted." When an individual's memory is lost, identity disappears as well (Casey 1987:290). Others in this group connect personal memories with personal conflict and use memories as a therapeutic tool to bring resolution. Nietzsche stressed the capacity to forget for a purpose so that one could erase

the scars “which repeated remembering would only turn back into open wounds” (Casey 1987:7). In psychoanalysis, Freud aimed to “fill in the gaps of memory” so that those wounds could be healed or at best explain adult world views (Casey 1987:8).

Contemporary scholars in this school of thought feel that personal memories not only shape our identity, but make us active participants in the world in which we live (Rosenzweig, Thelen 1998:18; Jordan 2000; Lindholm 2001:6-7).

Thus, in this thesis, the primary interest is in autobiographical memories—defined by social psychologist Maurice Halbwachs (1877-1945) as, “The memory of those events that we ourselves experience” (Olick, Robbins 1998). This investigation is also interested in how individuals use their autobiographical memories to interact socially. Such memories and their use involves reminiscing, not merely recalling.

According to John Rybash and Brynn Monaghan (1999), there are significant differences between recall and reminiscing, or between episodic and semantic memory. Semantic memory, or recall, means remembering an event or piece of information that is impersonal and detached from an individual’s identity. Episodic memory is very personal, intimate, and emits vivid sentiments about a past event. This type of reminiscing may even have the sense of transporting the individual back in time so that they can relive the experience. Edward Casey considers episodic remembering “true reminiscing;” he believes that true reminiscence is not just a mental recollection but a memory that carries emotional or spiritual influence (1987:46).

Casey also argues that true reminiscing is usually an interactive endeavor and

is most fully realized in language (1987:116). He concedes that it is possible to reminisce wordlessly, but that in social settings, human beings typically resort to language. Words are the most effective and enduring form of symbolism which human beings have devised, he states, and language provides a collective framework for communicating and expressing our thoughts. He writes, "For the most part, reminiscing is talking the past out; it is teasing the past into talk, reliving it in and by words" (1987:117).

One of the anthropological tools used to capture autobiographical, episodic memories are life reviews. I define the term here as the voluntary action of an individual to recall and retell the significant events of their life to an interested audience; and, I use it interchangeably with "true reminiscing." In *Legacies*, life reviews or "true reminiscing" were solicited through the use of ethnographic, in-depth, open-ended interviews. This approach is exploratory and flexible, allowing the speaker to direct the conversation toward the areas they consider significant. The significance of the life review theory to this project lies in its ability to uncover informant's memories, its inherent emotional value, and its accessibility to laypeople.

THEORY: EFFICACY OF LIFE REVIEWS

Robert Butler (1974) was one of the first psychologists to utilize life review techniques as an aid to help elderly patients cope with eminent death. He has spent a good portion of his career demonstrating that the desire to reminisce serves a vital purpose for those who face their mortality. Butler argues that elderly people have no reason to talk about the future; therefore, they concentrate on experiences from the past and how those experiences have shaped their present. Life reviews conducted at the end

of life are not just a taking stock of themselves, he writes, but a time to consider what kinds of material and emotional legacies they may have to give to others. Butler asserts that conducting and recording life reviews provides elderly individuals with an opportunity to resolve conflict, address fears, give new meaning to the life lived, and prepare one to face the loss of life.

The life review is a reorganization of past experiences wherein the past as it marches in review, is surveyed, observed, and reflected upon by the ego. It is usually prompted by the realization of approaching dissolution and death and is a response to the biological and psychological fact of death [Butler 1963:66]

Subsequent work on life reviews has both enriched and challenged Butler's ideas.

First, while Butler advocated the life review as a clinical tool in helping the elderly face eminent death, the pool of those who benefit from them has been broadened to include individuals at any age who are facing a crisis or to those who are watching another person face theirs (White 1995; Merriam 1993; Price 1995). The therapeutic tool itself has been broadened in definition to include: formal life reviews performed by professionals, informal life reviews shared with one's peers, biographies, storytelling, simple reminiscing, historically informative narratives, or segments of oral histories.

Anthropologist Laurie Price (1995) found in her study in a hospice program in North Carolina that life reviews allow the speaker to become an engaged actor in their world, celebrate past identities, feel like they are helping others, deliver a commentary on personal values, or make a mental pilgrimage to pleasurable times. She wrote, "Before they die, people interpret and apportion cues to their personal identities for those who will survive."

Judith Jordan (2000) studied how the therapeutic tools of life reviews and reminiscing could be used to answer the isolation and abandonment of seriously ill individuals. She found that before disconnected (marginalized, liminal) individuals can experience a sense of relationship, they must realize that they are having an impact on another person. Jordan's findings indicate that when individuals are heard, they feel connected to their social worlds. It is the experience of mattering—getting a response or moving another human being—that brings healing.

Others, who do not deny the value of life reviews, challenge the universality of this type of reminiscing. In a study that Sharan Merriam (1993) conducted, only half of her centenarians felt they had participated spontaneously in a life review. Thomas' (1995) findings indicate that the process of participating in a life review is more apparent with those who do not believe in reincarnation. Brandon Wallace (1992) found that only those who were coached, guided, verbally prompted, or had rehearsed talking about themselves were willing to participate in a life review. Jeffrey Webster (1999) agrees that some individuals find value in reminiscing but feels that the need to reminisce or the value found in it varies by gender, culture, cohort, and family dynamics.

MEMORIALS

Whether it was crudely drawn pictures on a cave wall depicting a successful hunt or a black granite obelisk carefully chiseled to show victory in battle, preliterate societies made choices to publicly commemorate significant events.

Throughout time, individuals have been honored publicly as well. Through statues, buildings, monuments, paintings, or masks, the public was reminded of

individuals who faithfully served the community. Modernity continues to practice those memorial methods and has added a few of its own via grave stones, obituaries, plaques, road side markers, memorial services, and web-based cemeteries (Roberts, Vidal 1999/2000).

In this thesis, the focus is not on public memorials, but rather the private or personal memorials created by individuals. I specifically looked for “inducers of memory” that have been assigned meaning by the informants, symbolize autobiographical memories, and initiate reminiscing. Those private memorials, or reminders, give memories a thicker consistency so that the past remains in a more concrete manner to the owner. I used Casey’s three categories of external memory inducers to sort the memorials unearthed by this thesis:

- **reminiscentia**—“that which remains” Anything that survives from the experience, event, or an influential individual (Casey 1987:110)
- **symbolic mementos**—an object is assigned meaning to commemorate an experience, event, or influential individual (Casey 1987:95-96)
- **places**—sites where individuals have built memories (Casey 1987:195-201)

Private memorials can also be a combination of the above categories; and, any given memory can possess multiple reminders.

THEORY: SYMBOLIC INTERACTIONISM

As unique creatures, human beings try to make sense of the world we live in and communicate those ideas through symbols. The most common symbol we use to communicate ideas is language. Linguistic symbols are arbitrary sounds or physical gestures to which groups of people, by mutual agreement, have attached significance or

meaning (Berg 1998:8). One of the theories that investigates how humans assign meaning is called symbolic interactionism.

According to symbolic interactionist Herbert Blumer (1969), individuals create meaning in two ways. First, it may be seen as inherently attached to an object, event, phenomenon, or person. An example of that might be the reminiscencia mentioned in the above paragraphs—something that remains from an event, person, or place that is connected to the memory. Or, secondly, meaning can be bestowed on an element through human interaction. Blumer writes:

Symbolic interactionism does not regard meaning as emanating from the intrinsic makeup of the thing, nor does it see meaning as arising through psychological elements between people. The meaning of a thing for a person grows out of the ways in which other persons act toward the person with regard to the thing. Their actions operate to define the thing of the person; thus, symbolic interactionism sees meanings as social products formed through activities of people interacting. [Blumer 1969:5]

An example of this would be the symbolic mementos mentioned in the above paragraph—someone has arbitrarily assigned meaning to an object.

Despite theoretical differences, symbolic interactionists agree that human interactions form the central source of data. They also agree that participants' perspectives and their ability to empathize are key issues. Finally, a central tenet states, "How the actors in a setting define their situation determines the nature and meaning of their actions as well as of the setting itself" (Berg 1998:9).

Studies have shown that people assign meaning to objects for personal efficacy (Tobin 1995; Olick, Robbins 1998; Casey 1987:206; Sherman 1991), in the hopes that it will be a part of one's legacy to the next generation (Tobin 1995), and, some are inherited

from a former generation and the current host or hostess is merely considered the temporary guardian (Tobin 1995; Rosenzweig, Thelen 1998:16-18; Keating 1996).

Sheldon Tobin (1995) found in his study of elderly people, that as individuals age, their lives and environments change but the objects they assigned meaning to do not. He proposed that the objects individuals choose to keep from a lifetime of experiences are a type of legacy that they bequeath to themselves. He noted that individuals chose to save photos, religious artifacts, jewelry, art, and recreational objects as they moved to smaller settings or institutions. He concluded that these things were connections to their historical past and served the purpose of maintaining a sense of self. When individuals were forced to leave their reminiscencia and symbolic memorabilia behind, a “de-selfing” process ensued, social connections were severed, and loss of coherence to life’s narrative was felt. Tobin found photos to be the most cherished possessions of elderly people. He said that senior citizens “bore” visitors with tattered albums and graying pictures as a means to convey a sense of the self to those who did not know them then.

One other important note in the subject of objects and their assigned meaning comes from the research team of Mihaly Csikszentmihalyi and Eugene Rochberg-Halton (1981). They wrote, “For an adult, objects serve the purpose of maintaining the continuity of the self as it expands through time” (1981:100). Cherished objects preserve identities, represent ties to special people, and evoke meaningful memories. Yet, they note, the value of these objects may not appear obvious to uninformed observers.

The findings of Rosenzweig and Thelen (1998) confirm the personal efficacy of saved artifacts and that the assigned meaning of the object must be passed with the object

in order for it to retain its influence. They found that a form of communication regarding the meaning of the item, or the narrative behind the article, needed to be shared in order for the symbolic representation of the item to be preserved by the next generation. In this way, they argue, private memorials have the ability to not only fashion the identities of individuals but of families. The authors also found that sometimes collectors were not aware that they had assigned meaning to an item until they had gone through a variety of moves and noticed that the items mysteriously remained in their possession.

Possessions from previous generations also provide a sense of coherence and embeddedness in one's family (Kammen 2000; Rosenzweig, Thelen 1998:16-8; Tobin 1995; Csikszentmihalyi, Rochberg-Halton 1981:61). Possessions that have inter-generational roots suggest one is a very real part in a series of ongoing generations. Items that are passed down from ancestors possess meaning through the stories of parents or other close family members who have shared the verbal legacy with the recipient (Tobin 1996). The meanings of those items had been passed from those who have gone before, are being preserved by the current owners, and will be passed into the future.

The main task of the symbolic interactionist is to capture the process for interpreting or attaching meaning to various symbols. The theory is significant to this thesis for a number of reasons. First, it addresses a concern in a specific locality. Second, it reinforces the qualitative, ethnographic method by attempting to capture the individual's point of view and then enabling them to speak for themselves. Third, it seeks to understand how and why individual's have assigned meaning to objects. Finally, it investigates how individuals and their respective groups communicate the meanings of

objects. This perspective views individuals as unique beings as well as intergenerational bearers of ongoing culture.

LEGACIES—CULTURAL GENERATIVITY

In its narrowest sense, the concept of legacy refers to tangible wealth or property that one can bequeath to named individuals. In its broadest sense—and, as it is used in this thesis—legacy goes beyond those boundaries to include intangible assets individuals wish to impart before they leave, assets with no apparent monetary value but of abiding importance to the legator. In its expanded definition, the concept provides individuals with a mechanism for transmitting or reproducing their cultural values, wisdom, and knowledge in the hopes that something they value will continue after they are gone. In this way, legacy is a part of cultural generativity—the awareness of being bound to those who have gone before and those who will come after (Kane 1996a; Wyatt-Brown 1996) and a psychosocial end-of-life task that some say is at the heart of what it means to be human (Kane 1996b).

For those who hope to transfer legacies intergenerationally, their first task is to take stock of their accomplishments and disappointments, inventory their possessions, and reflect on the people, places, and events that have given their lives meaning—or, conduct a life review (Kane 1996a; Kane 1996b; Wyatt-Brown 1996; Weinberg 1996; Kotre 1995). Then, they must find a contemporary descendant who is willing to receive the gifts they choose to leave, both material and cultural (Keating 1996; Kotre 1995). The psychosocial legacies addressed in this thesis require both a giver and a receiver, a legator and an heir, or a teller and a listener.

As discussed in Chapter One, Kotre (1995) defines generativity as “a desire to invest one’s substance in forms of life and work that will outlive the self.” It is a conscious concern or commitment to act in behalf of others and also a mode of living on in other people, institutions, groups, or through valued possessions. In this paper, the theory of cultural generativity has implications for all three domains. To practice cultural generativity, an individual reviews significant memories, creates narratives that will display and communicate values, and finds a willing listener. Cultural generativity affirms individual life and connects one to their social world. It is a communal event, not a solitary endeavor.

SUMMARY

Transferring legacies can be a valuable function for both dying individuals and their survivors. In order for the legator to gain maximum benefit from the gifts they wish to give, an audience or recipient or listener is required. According to the literature, there appears to be a shortage of listeners; this may not be an indication that people do not care enough to listen but that they do not know *how* to listen. The challenge of this thesis is to explore how people build and use their legacies, both as people in need and as recipients.

Since the concepts found in *Legacies* are deeply imbedded in the lives and narratives of individual people, they are appropriate subjects for ethnographic exploration. In Chapter Three, I discuss the methodological approach and the techniques used in the research design.

Chapter Three: APPROACH AND METHODOLOGY

Points have we all of us within our souls where all stand single.

- William Wordsworth, *The Prelude*

In Chapter One, I introduced the thesis and discussed its significance. In Chapter Two, I provided the historical and theoretical backgrounds of the primary domains found in *Legacies*. In Chapter Three, I complete the conceptual framework by discussing the approach and the methodology.

APPROACH

In this section of Chapter Three, I approach the thesis questions by weaving together academic disciplines, theory, and methodology. I begin with the disciplinary approach and theoretical perspective, then discuss the ethnographic methodology and why it was considered the most appropriate research tool.

DISCIPLINARY APPROACH

The last fifty years have seen the glaring gaps between anthropology and psychology close in such a way that psychological anthropology is now considered a sub-discipline of anthropology that initiates the cross-cultural study of the self. It “analyzes the manners in which human identity is variously disintegrated and reintegrated, conceptualized and realized, in diverse cultural and temporal settings” (Lindholm 2001:10). Bridging the gap between anthropology and psychology is not an easy task but one that has implications for the study of cultures as well as individual agency. The

insights gained through psychological anthropology can be a viable way of understanding identity and the complex relationship between culture and the individual.

In this thesis, the psychological perspective focuses on the significant memories of individuals, how they chose to mark those memories with personal memorials, and the end-of-life desire to share those memories and memorials with an interested listener. The anthropological perspective provides a window for investigating how culture is transferred at the end-of-life through the disbursement of both tangible and intangible legacies. It also provides qualitative research tools that can be used to address a concern in a specific community.

THEORETICAL APPROACH

All social research is framed by a theoretical perspective. Researchers choose their framework based on the domains being addressed, the questions they wish to ask, the communities being studied, or how the results will be used. Within the discipline of anthropology there are a number of recognized theoretical approaches to the study of culture. In this thesis, I use the interpretive perspective.

In the interpretive perspective, researchers look for the social reality of a specific group. Unlike positivists or critical theorists, interpretivists are interested in local meanings and tend to present accounts as polyvocal texts. Because meaning can only be discovered through interactions with participants, qualitative ethnography is a suitable research tool. The interpretive perspective also gives the research malleability—the project's design can shift and reshift as symbols are exposed, patterns are recognized, and latent functions are documented. Another important factor is that although it is not

necessarily change oriented, it does produce a “deep sense of shared understanding of a particular social problem as well as a set of shared norms that leads to specific directions for action” (LeCompte, Schensul 1999:50). In this perspective, the individuals are the bearers of culture and the researcher looks for the meanings actors attach to things through their communication, actions, and interactions. According to Clifford Geertz the way to do that is to “descend into detail. . . to grasp firmly not only the various cultures but the various sorts of individuals within each culture” (1973:53).

ETHNOGRAPHY

The idea of culture, as developed and refined by anthropologists, is a fundamental concept of twentieth century thought. The idea is used by all of the social sciences and has spread to many of the applied academic disciplines as well. Margaret LeCompte and Jean Schensul cite this definition, “Culture is the beliefs, behaviors, norms, attitudes, social arrangements, and forms of expression that form a describable pattern in the lives of member of a community or institution”(1999:21). Anthropologists search for the invisible guidelines of a given culture by looking for patterns, symbols, implicit/explicit expressions, and manifest/latent functions. One of the research tools used to uncover those guidelines and build theories of cultures that are located in local time and space is ethnography.

Ethnography literally means, “writing about groups of people” (LeCompte, Schensul 1999:21) and is rooted in the concept of culture. Because it assumes that we must first determine what people actually do and the reasons they give for doing it, ethnography is often the tool of choice when the research problem is not yet clearly

identified. It is a tool of discovery. Applied ethnographic research focuses on problems that are important to both the researcher and people in the setting where the research is going to take place. As such, its results are usually most useful to members of that particular group or community; however, the theories that are generated by ethnographic narratives can then be used as the basis for hypotheses, patterns, or interpretations explored in other settings and in other times (LeCompte, Schensul 1999:8).

An ethnographer begins by observing people in their natural setting and searching for patterns in their lives. What are people doing? What do they say they are doing? Why do they say they are doing it? In ethnographic research, any data gathering technique that will illuminate the research questions can be used. It will always include qualitative research but can utilize quantitative methods as well. Qualitative research seeks answers to questions by examining a setting and the actors in that setting. This type of research focuses on how humans make sense of their surroundings through symbols, rituals, social structures, or social roles.

Once data has accumulated, the ethnographer will use inductive and deductive processes to explain the behavior and beliefs of the group being investigated. First, inductive reasoning is used to create some general suppositions about the culture, physical phenomena, and the reasons why they might be happening as they are. These concepts are elaborated and investigated further until enough data has been gathered to confirm a pattern. The patterns form a theoretical model. This can be referred to as a recursive process because of the cyclical nature of the analysis, moving back and forth between inductive and deductive analysis. An ethnographer engages in “bottom-up

inductive thinking”—generalizing from concrete data to more abstract principles. Simultaneously, they engage in “top down deductive thinking”—application of general theories to data they have already collected. (LeCompte, Schensul 1999:15-16).

The product of an ethnographic narrative is an interpretation of a group or community’s culture in a specific time and in a specific setting. It allows the ethnographer to create a model of that culture that is based on a synthesis of the people studied and the perspective of the researcher. According to Geertz, the result of an ethnographic investigations should be, “a thick description,” a rich, comprehensive, and detailed account which positions cultural behavior in a wider context (1973:6).

In the ethnographic method, the researcher is the primary tool of data collection and is expected to have a high degree of empathy with her subjects. The relationship between the field worker and the people being studied is central to anthropological research. Bronislaw Malinowski (1884–1942), who pioneered the ethnographic technique of participant observation, felt that investigators should maintain the role of observer so that they will not lose objectivity (Lindholm 2001:88). However, the role of observer does not automatically imply objectivity. Since we all live in culturally constructed worlds, we cannot help but view other cultures through the lenses of our own viewpoint unless we are acutely aware of our own assumptions, presuppositions, a prejudices. Learning about other cultures is one way to expose the values we hold in our own.

Ethnography can be considered both a product of research as well as a research process. As a process, ethnography involves personal interaction with the informants in the research community using a variety of data collection tools. Ethnographers generally

do not begin with a clear hypothesis but instead with an area of concern, a desire to understand, and the willingness to investigate. As a product, ethnography becomes an interpretive story or narrative about a group of people or a community. An ethnography can include attitudes, emotions, behaviors, and the technology and manufacture of materials and artifacts.

Due to the sensitive nature of the *Legacies* domains and the investigative nature of the research questions, quantitative research was considered inappropriate. Instead, a qualitative, ethnographic research protocol was designed to give participants a chance to reflect in a culture that leaves little time for such reflection. The multifaceted ethnographic tools provide the greatest potential for systematic exploration in an arena where anecdotal stories and assumptions have existed thus far.

METHODOLOGY

PRELIMINARY FIELDWORK

In the Spring of 1999, I composed a prospectus for an ethnographic investigation into the memories and memorials of terminally ill patients and presented it to five hospice gatekeepers in the Bay Area to solicit their advice, comments, and ethical concerns (hospice nurse of Columbia Homecare and Hospice, volunteer coordinator for Kaiser-South Bay Hospice Program, bereavement counselor for Stanford Homecare and Hospice, chaplain for the Veterans Association, and a psychologist who specializes in treating chronic and terminally ill patients). Each member of the group was mailed the prospectus and interviewed individually one to two weeks later. The interviews were transcribed and analyzed. The results carried considerable weight in the thesis design.

The group differed considerably in projecting how interested terminal individuals would be in discussing memories and memorials. At one end of the continuum, the hospice nurse felt that I would find few patients interested in life reviews, reminiscing, or sorting non-monetary memorials in their final days of life. The bereavement counselor and chaplain agreed that some individuals are interested in those types of existential activities, but felt that hospice programs offer those options to the few who choose to participate. The chaplain stated that the Veterans Association has a video recorder for patients who wish to record their life reviews and added that few take advantage of the opportunity. Moving to the other end of the continuum, the volunteer coordinator said that he felt emotional and psychological gaps still exist in hospice programs; he stated several anecdotal stories about patients' needs being overshadowed by the overwhelming needs of their caregivers. He also felt that hospice volunteers are in a prime position to notice and meet reminiscing needs that patients might have. He cited several examples of incidents when volunteers acted as facilitators to make sure important narratives were transferred. The psychologist was the only interviewee who was not part of an official hospice program so her thoughts added an interesting perspective to the dialogue on unmet reminiscing needs. She pointed out that a hospice program, however well intentioned, can be just as bureaucratic as any other institution. She cited her completely booked appointment calendar as evidence that people do have many psychological and emotional needs to work through when forced to face their mortality—needs that are not being addressed or met by their doctors, nurses, or the hospice umbrella. As a strong proponent of the communal model of death and dying, she was the most enthusiastic

about finding therapeutic tools laypeople could use to help terminally ill people cope with mortality issues.

The group was unanimous on one important point: I would not be able to conduct an investigative study using terminally ill patients as the informants. Three of the professionals suggested that I instead focus on interviewing familial caregivers. The psychologist and the bereavement counselor suggested that six to eight months after the death of their loved one would be an appropriate time to invite familial caregivers to participate in a study of this nature. The parameters for the informant community were initially set based on this information.

Three of the professionals also expressed concerns about the language used in the interview protocol. They indicated that the families they work with would not use the terms referred to in the prospectus to describe their actions. Those concerns indicated that surveys or close ended questions about life reviews, oral histories, or memorials would not be effective means of gathering information and confirmed that an ethnographic approach would be appropriate for uncovering the unique ways individuals are memorializing significant memories in their lives and the lives of others.

SAMPLING

Finding informants proved more difficult than anticipated. The gatekeepers indicated that caregivers would be eager to participate in the hopes that their experience would help others. Based on that assessment, I mailed them each a copy of the final research proposal, the interview protocol, and fliers. However, two months after the portfolio was mailed, no informants from their programs had volunteered to participate.

The parameters for the community of informants were adjusted. I continued to solicit caregivers but included people who had faced or were facing a life threatening event. The interview protocol was altered accordingly and the four hospice contacts were advised of the broadened informant classifications. They each said that they had families in mind for the study but that they needed to proceed carefully because of their professional relationship and the need to safeguard clients.

The informant parameters used to create a community included individuals who have faced or are facing a life threatening event as either a caregiver or a patient:

Caregiver. A caregiver is an individual authorized in the eyes of a patient, the law, and the medical community to make physical, spiritual, emotional, and legal decisions for the person that they were caring for. By caring for a terminal patient, they vicariously faced a life threatening event.

Patient. A patient is an individual who has faced or is facing a life threatening event. Those life threatening events could include: terminal illness, acute health crises, accidents, or a debilitating chronic illness that dramatically alters one's former lifestyle.

Anxious to begin interviewing and concerned about meeting the time frame the Institutional Review Board of San Jose State University had offered to govern the project,* I asked acquaintances who qualified if they would consent to be interviewed.

The first interview was conducted with a male who cared for his terminally ill wife in their home. The second was conducted with a woman who took care of her father while he was dying. Both of the participants were interviewed twice, once for an assessment of their own memorial gathering techniques and once to determine if they had observed their hospice patient transforming memories into memorials. In both instances,

* Project approved by the Human Subjects Institutional Review Board on January 24, 2001.

the two stage interview process proved laborious. The interview protocol was simplified so that the data requirements could be gathered in one appointment.

Informants were actively recruited in the hopes that the sampling pool would snowball. No one declined the request to be interviewed. Initially, some agreed as a personal favor; however, during and after the interviews, each of those participants expressed appreciation for being invited and said they were surprised at how much they enjoyed the experience. Mickey, a 51 year old participant who was the primary caregiver for his wife, said, "Now, being interviewed, and just seeing what you're doing, it's really opened my eyes to see how important this is. To have...to help people group their ideas and summarize things. What a great thing to do for people. I've just realized that this is a thing that's missing in our society."

In the first six months of 2001, eighteen participants were interviewed and additional data was collected on the patients of caregivers. Of the eighteen, eight were referrals and ten were either acquaintances or were friends of a friend. Only two of the participants were the result of the portfolios sent to the gatekeepers.

TECHNIQUE

Participants were asked to participate in an interview, in their home, and at their convenience. Some of the interviews were completed in one sitting, some required two appointments. Interview strategies were directed toward uncovering memories that might have been marked by an object and to investigate the reasons the owner cited for assigning meaning to those objects.

Memorialization techniques were explored by allowing informants to reminisce using an in-depth, open-ended interview (See Appendix A for copy of the interview protocol). Based on the assumption that informants might forget about memorials during the course of an interview, a tour of their home—or minimally, their favorite room—was included at the end of the interview to provide more opportunity for data collection. For various logistical reasons, three of the informants were not able to host the interview in their homes; adjustments in the on-site protocol were made so that they could be included in the study.

The interview began by covering the informed consent, overview of the interview schedule, and purpose of the project. Then, a prepared and memorized statement was given regarding the formation of memorials to see if the informants was aware of their memorializing activities before the interview began.

After the initial “memorial” assessment, informants were invited to give a mini-life review. They were encouraged to discuss demographics, beliefs, identity, major turning points, moments of fulfillment, regrets, and influential people. This was done to help them relax, move into the storytelling or narrative mode, and provide data on significant memories. Verbal and silent probing techniques were used to encourage reflection and dialogue.

During the second section of the interview, participants were asked if they had marked or memorialized any of the special places, important events, or influential people they had mentioned in the first section of the interview.

In the third portion of the interview, informants were told of activities others have used to mark memories and asked if they participate in any of those activities as well.

The interview concluded with a tour of the informant's home or favorite room, viewing artifacts discussed during the interview, and photographing memorials.

For interviews hosted by a primary caregiver, a second interview was conducted vicariously in behalf of the person they cared for. Once again, due to the time constraints of some of the participants, two interviews were not always possible and attempts were made to gather the information on both individuals in one sitting. This data was gathered as part of the investigative process, but did not carry the same weight as the data collected from the informants. It was secondary information and may or may not be what the person would have answered.

When the interviews were first transcribed, they were assigned codes according to whether they were patients or caregivers or hospice patients (i.e. PAT01, CARE01, HOS01). When the analysis process began, I found it difficult to keep the numbers and the interviews straight without constantly referring to the charts for identification. The codes were then changed to fictitious names that I could identify without use of the charts. The aliases chosen for the informants are the ones that appear in this thesis.

COMMUNITY DEMOGRAPHICS

I found the interviews both exhilarating and exhausting. I enjoyed allowing people to talk about themselves and their experiences in the manner and time frame that they chose. It was fun to see participants begin the interview thinking that they were not memorializing memories and then watch them realize how much they were doing and

how creatively they were doing it. Those moments of revelation reflected communal reciprocity—the participants were affirmed and energized by the interview protocol and then expressed pleasure at participating in something that would benefit my research as well as the lives of others. At the same time, the interviews were exhausting both physically and emotionally. The shortest lasted one hour, the longest six hours. During that time, I needed to perform multiple tasks from taking notes and watching the tape recorder to making the participant a valuable priority with active listening, appropriate empathy, and sensitive probes. It was difficult to listen to some of the deep heartaches these ordinary people endured—it was humbling to be trusted with their stories of trauma, disappointment, and loss.

The question of rapport underscores the dialectical nature of ethnographic interviewing. Seven of the informants knew I had been ill, four of them knew how seriously; however, my experience was not discussed before or during the interview nor did I indicate that it had anything to do with the research. It is reasonable to assume that my age, my life threatening experience, as well as my personal interest in the field of thanatology did prepare me to be an engaged, empathetic listener, which may have contributed to participants' openness.

From their countenance, comments, and openness in sharing personal information, it appeared that the participants enjoyed being listened to. Some seemed nervous in the beginning, but by the conclusion of the interviews, each participant expressed pleasure in the experience. Two of the participants were mothers who had cared for their terminally ill sons (both sons were in their twenties when they died). Both

of these women said that it felt good to talk about their sons. One said she enjoyed telling her son's story to "someone who had never heard it before."

When the interviews were being transcribed, pauses, laughter, and tears were documented. There were many pauses, some of them quite lengthy. When the participant paused, I remained silent and waited for them to continue or to indicate that they did not have an answer. The participants laughed often when telling their stories. I laughed with them. There were also many tears. The tears did not seem to bother the informants; some stopped to cry, others continued to talk through them. On a couple of occasions, I cried with them.

Six of the active participants were men; twelve were women. No gender correlations were made with the collected data. The only participant who did not transform memories into any type of memorial was a male. This study was not large enough to conclude that this indicates a gender pattern.

Ten of the participants are retired or do not work outside of the home. Those interviews tended towards a more relaxed atmosphere than the interviews conducted with persons gainfully employed. The interviews with non-employed participants averaged three-and-a-half hours in length; the interviews with employed participants averaged an hour and a half. The longest interview was six hours; three were completed in one hour.

Seventeen of the participants were European-Americans and one was a Japanese-American. Because of the lack of ethnic differences, no conclusions regarding ethnicity will be attempted.

Seventeen of the informants have been or are married. Fourteen of the individuals have had children; some have grandchildren; and some, great-grandchildren.

Nine of the participants graduated from high school, five of the high school graduates went on to receive vocational or certified training, two were college graduates. There were no obvious patterns that indicated education played a role in the kinds of things people collected or their reasons for collecting them.

All eighteen of the active participants have worked outside of their homes at one point in their lives. One owned a garage door business, he is currently retired. Four of the women were administrative assistants; two of them are still employed. Two of the women are involved in the field of education. One is in high level management at a large Silicon Valley technology firm. Three were involved in mini-careers but are now unemployed or retired (a nurse's assistant, food industry, and a retail clerk). Six of the participants are or were involved in a fire department.

Fourteen of the participants live in Santa Clara County. One lives in Capitola; one lives in Pacifica; one in Redwood City; and one lives in Wisconsin (he was interviewed while visiting his niece in the Bay Area). I had expected to find more use of technology in the formation or accumulation of memorials for those living in the Bay Area. I found little evidence to support that expectation. There were no observable differences in the interviews from participants outside of Santa Clara County and those residing inside of the county.

Of the 15 interviews conducted in the informant's home, nine participants suggested we conduct the interview in the room that they later said was their favorite

place in their home. This became obvious in the fifth interview when the informant greeted me and invited me into a room that was not conducive to an interview:

Dawn was the first person to usher me into her living room or great room. It's a lovely, airy room with a huge corner fireplace. She has it decorated modern but with many warm touches. There is only one picture on the wall; it is a very large artist's rendition of Vienna. She said she loves it because it reminds her of Florida and their annual family reunion/vacations there. . .*complete description of room and contents*. . . The only furniture in the center of the room is a large beige and green sofa, a matching love seat, and one huge hassock. When we entered, she sat on the love seat with her legs curled under her. I would have had to sit next to her on the loveseat to control the tape recorder as there was no place near her to set it. If I put the recorder next to her and sat in the sofa, I would have had to keep getting up to check it and turn over tapes. That seemed too distracting so I asked her if she minded if we sat at a table. She readily agreed and indicated we should sit at her dining room table. It's in the same space as the living room but separated by two steps up. Later she told me that the great room is her favorite room in the house. [excerpt from field notes: Dawn]

Early in the interviewing process, I noticed that participants stated when and where they were born and then jumped in time to graduation from high school or marriage or their first job. In all interviews, I asked the participant to tell me about their early years if they did not volunteer the information. Only one of the participants said her omission of childhood memories had been intentional but offered to talk about it if I needed the information. All of those who shared early childhood memories recited anecdotes that still had the power to make them smile and laugh, rich stories that they seemed to enjoy telling. Yet, these positive memories had gone unshared until requested. For example, Leroy said he was born in the front bedroom in his parent's home 78 years ago and then jumped in time to his marriage and job with the fire department. When I asked him later if he had any special memories about his childhood:

(Big smile spreads across his face) Oh many things. We had a big back yard and I can remember a big fig tree. Every two or three weeks, when my dad could catch us, he'd give us a haircut under that fig tree. Which, he had these haircutters that were the hand operated ones that used to pull the hair, we'd scream and yell and have a big time. The only way he knew how to cut hair is just around and around and around. And that was it. So we all wore round hair cuts, nothing fancy. (we both laugh at his story). We'd say, "Leave the sideburns, dad." And he'd just chop 'em right off right there under the fig tree. And my mother used to grow these great big sunflowers, she always had four or five big huge sunflowers out there. She was always so proud of them. (informant continues to describe home, parents, siblings, and childhood years for several more paragraphs.) [transcript: Leroy]

After all of the interviews were completed and analysis began, I noticed that the topic informants jumped to was one that they referred to or returned to throughout their interview. These themes were not the result of probes, they were topics that the informant consistently returned to, wove into their narratives, compared other life events to, and were often condensed into advice they would share with a young person. These themes were also mirrored in their memorials. In the example cited above, the marriage that Leroy jumped to in his life narrative occurred 59 years ago and lasted 11 months. He has been with his current "lady friend" for the last 58 years and listed her as his passion and greatest treasure. However, he referred to the topic of his marriage, his wife, and the lessons he learned from that experience numerous times during both of the interviews. He also said that he has a picture of his wife "somewhere out in the garage" and that she was a "lovely, beautiful woman with the voice of an angel." Life themes, whether the first topic broached by the participant or those offered later, were a great resource in classifying memories, memorials, and legacies.

Demographics
Eighteen interviews

Gender

Male: 6
Female: 12

Ages

41-50 = 5
51-60 = 7
61-70 = 1
71-80 = 4
81-90 = 1

Work

Self employed = 2
Administrative Assistants = 4
Fire Service personnel = 6
Education = 2
Food Service = 1
Health Care Industry = 2
Retail = 1

Informant parameters

caregivers: 9
patients: 5
both: 4

Education:

High school = 11
College graduate = 2
Vocational training = 5

Work status

Retired = 5
Unemployed = 5
Employed = 8

Family status

Married = 17
Children = 14

Total hours of interviews: 41

Pages of transcription: 464

ANALYSIS

The tapes were marked with the code name assigned to the informant and kept in a locked drawer. All field notes, descriptions, and pertinent notes were typed up within a few days of the interview and kept in a secure file cabinet. The photographs taken during the interviews were developed, coded, and stored appropriately.

As the data collection progressed, I began to read the completed transcripts to search for patterns. The first primitive layer of coding was based simply on my experience—I used my own coping strategies as a prototype for the categories:

significant memories, memorials, and reasons for memorialization. As the data continued to accumulate, patterns were noted in the narratives of my informants and the coding process became more detailed. I coded life themes that were a part of their significant memories, reflected in memorials, or reasons for memorialization. I coded commonly held categories of significant memories as: work, beliefs, major turning points, influential people, and identity. Initially I coded memorials by Casey's categories: reminiscencia, symbolic memorabilia, and places; as patterns in my data began to emerge, I also coded the memorials as: visual, literary, or objects. Reasons for memorialization were coded if they were: associated with the informant's heritage, collected for personal pleasure, or preserved for the purpose of cultural generativity. In addition, I searched for clues that the memorials were valued. I asked: Is the item on display? Is it stored in a manner that preserves its integrity? Besides the informant, who knows its assigned value?

The three memorial categories were further divided. Visual artifacts included photographs, videos, home movies. Literary items included journals, diaries, calendars, oral stories, audio tapes, biographies, letters/notes, genealogies. The objects category

was the most complex and required two more layers of division. First they were divided into: inherited, saved, or living. Then, those three categories were divided. The inherited items include: antiques, personal effects, keepsakes. The saved items were further delineated into: scrapbook—paper type, symbolic memorabilia—non-paper, things that were made, or things that were bought. Living objects were either plants or people.

It was also apparent that the reasons for memorialization needed to be refined. The heritage reasons were broken into three categories: heirlooms, residual effects of a loved one, and keepsakes (things they chose to keep from an influential person). Personal pleasure included items that they said they kept just for themselves with no intention of passing it to another. Generative items included anything that they implied or stated that they hoped descendants would treasure. Some of the categories blurred because the reasoning was multi-faceted. (Participants who were the guardians of

familial heirlooms also hoped their children would value and preserve the items.) In those cases, the items were coded in both categories.

Since I did not use a computer program to arrange the material, organizing the data was very labor intensive. All of the coding was done on the transcripts in the right hand margin. The coded sections were pulled manually into computer files that I then used to sort the data by topics and themes. In some cases, tables and charts were created so that the data could be seen at a glance.

In retrospect, the frustrating amount of time it took to organize the data may have actually proved advantageous. The time lapse between the final interview and the organization of materials gave me a chance to distance myself from the emotional impact of the interviews. I could then develop narratives based on the content of the interviews and the artifacts displayed in the interview setting. Those narratives will be explored in Section II of *Legacies*.

Section II: FINDINGS

**Section II introduces the informants,
discusses significant memories,
documents memorials,
and considers the reasons for their actions.**

This trio of multi-cultural angels was a gift to a Diana, a Japanese-American informant. To her, they symbolize her passion: reconciliation between the Japanese-Americans interned during WWII and the ethnic groups who stayed outside the barbed wire fences.

Chapter Four: INDIVIDUALS AND THEIR SIGNIFICANT MEMORIES

*My mind hath been revived, and if this mood desert me not,
I will forthwith bring down, through later years, the story of my life.*
- William Wordsworth, *The Prelude*

Here then is my community of strangers and the memories that they shared.

I begin by introducing the individuals in the informant pool and then discuss the autobiographical memories that informants chose to share or were asked to discuss.

In Chapter Five, I categorize the informants' memories as well as display and discuss them. In Chapter Six, the perspective will shift to their reasons—both explicit and implicit—for marking or not marking their memories.

INDIVIDUALS

CAREGIVERS

*Phillip.** Phillip is a 55 year old, European-American who refers to himself as a "Portege." He has thick, gray hair, olive skin tones, and brown eyes. The day we met for the interview, he was dressed in a navy blue sweatshirt, blue jeans, and tennis shoes. He has a high school education, has worked in a variety of jobs, and ended his working career by owning a garage door business. He and his wife were married 30 years when she died of breast cancer. HOS 02 was five years younger than Phillip. They have three adult children; a granddaughter has been born since HOS 02 died.

*Debbie.** Debbie is a 46 year old European-American woman. She has dark, curly hair which she complained about because it's "such a mess." She has two adult children. Debbie and her father lived in side-by-side-houses for 14 years before her father was diagnosed with a slow growing non-Hodgkin's Lymphoma. He said that was better than some diagnoses because it took a long time "to kill ya." He took some chemotherapy treatments and lived a full and active life for another seven years. Then, his disease took a turn for the worse. When his doctor

* Informants with an asterisk by their name tell the story of their life threatening event in Appendix B.

suggested he sign up for hospice care, Debbie became his primary caregiver. He died four months later.

*Shirley.** Shirley is a 57 year old European-American woman with shoulder length, curly brown hair. She was the primary caregiver for her 28 year old son who died of brain cancer. It was difficult to watch her son die, she said, but she wouldn't trade that last year with her son for anything. During the interview, she was dressed in blue jeans and a blue T-shirt with three teddy bears on it. She lives in San Jose with her second husband. Since resigning from her food service job to care for her son, she has not worked for pay outside of her home. She heard about the study when it was advertised at a hospice volunteer training meeting. She has two surviving adult children and several grandchildren.

Mickey. Mickey is a 52 year old European-American male. He and his wife have two adult children. He was asked to participate because he took care of his wife when she had cancer and because, as a firefighter, he has gone on numerous fatal medical calls. For the interview, he was dressed in a gray T-shirt and blue jeans. He has short graying hair. He's about 5'10" and has a muscular build. He teared up often and seemed at ease with his ability to cry.

*Diana.** Diana is a petite, 72 year old Japanese American woman. Her dark hair has a few streaks of gray in it; she wears it curly and short. The day we met, she had on a pair of white slacks and a bright pink blouse. Diana was the primary caregiver for her husband who died with heart complications. Diana has five adult children and many grandchildren.

Diana and her husband were both interned during WWII. In the last few years, she has gotten quite involved in healing and reconciliation of Japanese-Americans who were interned in camps after the bombing of Pearl Harbor. She said that this was the third time someone has asked to interview her for a college project. One of the projects that was done by a male student at Monterey Bay State. He actually rebuilt her family's dorm room at the internment camp based on photos and descriptions she gave him. She told me that she attended the function where the project was displayed and that he introduced her and gave her a bouquet of flowers in front of the audience. She also said that he had tape recorded her story, and as people walked by her "room" they could push a button and hear her tell her story.

*Jean.** Jean is a 59 year old, European-American female with short, gray hair which she wears in a simple, straight cut. The interview was conducted during a break in her teaching schedule so she was dressed in a sporty suit. Jean talked openly about the death of her 23 year old son. Her overall perspective was upbeat and optimistic—he lived well and died well. A follow up email confirmed that talking about him had been a positive experience for her. She said, "it felt good to tell his

story to someone new." The interview was not conducted in her home so artifacts could not be viewed on site but she did mail me a packet with pictures of her son and a copy of the memorial service program in the mail. Jean has another adult, surviving son.

*Sandy.** Sandy is a 42 year old, petite, European-American woman. On the day of the interview, she wore a jean skirt and black tank top. Her shoulder length brown hair was pulled back into a hair clamp which she took out and put back in a couple of times. She has been a paramedic in Santa Clara Valley for the last 18 years.

When Sandy was six months pregnant with her second child, her 38 year old husband had a heart attack. She was brought to the scene and began to perform CPR on him. He was pronounced dead at the hospital. Two years later, her father and her brother-in-law died of heart attacks on the same day in April. The next month, her mother had a heart attack and never came out of the coma. Although Sandy was not a caregiver in the normal sense of the word, and although she has never experienced a life threatening event in her own life, she has been forced to face issues of mortality on several occasions and at deeply personal levels.

*Marcy.** Marcy is a Hospice volunteer and agreed to be a participant of the study when it was advertised at one of her hospice training sessions. During the interview, she revealed that she had been a caregiver on a number of occasions. The first occasion, was as a caregiver to her 49 year old mother who was dying of Ovarian cancer. That experience made a tremendous impact on her life and is the reason she is involved in hospice respite care today. Marcy is a 58 year old, European-American female. She is approximately 5'7" and thin. She has large brown eyes and short, blonde hair. Marcy has three adult daughters and several grandchildren. She lived most of her life in Virginia and has a southern accent. It worked in beautifully with her story telling abilities.

Dawn. Dawn is a 52 year old European-American woman. She is about 5'5" and has a slender build. Her hair is naturally curly, brown with blonde highlights, and cut in a short bob. She is a substitute teacher in Gilroy and her husband is an engineer in San Jose. Dawn was invited to participate in the study because she told me that there had been a death in the family and that this event had triggered some reflections of childhood experiences. She and her sister and two brothers had been emailing each other back and forth, sharing memories and stories. This was the closest anyone had come to using technology in transforming memories into memorials and I thought it might add a unique slant to the research. Dawn has two adult children and four grandchildren.

PATIENTS

*Angelica.** Angelica is a petite, 50 year old, European-American female. She does not have any children of her own but does enjoy being "grandma" to her husband's first family. On the day of the interview, she wore black leggings and a red sweater. A band of colorful beads was around her neck. Angelica used to wear her blonde hair long and straight, now she wears wigs. In 1996, Angelica discovered a mass in one of her breasts that proved cancerous. The treatment she chose to pursue meant a lateral mastectomy and six rounds of chemotherapy. She celebrated a little over three years of being cancer free. In September of '99, her oncologist noted an unexplained lump in her neck. After several opinions from a chorus of specialists, it was determined that she was in stage four of metastatic breast cancer. She has been in a variety of treatments since then but the cancer is not in remission.

Howard. Howard is a 78 year old, European-American male. He is about 5'8" and of medium stature. Recently, his health has caused him to gain a little weight which he comments on frequently because he's "never been a heavy man before." His gray, thinning hair is combed back, away from his face. He wears glasses. Howard has three adult sons, six grandchildren, and three great-grandchildren. About 8 years ago, he had a pig valve placed into his heart. It was major surgery and he had a hard time recuperating from it. In the last two years, he has developed emphysema and has a hard time breathing.

Howard was invited to participate because of his health issues and because he is an avid, amateur historian. He keeps records of everything from rain fall to how many miles per gallon he gets in his car to how many lemons he picks off of each tree. When his parents died, he was the recipient of the family archives. For several generations, his family has kept journals, scrapbooks, diaries, photo albums, and records of family events. No one else seemed to be interested in the material, so he inherited the two barrels of artifacts. He is very proud of his family's history and loaned some of the artifacts to museums for display. Last year, he and his daughter-in-law spent seven months going through the barrels and sorting out the stories and pictures. Together, they self-published a book about his ancestors. In the course of their historical endeavors, he retrieved some of the loaned out artifacts and gave them to his daughter-in-law. She has them on display in her home and he seems quite pleased about that.

*Shannon.** Shannon is a 54 year old, female European-American. She's very petite, has dark eyes and dark shoulder length hair. Shannon has one adult, birth son and two adopted adult sons; she also has one granddaughter. She has worked at a major Silicon Valley firm for the last 30 years and is extremely professional in appearance and demeanor. She wore a deep green sweat suit on the day of the interview and laughed at her "lazy dress." Shannon has had two bouts with breast

cancer. The first time, she had a double mastectomy and chemotherapy. After being cancer free for eight years, her lungs began to fill with fluid. A biopsy of the fluids revealed cancer cells. She has been on chemotherapy since that incident in '95 and is still not in remission. Her doctor told her she might live another 20 years. She does not think she'll have that much time but is determined to make all the years she had left count.

Betty. Betty was referred by one of the earlier participants. She suffers from an undiagnosed, chronic condition that has dramatically altered her lifestyle. Betty is a very tall European-American woman. She has short, dark curly hair which she said is only "pretend curly." Betty has two adult birth sons and one adopted teenage daughter. She was dressed in a blouse and slacks for the interview; ready to go to work as soon as the interview ended. She's a part time librarian for a Gilroy School. During the interview she told me that she used to work 60-70 hours a week but that now she is only able to work 10-15 because of her health.

*Benjamin.** Benjamin is an 82 year old European-American. He's about six foot tall with gray thinning hair and brown eyes. He's had multiple ailments in the last thirty years but still gets around quite well. His primary problems are with his heart. He was also shot in the stomach when he was a firefighter, and the wound continues to cause serious health problems for him as well. He lives with his wife of 58 years in a house on a lake in northern Wisconsin; they do not have any children. Together they maintain the household chores and live busy lives. He is a marvelous story teller and has a wonderful memory for interesting details. The interview was conducted while he was visiting his niece in California. Since we were not in his home, I was not able to view any of his artifacts, but he did send me pictures when he got home. He and his wife were very excited about being part of "a study."

BOTH CAREGIVER AND PATIENT

*Anne.** Anne is a 62 year old European-American female. She has short brown hair which she wears curled around her face. She has aqua blue eyes and wears glasses. From her appearance, one would never guess that she is ill which is often a source of frustration to her. She was married to a man who had Post Polio Syndrome, he died a few years ago. During the course of our interview, she told me about a pilgrimage he made to his hometown or "his roots" two months before he died. Anne has four adult children and six grandchildren. Before having children, Anne was a licensed practical nurse. She has been ill from multiple chronic ailments for many years but it was a recent episode with temporary paralysis and uncontrolled shaking that brought her into the study. The doctors thought perhaps she had had a stroke. She said that when she was lying in the

emergency room, the thought occurred to her that she might be dying and “that was okay.”

*Leroy.** Leroy is a 76 year old European-American man. He is about 5'9" and has a medium stature. Last year, his doctor put him on daily doses of Prednisone which has given him the “moon face” and rounded stomach that often accompanies this drug. He has a lot of snow white hair which he wears combed away from his face. Because of a childhood accident, the sole on one of his shoes is elevated about 2 ½ inches to match the length of his other leg. In spite of these special shoes, he walks with an uneven gait. He has also had a heart attack and double by-pass surgery. About 12 years ago, he had a bout of colon cancer—but has had no reoccurrences since. Leroy has no children.

Leroy wanted a copy of the transcribed interview because “people shouldn’t have to wait until they’re dead to have nice things said about them.” At the beginning of the second interview, he asked me if I would “give a talk” at his funeral because now I knew all of his important stories. I told him I would. He cried.

*Doris.** Doris is a 75 year old European-American woman. She worked at Emporium in the foundation department; or, as she called it, “the meat packing department.” Doris never married and does not have any children. For the interview, she dressed in a nice pair of blue slacks and a matching sailor top. Before she became ill, Doris was the primary caregiver for her mother. Doris has had a bad heart for the last 40 years, and is on a very strict diet as well as numerous medications. She also has osteoarthritis which has bent her back significantly. Sometimes she uses a walker and on bad days, a wheelchair. She also has a very painful disease called neuropathy. She says her legs feel like “they’re on fire” and that she’s “walking on razor blades.” Due to the number of medications that she takes, her hair is extremely thin so she wears wigs.

Mario. Mario is a 47 year old European-American. He’s approximately six feet tall, with dark, thick hair, and brown eyes. He is a captain in a fire department in the Bay Area. He lives in San Jose with his second wife and her two children; his two teenage daughters live in Gilroy and he is extremely involved in their lives. Because of his hectic schedule, the interview was conducted in my home on one of his trips to Gilroy. Mario volunteered to be a part of the study for two reasons. When he was in his early 20’s, his father had a massive heart attack. The event dramatically altered his life and he has continued to be involved with caring for his father since that crisis. Recently, Mario fell off a ladder at a fire and landed on his neck and back. He is fortunate to be alive and walking. During the interview he was wearing a neck brace and is scheduled for surgery some time in the next few months.

SIGNIFICANT MEMORIES

The memories presented in this chapter are not the only autobiographical memories shared during the interview process but are included for a variety of reasons. First, the participant said it was a significant memory. Second, the informant expressed observable emotions when telling the memory (laughter, tears, changed countenance). Third, the informant implied the memory was important through their actions (memorialization, display or storage of artifacts). Or, fourth, the participant returned or referred to the memory in such a way that it appeared to be an important life theme.

Once the individual significant memories had been charted, I looked for categories of memories that my community of informants held in common. These categories are based on findings for the *Legacies* study, not a preconceived set introduced by other researchers. The categories I include here are: work, beliefs, major turning points, influential people, and identity.

WORK

All of the participants worked at some point in their lives, but not all members of the informant community considered their jobs a focal point of their lives. Thirteen of the informants included an unsolicited job review as a part of their life narrative. For another portion of those, their jobs are or were a source of pride and achievement.

The six fire service participants said that their job was a source of pride because it meant serving the public and making a difference in their respective communities. They, as a group, collected a considerable amount of work related memorabilia. Benjamin said that his father was a Battalion Chief in the fire department and that he “grew up in a fire

house” always knowing that is where he wanted to work. He got his wish. For 18 out of his 34 years as in the fire service, he was stationed at the same firehouse where his father worked. Mickey’s father, uncle, and brother were all firemen and he proudly followed their footsteps. Leroy knew the day he came on the department as well as exactly how long he served:

I showed up for work on May the 12th, 1945. That night, we had a fire. I wasn’t even told where to go or what to do or anything else. The bell rang and I slid down the pole. The captain said, “Get on the back, Leroy, get on the back.” I was alone on the back of that rig. Never been on a fire engine in my life and boy did I hang on. (laughs) And it was a car fire on West Santa Clara Street. And it was nothing but I was scared to death. Coming back, he could see the fear in my face, so I sat up in front with them. We came back and that kind of broke the ice. And away we went. I was there 27 years, three months, and nineteen days. Retired August 1st, 1971. So I’d been on almost 30 years. Loved every day of it. Every day of my life, it was something that I was very proud to be. [transcript: Leroy]

Two of the participants served in the armed forces during World War II and expressed pride in serving their country. Both gave detailed stories regarding the bombing of Pearl Harbor and the jobs they performed during the war. Benjamin served in Europe and landed in Normandy on D-1. He said “you never forget” what it was like to be in the middle of those battles:

I know when they bombed St. Lo, we were dug in. During the day, we had all day in our trench and all these planes were coming over us. The ground just shook, it was we could see the bombs coming down. While the bombing was going on, we had to all be in the holes. The first night, after we landed and we went up on the top of the hill in Normandy, that night, we were going out on our mission....it was pitch black and the General was there and he was telling us what we’re going to do. Then he said, “Now, I’m going to tell you, half of you ain’t coming back.” You’re just kids, you know? You’re 21 and they’re telling you, “Half of you ain’t gonna make it.” He put it down like it was. He wanted us ready. It was, “Say your prayers because this could be it.” But you couldn’t think that you would be the one who wasn’t going home. You had to think, I’m gonna do it. We’ve got a job, and we’re going to do it. [transcript: Benjamin]

Other informants felt pride in how long they had done their job. Shannon began in a large Silicon Valley firm as a secretary and through the years moved into upper level management. When she had been with the company for 25 years, she was recognized by the Quarter of a Century Club with a party and a choice of gifts, she chose a strand of pearls and has written in her will that her granddaughter should have the pearls when she turns eighteen. Not all of the participants considered amount of time in the work force a source of pride or fulfillment. Debbie gave an unsolicited in-depth job review but stated that she only “works to live” and does not “live to work.” She does not have any work related memorabilia in spite of almost 30 years in the work force.

Dawn was the only other informant to give a detailed job review and to have work memorabilia. For a good portion of her working life she was an administrative assistant, now she is a substitute teacher. Her voluntary and comprehensive work history included searching for each job, tasks she completed on the jobs, and why she resigned. While working as an administrative assistant, she pursued her college degree. It took her 16 years, but she finally did it. The college classes, interim jobs, and graduation ceremony gave Dawn a strong sense of pride and accomplishment. She laughed at herself but said that she has saved every work evaluation she ever received because “that’s one place that good things are said about you.” The evaluations are stored in a file folder

Dawn's file cabinets.

in a steel cabinet in her garage. In the same cabinet, she also has catalogued copies of newsletters and projects she performed in those jobs. She has also saved every paper she completed for her college degree.

BELIEFS

Some of the participants voluntarily included their belief system or a spiritual transformation in their life review. Participants who did not offer the information were later asked to describe their religious beliefs. No one declined to answer. Several of the participants incorporated their spirituality into their life narrative in such a way that it seemed to be more than doctrine or institutional adherence but a part of their daily lives. These informants wove their beliefs into their memorials and expressed hope that descendants would accept the assigned values.

Several said that their beliefs influenced actions and were a source of strength in difficult times. Patients said that their belief system gave them hope and strength to endure their ailments. Caregivers said that their spirituality helped them perform tasks during caregiving and kept them encouraged. Jean said that after her 23 year old son died of cancer, she was "assailed by comments such as, 'What a tragedy that T(name of son) died so young!'" She found peace for those comments in a Bible verse found in Psalm 139:16, "All the days ordained for me were written in your book before one of them came to be."

Several of the participants said that they hoped to leave their spirituality as a legacy to descendants. Anne said she is planning to make an audio tape for her children and grandchildren:

I was thinking, "What lessons would I want to pass on to my children and grandchildren or future generations that might be of value to them?" I would tell them to realize who God created them to be and his purpose for them on earth. And, to know, to come to know, their Creator. To know that the greatest lesson I can pass on to anyone is that God is the only constant in our lives. And I would repeat that in big, bold letters: That God, our creator who created us, is our only, is THE only constant in our lives. Everyone else, as well meaning and as loving as they want to be, is not able to be for us. That would be my life treasure that I would pass on. [transcript: Anne]

Several of the participants listed a religious experience as a major turning point in their lives. Diana was born in a Buddhist household but had a Christian conversion experience after she and her husband moved to California:

I went into a deep depression. It felt like I was in another internment camp. It was nearly a year that I was in depression. Barely functioned. Never did go to a hospital or anything but probably needed to be hospitalized. In desperation, just falling on my knees one morning, and I remember thinking, "Oh no another day of this." If I'd have had a broken leg, I'd have known it would heal, but I didn't know about this. When it comes to the mind, you know, you just....it's a deep ditch. It's a deep hole or pit. So I just fell on my knees in the bedroom of this little Driscoll ranch house, I just called out to Jesus. I said, "Jesus, if you're really real, touch my head. Touch my mind. Just touch me." I just needed a touch. I just really called out in desperation. I just couldn't go any more. That's when.... It just seemed like...that window was open...it just seemed like a light just came through that window. The room was just a blaze. It really wasn't, but it seemed like it. I just knew that I knew that I knew that Jesus heard me. (begins to cry) It wasn't an instant healing but I knew that something had happened. It was a turning point. Something had happened. [transcript: Diana]

MAJOR TURNING POINTS

In designing the interview protocol, I assumed the academic question about major turning points would need explanation. I was wrong. Informants were not only able to cite major turning points in their lives, but often defined the term for me first. Marcy said, "It's what gets you from point A to point B."

In naming major turning points, informants would often just review, in list format, incidents that they had already mentioned during their mini-life review. However, the process of reviewing the major events of their lives so that a listener could review it with them seemed to give them pleasure. As Mickey said, the life review was a "great way to help people group their ideas and summarize things." There were also times when informants brought up an event that they had not mentioned in their life review but chose to bring up as a major turning point (special relationships, spiritual experiences, happiest times). The most often cited major turning points were leaving home, marriage, divorce, having children, and career changes (changing jobs, retiring). Many of the participants used this question to talk about their life threatening event.

Those who had been caregivers to a terminal patient described how the event changed their lives both internally (reflections on their own mortality) and externally (left jobs to care for loved one, rearranged residence for hospice equipment, disposing of personal effects). All of the caregivers said that it was one of the hardest things they had ever done, they would never be the same, and they would not trade that experience for any other. Shirley said,

I have so many happy memories. There's not a day goes by that I don't miss him. I lost...the thing that I lost outside of losing my son...is I lost my joy. That was...there was a joy that died with J(name of son who died) that I've never gotten back. I'm happy. But there is a certain little point of my joy that went with J(name of son who died) and I don't think I'll ever have it again. But...talking about him...time heals too. Talking about him doesn't seem to hurt me. It doesn't make me miss him more or make me miss him less. It's just...it's nice for people to know who he was. [transcript: Shirley]

Those who had faced a life threatening event talked about how the experience inspired them to assess values and make appropriate adjustments in priorities. Anne and Betty talked about how their illnesses and symptoms have forced them to make adjustments in their activities because their bodies no longer function with past abilities. Benjamin takes life “more seriously” since he was shot at a routine fire alarm because he realizes that “life could be short, real short.” Shannon’s cancer diagnosis changed her outlook on life and some of her activities. She now makes people a priority, takes more pictures and makes people the center of each picture, completes extensive genealogies, keeps memorabilia organized, and details all of her pictures.

INFLUENTIAL PEOPLE

None of the participants portrayed their worlds void of relationships. Almost as soon as their narratives began, they wove others into their lives. One of the interview questions invited them to name people who had influenced them. They all had at least one influential person in their lives, some nominated multiple individuals. This seemed to be a rehearsed topic, there was little hesitation in the nominations.

Grandparents played a significant role in the lives of many informants. Every grandparent that was counted “influential” to the participant, was referred to as a positive influence on the informant’s life. When a grandparent was nominated, they were usually the first ones mentioned.

Parents were also frequently mentioned but not always mentioned as positive influences. A few of the informants said that they used their parent’s negative qualities to define the kind of person or parent that they did not want to be. Unlike grandparents who

usually came in a set, often only one parent was discussed in detail. Those who spoke admirably of parents said they: spent time with me, made me laugh, were always in my corner, helped me, quiet people with the instinctive ability to be "other" oriented. Once again, these thoughts did not appear to be serendipitous; analogies and decisions about parents seemed to have been completed and perhaps discussed before the interview.

The other often nominated person was a spouse or significant other. When asked for their greatest treasure, over half of the participants named their spouse. Phillip said that he and his wife grew up together, did everything together, changed each other, and that he still misses her every day. Anne said,

Our marriage, like any marriage was not perfect, we had our problems, and certain issues we never got beyond. But, he appreciated me in a way that.... and I think that's why it's so hard to get beyond his loss. I've never found anybody who appreciated me as much as he did. And—oh—acceptance. Acceptance is really the big word that I was looking for. I've never been accepted by anyone on this earth like I was accepted by V(husband's name). I guess that's why it's so hard. [transcript: Anne]

No one mentioned a sibling as an influential person. Shirley nominated a cousin and Dawn named a former employer. Diana chose a friend because,

She always thinks you can do anything. She believes in you, believes you can do anything. She just takes it for granted that you're going to do it, that you'll succeed. There's just no "if's" or "buts" about it. [transcript: Diana]

Debbie named her high school typing teacher as her first influential person:

I'll never forget my high school typing teacher, Mr. L(teacher's name). He kept me employed all of these years. It's the truth. Twenty, thirty years ago, if you could type, you could have a job anywhere. And even when jobs are scarce, if you could type, you could have a job. I've thought of him over the years from time to time. I took typing as a junior, so that was like 40 years ago. But I've thought of that from time to time. I've never trained, never learned a skill, never took a college course, never took a computer course, and I've always been

employed. And you have to work. So, he's been someone who, although very unintentionally, has been very important in my life. [transcript: Debbie]

IDENTITY

Informants talked with ease about where they lived, worked, worshipped, or volunteered. They even, willingly and often without solicitation, discussed some of the hardest things a human being can live through. They talked about relationships, the fun and the failed ones. They also collected or saved or created memorials to mark the significant events and people of their lives. However, when asked to describe themselves, participants balked, laughed, paused, made jokes, and asked questions instead of answering. They could create the setting, include other actors and actresses, and describe action, but did not like portraying the main character.

Some identified themselves by placing themselves in familial history. They were proud of ancestors who had pioneered California, lived through the depression, or fought in wars. Howard has several generations of familial history in his possession. He said that he is not certain who first put some of the artifacts away and that some are documented and some are not. He has his great-grandmother's wedding slippers and knows that they are hers because inside one of the slippers is one of his great-grandmother's name cards and on the back someone wrote that they were her "wedding slippers, 1856." He

Two self-published books in Howard's archives.

also has photos, diaries, journals, newspaper clippings, collections, work related memorabilia, and clothing. It is an extensive collection which he has loaned at times to historical groups and the Watsonville museum. He seemed very proud of his pioneer ancestors and the meticulous records they left behind:

The Trafton Legacy was an inspiration of my daughter-in-law. Otherwise, the diary would still be in its original form which was a hand written, little red book. It's about 7 X 9 book. It consisted of about 250 pages; all hand written by my grandmother. It was the history of this valley as told to her by her mother and father, G. and M. Trafton. These, I believe to be true stories. I don't know if any one could make up the stories that are in there. She wasn't a writer, but she just put down everything that was told to her, regardless of when it was or how it was told. It wasn't chronological, it's a mish-mash of things. But fortunately, my daughter-in-law knew how to straighten it out. I believe my grandmother is the one who inspired me to collect stuff. [transcript: Howard].

When pressed for personal information, the informants described their personality or social skills. No one brought up physical appearance, gender, social class, or ethnicity when asked to talk about "who they were." Anne appeared to be the only participant who has reflected or rehearsed on the topic of identity:

When you have a chronic illness, we have a tendency to feel that we have no value left at all. I feel that we all have some value left but at those times, we don't feel like we do. B(daughter's name) made a really nice thing for me once, it was like a collage. She just cut things out of a magazine and she had me down to a T as to who I really am. To see it on a ... to see it there. Gosh, it gives you so much value. I pull it out every now and then. This is really me, this is who God created me to be. And although I feel like I'm just trying to exist, this is all resident, it's all still there. This is still who I really am. When I first looked at that, I thought, "Man, she nailed me." Through that very difficult period, when you lose everything of yourself, identity and everything, I haul that out once in awhile and say, "Yea, this is me. I'm still this person. It doesn't feel like it right now, but I'm still this person."

After V(husband's name) passed away ... I noticed that a lot of the wives continue to wear their rings. I found myself, that I couldn't. It was so painful, the realization that I was in truth, no longer Mrs. F(married name). I was no longer

married. I can remember, it came to the point that it was that realization and I couldn't wear it. Everybody is different, but that's how it was for me. I had to take my ring off. I remember going to the super market and, to this day, people call me Mrs. F(married name). It still gives me a tinge of pain, I'm not Mrs. F(married name) and I can never be again. It's painful. [transcript: Anne]

SUMMARY

The informants in my community of strangers were able to narrate both rehearsed and unrehearsed stories during the course of the interviews. After their narratives were recorded and the interviews typed, I charted their individual journeys—replete with unique choices, changes, twists, turns, stops, and starts—onto descriptive, matrix type tables. Once that task was done, I could survey their significant memories from an interpretive perspective to note where or how their journeys overlapped as a community. Those categories of memories were used to continue the investigation of memorials and legacies.

In Chapter Five, I will show how creatively informants marked their significant memories and close the chapter with an in-depth discussion of six examples.

Chapter Five: MEMORIALS

*With few wise longings and but little love, yet something to the memory sticks at last,
whence profit may be drawn in times to come.*

- William Wordsworth, *The Prelude*

Individuals in the community of strangers had many significant memories and were quite surprised to discover how often and how creatively they had memorialized them. I returned from the field with pages of data and rolls of film.

In this chapter, I begin by sorting the memorials the informants discussed into Casey's three categories: *reminiscentia* (1987:110), *symbolic memorabilia* (1987:95-96), and *places* (1987:195-201). In the second section, I focus on six examples of informant's memorials. These vignettes will show how complex and interrelated these classifications are and how difficult it is to tease them apart.

MEMORIALS

REMINISCENTIA

Except for Phillip, all of the participants used *reminiscentia*—that which remains (Casey 1987:110)—to memorialize significant memories.

Based on the data I collected, I

classified the participants' *reminiscentia* as either scrapbook items or heirlooms.

Scrapbook, Scrap box. Not all participants put their scrapbook *reminiscentia* into traditional book format, quite a few used a system of scrap boxes or plastic tubs for

storage. The books contained ticket stubs, awards, programs, announcements, receipts, and greeting cards. The card board boxes or plastic tubs allowed the informant to save clothing, calendars, diaries, letters/notes/memos, and journals in the same place as the paper type memorabilia.

Debbie's opening example revolved around her "Keep-it-Box." This is a concept that she has been following since she was young and has encouraged both of her children to follow suit. In her bedroom closet, she has a non-descript card board box filled with paper type memorabilia from

Debbie's Keep-It-Box.

events and activities that she wants to remember. The Keep-it-Box was opened during the tour and she lifted out examples of things she has saved: napkins, programs, birthday cards, day planners, birth announcements, and ticket stubs. She commented that she only has acquired two of these boxes in her 46 years so it was obvious that she does not save everything. Her strategy for saving things was, "If I hold something in my hand and I just can't bring myself to throw it away, I put it in the box." When asked if she had written down what the different items meant or if she had ever talked to her children about the items in her boxes, she said, if someone were "horribly interested in the types of things she had done in her life," they would be able to tell from the things in her box. During the course of the interview, it became apparent that Debbie enjoys taking photographs and displaying them. Most of the photographs were of "important

moments” in the lives of people she cares about. The theme—important moments need to be marked in tangible ways—remained consistent throughout both of her interviews.

Heirlooms. Informants pointed out a wide variety of heirlooms (something once owned by another) as they guided me through their homes. I saw three categories of heirlooms: (1) antiques, (2) personal effects of the deceased, and (3) keepsakes.

(1) The most common antiques referred to were furniture and jewelry. Howard also has clothing and accessories that were over 150 years old as well as diaries and journals. Several informants had antique photos of ancestors. I heard repetitive stories about antique photos that were kept and passed from generation to generation in spite of the fact that no one knew who the people were. I found no unidentified antique photos on display. For all other heirlooms, the informants knew who the original owner had been but were not always aware of who had saved it or assigned familial meaning to it.

(2) According to the informants, one of the most arduous tasks of caregiving is sorting through the personal effects of the patient after they died. Debbie said, “I feel bad about reducing my father’s life to six boxes of stuff.” Anne reiterated this sentiment several times in her interviews saying, “It’s so final when you throw it out.” Phillip sorted through his wife’s clothing and stored it for a year in the hopes that someone would want it. When no one did, he gave it to a battered woman’s shelter. He was grateful that she had given specific instructions for other personal items and he did not have to decide what to keep and what to get rid of.

(3) All of the informants have keepsakes—items from someone they care

about—as a reminder of the relationship. It was not readily apparent who assigned meaning to these keepsakes. Some said that they asked for the item or chose to keep it because they remembered it being special to the person they wanted to honor (Shirley keeps ceramic pieces in her hutch

that her mother and grandmother kept Shirley's Scotty dog has been displayed in three hutches in theirs). Other items were assigned meaning by the informant (Diana keeps a lock of her husband's hair in her wallet; Angelica wears her father's shirt every morning when she does her hair). Others were gifts from the influential person (Anne has doilies that her grandmother made and gave to her; Mickey and Mario have their father's tools). Still others kept things that they made with the influential person (Anne plans to keep the bookshelves she designed and made with her husband).

Jean did not save very many of her deceased son's things. She said several times that they had not turned their home into a shrine. His graduation picture hangs in the hallway, but so does that of their other son. His bedroom has been emptied, painted, redecorated, and transformed into her prayer room. In storage, they have his journals (artwork and writing), a piece of paper with everything he said the last day he lived, and a booklet

Pencil sketch of son.

from his memorial service. Her most important keepsake was a ring she had made out of a bracelet he always wore:

T(son who died) had a leather bracelet that he got in Spain. He said, "If I get better, I'll take this off. If not, I'll wear it until I die." So he kept it on until he died. And then we gave the leather part of the bracelet to A(youngest son's name). But meanwhile, I had this ring made out of the metal parts on it as a memorial to him. I wear it all the time. [transcript: Jean]

SYMBOLIC MEMORABILIA

All but one of the participants accumulated symbolic memorabilia—objects with arbitrarily assigned meaning (Casey 1987:95-96). Based on the data I collected, I divided the symbolic memorabilia into three categories: visual, literary, and objects.

Visual. More than half of the informants use visual mediums to memorialize influential people, significant events, and important places. They take their cameras with them wherever they go (Sandy and Leroy even take them to work), develop the rolls of film, store the photos in albums or photo boxes, and display them in their homes. Sandy has photographs on every flat surface, on every wall, in every hallway, on her kitchen counter, and even in the bathroom of her San Jose home. Some of them are individually framed but quite a few are in the collage type frames where more than one photo can be displayed. She said that she likes to take pictures of people because, "For me that

captures so much in a person's life and so much of a person. I know a lot of people write and do journals, but for me, pictures are my memories." Debbie has pictures displayed throughout her home and is devoting an entire wall in her guest bedroom to "important moments" in the lives of people she cares about. She also said that when she was going through her father's effects she kept waiting to find the "good stuff." Finally she found it. In the nightstand next to his bed, he had all of his photos "jumbled" in the bottom drawer. She has since framed some of the photos and has the night stand in her guest bedroom.

Nightstand with "good stuff."

Several of the informants laughed at how badly they detail their photos—their consensus of "detail" meant minimally date, place, and names. Only three felt confident that they had detailed their photos in such a way that descendants would be able to recognize what or who was in the picture. The informants assigned meaning to the photos, but without minimal details, it is unclear whether they expect others to value the photos in the same way that they did. Participants told comical stories of boxes and cartons of family photos that no one had the courage to throw away but no one knew who the people were. Betty's experience with her grandmother's photos inspired her to keep her photos organized, detailed, and in albums (she keeps the negatives in her safe):

I know when my grandmother passed away...there were tons of pictures that we had no clue who these people are. We have literally a drawer of pictures that we don't know who they are. She just shoved in the drawer and didn't organize them in any way. My mom is going through them and writing on the back of ones that she knows and we're asking cousins and friends of the family if they can help us with others. [transcript: Betty]

Diana's opening example of a memorial was a video that her son created "for the kids." He invited Diana and her husband to dinner with the intent of video taping them as they talked about their lives. He had even prepared a backdrop for the video in order to give the appearance of "being professional." She said that they knew he was going to do this after dinner and they had time to think about what they wanted to share before the tape began to roll. Her son "coached from the sidelines" occasionally, but basically, he allowed them to talk and "banter" as they chose. Immediately following this example, Diana stated that the same son put together a video of her husband's life. She said that he put photographs in chronological order and set the resultant video to some of her husband's favorite music. The video was shown at her husband's 70th birthday party and at his memorial service. In her opinion it was beautifully done and that "tears can't help but flow" when it is watched. From her opening comments as well as numerous examples cited during the interview, she connected photography and video tapes as memorials of significant memories.

Literary. A few of the participants had literary forms of memorabilia.

Both Marcy and Anne have written autobiographies. Anne wrote hers for a career planning course. She did not enjoy doing it because it was too "self-focused." Marcy wrote her life story as a therapeutic tool while she was in counseling. She hopes that some day her daughters will read it and understand why she had to leave their father.

Several of the informants said that they write journals or keep diaries. Diana said that she hopes her descendants will treasure her journals because they hold the story of her spiritual journey. All of the others who said they keep journals or diaries said that

they will destroy them at some point because they do not want anyone to read what they have written. They felt that saving these items would expose descendants to information that they would not want them to have. This concern about privacy did not stop them from accumulating less intimate items that they would be willing to leave as markers for descendants.

Objects. Every participant, except Phillip, memorialized a memory through collections, souvenirs, and creative artwork.

Informants collected bells, ornaments, salt and pepper shakers, postcards, and bottle caps. Some of those collections were instigated by themselves (Howard has a milk bottle cap collection that he started when he helped deliver milk as a young boy); others were begun by ancestors and the informant has continued the tradition and is adding to it (Sandy's mother collected recipes, she has all of her mother's and is adding her own; Betty's grandmother collected bells and she is adding to it).

A few of the participants said that they used to buy souvenirs as mementos of a special trip or occasion but that those things just take too much room and they no longer do it unless it is something very special.

Two of the men take photographs in such a way as to make them commemorative artwork pieces and not just photos. Leroy developed his pictures in his own darkroom and has a collection of black and white photos he took on fire department calls. Mario has done quite a bit of photography on a 30 year old camera and has some of his artwork hanging in people's homes. He said that he hoped a portfolio of his work would be passed on to his children.

PLACES

Several of the participants talked at length about special places or sites of significant memories. Anne (familial farm), Anne's husband (pilgrimage to his roots), Diana (internment camp), Betty (family cabin), Mario (his parent's house), and Doris (her home). Some identified themselves or their values by a significant site. The informants memorialized these places with pictures, objects kept from the site as souvenirs, or narratives.

Diana has had numerous opportunities to talk about her life shaping experiences as a Japanese-American detainee during World War II. She has spoken at large and small events, and her talks have been video and audio taped. She has also been interviewed by two graduate students who based their graduate work on the detainment of Japanese during World War II. Before he died, Diana's husband sent for a mural of the Heart Mountain Detainment Camp, the internment camp that he was sent to. Although she said that they do not venerate that time in their lives, she has had multiple opportunities to memorialize it in permanent records and keeps a few related artifacts in her home.

Betty, and her siblings, have inherited the cabin that her grandparents bought 54 years ago. Not only does she value the memories of this Montana cabin, she has pictures

of it and pictures of her family at it, throughout her favorite room. One of her brothers is in the process of writing the history and familial anecdotes associated with the cabin.

Anne talked about the pilgrimage her husband took two months before he died:

So we went and took pictures of all those places. Every park that he played in. Every house he lived in, they were all still there but one. Every place that you could think of. Every school that he went to, we took pictures of it all. Then we went up there and went through all of his army stuff. Took pictures of all that. Then to Arkansas where he was born. Yea, he was going back to his roots.

We came back, got them developed and got a bunch of albums. He was going to start working on it. We got them all numbered and named. But he went through everything. And I was wishing as he went through all of this that the kids could be with us. But they could really see where their roots came from. And they could still go back there and find a lot of that stuff if they ever wanted to.
[transcript: Anne]

It appeared that the most poignant memories involved residences that informants still have access to. Mario said,

My folks still live in the same home that they first bought. I was one year old when they bought it, I took my first steps in that house. They're still there. That house means a lot to me. I've always been able to go through the front door, and if I want to, go straight to the refrigerator. The door is always open. It's been open that way for 47 years. The house itself is something tangible. I've remodeled that home about four times for them. (both laugh) I've done the kitchen. I've done a lot on that house for them. It really means a lot to me. It's home. [transcript: Mario]

EXAMPLES

In the following pages, I illustrate how the memorial concepts are contextualized in the lives of the informants. As the examples are displayed, I discuss the life theme it represents, the type of memorial, and who assigned meaning to it.

“LEROY’S FIREMAN DOLL”

Leroy cited the first day he arrived for duty at a firehouse, what happened on that tour, the last day he worked, and knew how many years, months, and days were in between. He returned to this work theme many times throughout both of his interviews. He valued the people he worked with and compared them to extended family members. He gave detailed narratives about calls he responded to, injuries he received while working, and the tasks that he performed in behalf of his community.

Leroy now lives in his friend’s home and is limited in the space he has to display his fire department memorabilia. In a small work space in the garage, he has tools and plaques that he received as retirement gifts. In the family room, he has a small, glass enclosed book case that has an assortment of toy rescue and fire vehicles. A few of the larger fire engines are sitting on top of the cornice board over the sliding glass door. He buys the toys used at the Goodwill store and restores them. Leroy said he especially likes the ones that are replicas of engines he worked on when he was in the mechanics shop.

Leroy’s favorite fire department memento is a doll dressed as a firefighter. Leroy took care of his mother during her latter years and she loved to sew clothing for dolls. He would find dolls that needed to be restored and give them to her. She would clean them up, buy them wigs, and make them clothes. His mother kept a collection of these dolls

displayed on her bed. He noted at one point in the interview that his fire department doll is the only restored doll he has left. He found the “cupey doll” in a dumpster and gave it to his mom. Unbeknownst to him, she took apart one of his old fire department uniforms and made the doll clothing out of the uniform remnants. It has pants, white shirt, black tie, hat, belt, and shoes—all made out of the appropriate parts of his uniform. When the doll was completely done, she presented it to him. He considers it one of his greatest treasures. He keeps it in a plastic bag in a back bedroom.

This memorial displays how important work and family are to Leroy: It honors his public service and was made by his most influential person—his mother. The cherished object is an example of reminiscencia because the doll’s clothes were remnants from his uniforms; it also is a sample of symbolic memorabilia because it was created specifically to mark something Leroy had done. Leroy’s mother assigned meaning to the doll but he has continued to respond to the meaning she bestowed on it.

“DIANA’S MULTICULTURAL TRIO OF ANGELS”

Diana was 13 years old when Pearl Harbor was bombed by the Japanese. Three months later, she and her mother and brothers found themselves leaving their produce store and ten acres of strawberries as the government moved them to the Minidoka Internment Camp in Idaho.

I was on the floor of our living room in Portland. It was kind of a quiet Sunday. I was listening to the radio, I think that was our big deal, listening to the radio. Then, all of a sudden, there was a news flash. It broke into the radio program. They said that Japan has just bombed Pearl Harbor. That was so ridiculous, so incredulous that a little country like Japan would bomb a big country like our country. That they would even try to touch the United States, it seemed so ridiculous. Kind of like a Chihuahua barking at a St. Bernard.

It wasn't long before we started realizing that we were becoming the enemy. The signs were going up all over the place. "No Japs allowed." Or "We don't serve Japs here." Oh yea. So the word was getting out. It was getting very uncomfortable. I know some other people that put signs on their ... on themselves. They identified who they were, that they weren't Japanese. (laughs)

I was kind of stunned. You wonder what's this all about? This is my country. All the older folks were a buzz. They were...the word was getting around, there were rumors and gossip. Fear was growing, more hysteria. War is such an ugly thing. We were slowly becoming the enemy too. We couldn't go more than five miles from our home. And then they had a curfew, we had to be in by 8 o'clock.

There were rumors going around. They were talking about evacuating all the Japanese people. But you know, you think it's just a rumor and everything. But it was escalating, the fever. So then we heard that...it was in March of '42...they said we had to go. They said we had to get rid of everything in two weeks. We had two suitcases we could each take two suitcases. And I think we had a duffle bag for our blankets. Yea, each one was just allowed two suitcases.

They sent us to a camp they built in Idaho. We lived in a barrack, one long barrack with a whole bunch of families in it. That was our new home. Block 30, Barracks 6, Room D.

Now, almost 60 years later, Diana has turned her internment experience into a multicultural outreach:

My heart is for the Japanese people to get into this place of reconciliation. A place where these walls can come down. The walls of the past. Where the white man's God can become their God. A lot of them are living such good lives, they don't really realize how deep the hurts are.

The trio of multicultural angels was a gift from her most influential person, a friend “who believes you can do anything.” Diana said that it is one of her greatest treasures because it was from a special person and because it symbolizes her heart, “intercultural reconciliation.”

The trio of angels leads to multiple memories. They remind Diana of a major turning point in her life, her of passion for intercultural reconciliation, and the importance of relationships—specifically of those who understand and support you. The cherished object is an example of symbolic memorabilia because it was specifically given to affirm a life theme. The friend who bought it and gave it was the first to recognize the symbolism in the angels and chose it as an appropriate gift for her Japanese friend. Diana shares the assigned meaning.

“SHIRLEY’S MEMORY QUILTS”

Shirley made several memory quilts as tributes to the women that she loves and admires. She has completed quilts in honor of her grandmother, mother, mother-in-law, daughter, and granddaughters. Some of the quilts are on display or in use in her home; others were gifts to family members.

Well I guess my first quilt was....my mother had started a quilt for her great-granddaughter, my granddaughter. She died before she finished it. So, I finished it for my granddaughter. So it was started by my mother and finished by me. So that quilt went three generations there. I’ve made her other quilts after that but that one was the special one. And I think it’s the one that got this whole idea started about the quilts being a generational thing.

What started it is I made one after my mother died. I was very upset after losing my mother so I took a lot of the pieces of material that was hers and my mother-in-law's too, and I made a Memory Quilt for me. Then, later on, the next quilt that I made, I made a Memory Quilt for my daughter. My daughter's, hers was made out of...all the years that she was growing up, her dresses, unused old material that was left after making her dresses, or whatever I'd made for her during the years—so I made what we call Memory Quilts. She wanted the Double Wedding Ring, that's the pattern that she wanted. So I took the material from her ... like I said, from her dresses that I'd made and some of mine and some of ... all material that she had seen. Maybe something her grandmother had made for her ... her grandmother on her dad's side or on my side. I took all of those pieces and made a quilt. Those were probably the first quilts that I made.

There's another one in the living room. That one is over 50 years old. (She gets up and points to it.) This was made by my grandmother, well just the top—it was never finished. My sister had it at her home and that's how we dated it. She knows it's over 50 years old, about 53 years old. She sent me the top, she said, "Since you're the quilter..." she sent me the top. I finished it.

Some of them are machine put together and then hand quilted. But on an awful lot of my quilts, I put the whole thing together by hand and quilted it by hand. Just because I enjoy it. It's a time for me to reflect if I'm making a quilt for someone, and I only make them for special people, so when I'm working on, whether it's my daughter or my cousin or a friend, I'm sitting and thinking about all the things that we've done together. It's a way of going back and going through the whole process of our time together. I'll laugh when I remember different things. So it's very, very relaxing for me. Very relaxing.

Sharon's quilts represent the importance of relationships. The pieces of fabric that she stitches into place represent her ties with people she has known and loved; people she wants others to remember in an intimate way. The quilts are examples of reminiscencia because the fabric has been salvaged from her own scrap bags as well as the remnant bags of others. They are also symbolic mementos because she has woven the old and the new into a created object that has been assigned meaning. Shirley assigned meaning to the remnants by working them into quilts that would honor the original owners. Those who have received them have agreed to the assigned meaning.

“ANGELICA’S ANGEL CHOIR”

The group of angels is arranged at the head of Angelica’s bed. The assortment of angelic creatures all face the pillow where she sleeps. She said that they are the first thing she sees when she opens her eyes in the morning and

the last thing she sees before going to sleep at night. Angelica has been collecting angels for about six years and has close to 60 spread throughout the different rooms of her house because she “likes to be surrounded by them.” She buys some of them for herself but many are gifts; the gifts “usually end up in the bedroom.” To Angelica they are not just a collection of pretty objects but symbols that somebody cares, somebody is watching, she is not alone. She has also given some of her angels to others. “I’ve given a few to people that I really care about,” she said. “That to me is almost the same thing as having them. Then when they look at the piece, they think of me—and that can’t possibly be bad.”

I started collecting them because my best friend was collecting them. This was before ’96. Then I thought, “This is cool.” Now a lot of people collect them. But when you’re going through crap like I’m going through, it’s very comforting.

This is odd. And it happened to me at least a half dozen times. I walk around in my house and I swear that I see somebody behind me or somebody over there, a figure or whatever. I look and they’re not there. And sometimes I get a “phew” (blows) on the back of my neck. What I do is smile, laugh, and go, “Thank you.” Because I know it’s a guardian angel. I’ve got quite a few of them. I know I do. I just know someone is there and I turn around and go, “Hi, thank you.” It feels good, comforting.

Then we go over here. (She says very dramatically as she leads me over to the side of her bed and tells me to sit on her bed so that I can see what she sees when she wakes up in the morning. This is what I see what I'm laying there. Look it that, look at that. Isn't this cool? This is one of my favorite pieces. (she points to a musical angel that says on its base, "Expect a miracle.") She's been here since I first got her and I've never moved her. I love her and I especially love the saying, the whole premise. She looked like me when I had hair and all that stuff.

Angelica's angel collection is a reflection of her belief system (someone is watching over her), her identity (some of them look like her when she had hair), and her significant relationships (some of them are gifts to her and some of them are gifts from her). The angels are symbolic memorabilia because they were purchased or given as gifts and then assigned meaning. According to Angelica, she assigned the beliefs and identity meanings to her angels; but the idea that they represent relationship seems to be mutual.

"PENCIL SKETCH OF ANNE'S FAMILIAL FARM"

Anne's sister completed four of these sketches, one for each of her siblings. Anne framed hers and has it in her laundry with other memorabilia from her parents and the familial farm. Anne's parents still live on the farm. Anne also has an aerial photograph of the farm and

an oil painting of a farm scene that she bought so that her grandchildren would know "where their grandmother Anne's roots are." Those items commemorate a special place as well as significant people in Anne's life. Anne has assigned meaning to the items, but

it seems apparent that she is not the only sibling to memorialize the farm. This example marks memories that were not entirely positive but the participant clearly expressed that she wants her grandchildren to know where their grandmother came from.

The good memories are, well, I remember playing dolls and house with my sisters. Going down to the creek with my brother and trying to get the crayfish in the creek. Swinging on the swing under the apple tree. Riding bikes with my brother. Playing in the snow in the winter time. And the beautiful full moon nights in the winter time; and, the beautiful sunsets.

Well, the bad memories are all the hard work on the farm. The hard work all summer, I couldn't wait until school started to get the relief... you know from morning till night, the work and the fatigue and yea, even then. And the added thing of being called, "slow" and "lazy" because of the fatigue. Those were all the bad parts. I didn't like farm life. I was a city girl. I wanted to take ballet lessons. I hated country music. I guess that was it: I was not a farm girl from day one.

I got myself off that farm. One thing, while I was on that farm, in the summer time, I would lay on the grass—usually in the evening, at dusk—I'd look up at the clouds floating by and I would think that, "Someday I'm leaving this place and I'm going to find the love of my life and we're going to live happily ever after. And we were going to be really close to one another."

So, when I was 18, I moved out of there. Just before I was 18, my brother went off to college and my dad was working in the ship yard and my mother and I were running the farm alone. That winter did it. Going up icy planks... we had 20 cows, plus other livestock, pig barns.... but every day, I had to clean the barn for the 20 cows. Wheel barrows of manure up and down that icy planks, slippery planks, dumping it. My mom and I running that farm. Boy. That lasted through the fall of that year.

And that January, I went to work as a nurses aid in a nice cool hospital. I left home and went to Green Bay. I wanted a clean environment to work in, a clean, neat environment...white shoes, white stockings... [laughs] So, went into nursing. Went to Milwaukee. That would have been my first life satisfaction, being out on my own.

The sketch reminds Anne of her roots and her influential people. Even though she did not like life on the farm, she wanted her grandchildren to know where their

grandmother came from. This memorial is an example of a memory site as well as a piece of symbolic memorabilia (her sister created the rendition). The sketch was first assigned meaning by Anne's sister and Anne seems to be in agreement with the meaning.

"SHANNON'S CREATIVE MEMORY ALBUMS"

Shannon was very articulate about her reasons for memorialization. Her primary reasons being that she is an only child and that she has had two serious brushes with cancer. So far, she has completed ten Creative Memory Albums, extensive genealogies on both of her parents, and detailed and placed all pictures into albums.

I've kept up chronological photo albums starting with G (oldest son's name), my first born, and continuing on with all of my children to current. I decided to put it more into a... looking into the genealogies or the Creative Memories, as far as documenting who these people are in these pictures, what these events were, I think it was around '96 which was after my second round of cancer. Then, I was introduced to the Creative Memories Photo Process. Which stuck in the back of my mind – this is something that would be nice to pass on as a legacy. One of the reasons is that I'm an only child and my elder aunts and mother are now in their 80's. So once again, the thought process was, I know who my grandparents were and my great grandparents; but, my children may have heard about them but they wouldn't associate the pictures with the names. It was '96 or '97, when I was rediagnosed with cancer, it's like, 'This is the time.'

I did a very special one on my mother's genealogy. My eldest aunt is still alive who knew who all these people were, so I put this album from my great grandparent's pictures that I'd gotten from my mother and my two aunts, put them in a book and then my aunt helped me identify who these cousins were. So it's from the early 1900's as far as the pictures—through 1949, which happened to be the year my maternal grandfather passed away. So the last picture for this

* Creative Memories is a trademark name of a company that produces and sells scrap booking items.

particular album is of my grand parent's four children, they each had one. So it ends up with my cousin and I were about two.

So then I just continued on with like G(oldest son's name) and R(adopted son's name). And just about last year, my dad had one living sister. It kind of woke up in me, "I know nothing about my dad's family because they're from Kentucky." So I started writing to her and now I'm putting together a genealogy on my dad's side. My aunt has sent me some pictures of what would be my first and second cousins. So all of a sudden, it's this little core of legacy kind of exploded.

I'm just trying to include names, birth dates, marriage dates and date of death. I started with my parents generation, because those I knew as far as who has passed away. And then I'm working back from there. It was easy on my mom's side because we're so close. My one aunt kept records as far as birth certificates and death certificates. And my mom handed me hers. On my dad's side, I am actually picking my aunt's brain in Indiana. I didn't realize how many relatives are there. So I'm trying to get birth dates, marriage dates, who the spouses are, who the children are, and go back as far as possible.

Shannon's Creative Memory Albums remind her of major turning points and influential people in her present and those in her past. As a combination of scrapbooks and photo albums, they represent both reminiscencia and symbolic memorabilia. Since she is the one who is chronicling and archiving genealogies and familial history, she is the first to assign meaning to the information. Though she enjoys researching and documenting the material, she is also doing it because she wants to preserve familial history for her children and grandchildren. So far, her oldest son has expressed verbal appreciation for her detailed efforts and asked for some of his grandfather's WWII artifacts. She presented the things he asked for to him for his birthday.

SUMMARY

Informants had consciously and unconsciously memorialized many of their significant memories. Some of the memory markers were on display, others were stored

so as to preserve their integrity. Informants were able to articulate what the memorial represented and who had assigned meaning to it. Even the unidentified ancestral photographs were kept and preserved and passed on to the next generation because the nameless faces represented familial roots.

After listening to the informants, transcribing their interviews, developing rolls of film, and sorting the memorials into Casey's three categories, I began to note that some of the objects seemed to be valued differently. It appeared that the items that had once belonged to someone else and items that had financial worth, were more openly valued. They were on display and informants said that they expected these items to be preserved by someone who would survive them. However, it seemed that their identity collections—those things that reminded them of the things they had done, the places they had been, the people they loved—were valued in a different way. Generally, they were not on display and informant's stated that no one would want them. In Chapter Six, I continue to investigate the reasons for memorializing and for not memorializing as well as the hopes informants have for the object's legacy value.

Chapter Six: LEGACIES

*He must live knowing that he grows wiser every day, or else not live at all;
and seeing, too, each little drop of wisdom as it falls
into the dimpling cistern of his heart.*

- William Wordsworth, *The Prelude*

Not only were informants able to articulate their significant memories and showcase the memorials they constructed to symbolize them, many were cognizant of their strategies and memorializing techniques. After first documenting the reasons given by the participants, another initially invisible layer of patterns emerged. These implied reasons for memorialization were visible in individual interviews as well as in the cross analysis of the eighteen interviews.

In the first section of this chapter, I present the reasons that individuals gave for not memorializing and simultaneously suggest that their actions often differed from what they said. In the next section, I discuss both the implicit and explicit legacy issues that I found in the words and actions of my community of strangers.

REASONS FOR NOT MEMORIALIZING

Several of the interviews began with participants saying they do not collect or save or create things to commemorate memories. The reasons they cited included concerns of becoming a packrat, concerns about descendants accepting assigned value, or concerns about spending time with people instead of leaving them things. By the end of each interview, all but one informant readily agreed that they had indeed memorialized some of their significant memories. Most were surprised to see how many of those cherished objects or memorials they had accumulated during the course of a lifetime.

CONCERNS ABOUT BEING A PACKRAT

Four of the participants expressed concerns about being considered a “pack rat”—the synopsis of their definitions being “someone who collects things just for the sake of collecting them.” All of the informants who stated this concern had memorials in their homes but it appeared that their memorials were more organized, more detailed, and stored so that the clutter was not in view.

At the beginning of Marcy’s interview, she asked me to turn the tape recorder off because she wanted to confess that she did not have any memorials and did not think she would be of any help to me. After assuring her that all findings were pertinent, I asked her to repeat the story for the tape:

When my grandfather had died, I will never forget this, my grandfather collected everything. I can still picture the trailer being backed up to the house, his sons or my uncles—I was very close to my grandfather because they raised me—they were loading up all the stuff from my grandfather’s garage. They were taking it to the dump. And one of my uncles said, “You know dad saved his entire life, all this stuff, for us to throw away in just a few hours.” It hit me. From then, I decided to keep hardly anything. I am really, constantly cleaning things out to the point, if I should die, I would not leave anything for someone to have to go through or figure out or throw away. I constantly shred things. Why keep all the clutter? Somebody is going to come by some day and it’s worthless to them and they’re going to throw it away. If I replace something, if I need something, if I buy something to replace something, I don’t keep it all. I throw out the old one and replace it with the new one. I don’t collect things. People say to me, “Oh your house looks so neat.” And it’s not that I’m a good housekeeper, I just don’t have clutter. I don’t have a lot of stuff. I see so many people die and they don’t take nothing with them when they go. [transcript: Marcy]

As the interview progressed, we discovered that Marcy actually possessed quite a few memorials: angels, rocks, plants, photographs, and artifacts from the grandparents who raised her. She has also written an autobiography, published magazine articles, her photography has won awards and been included in a book, and she has files of notes from

lectures (talks) she has given. As we discussed each of these memorials, we dialogued about whether she will take these articles with her when she retires and moves back to Virginia. She realized with surprise that many of them would go with her, including some of her rocks and plants. Even though she was not aware of marking significant memories, even though her home appeared uncluttered, she had many memorials. They were disclosed through interview questions and “discovered” during the home tour.

Betty shared narratives about sifting through the personal effects of a packrat with compassion and good humor but it was obvious that the ordeal changed her perspective about keeping things. Her solution was to choose memorabilia carefully, document them, and keep them organized so that descendants would know why she had kept things and what they meant to her:

Grandma saved everything. We found...she'd actually gotten rid of a lot of stuff but still saved a lot. The stuff that she saved wasn't worth beans. You know, they get those note cards in the mail, people who want you to give donations. She saved every one of those. We had, I'm not kidding, we had five or six piles that were about three or four feet tall of note cards. My sister in laws and I and my mom and my brothers, we picked out the ones we liked and we threw the rest away. For my wedding, I had netting around the tables, she saved the netting! I didn't even save the netting! We put it into the bags of material. We also gave eight bags of material away. I saved some, my mom took some, my brothers and their wives took some, but we had eight bags of material left even after that. Eight garbage bags of material. She would buy material by the bolt if she liked the pattern. She'd just stuff it. [transcript: Betty]

CONCERNS ABOUT DESCENDANTS ACCEPTING ASSIGNED VALUE

Several informants stated that the next generation would find little value in the items they considered important and thereby assumed they had not collected or created memorials. By the end of these interviews, the informants realized that they had

memorialized significant memories in spite of their reservations. However, they remained firm in their belief that their personally accrued artifacts would mean nothing to descendants. Anne shared this story,

I've found that what can be important to us, may mean nothing to family members. I had an experience too which really taught me that, it brought me up short. I was helping F(mother-in-law's name), she has a recessed top above her cabinets so she can actually set things in there. She had a bunch of vases and she wanted to get all that stuff down and wash it. So I told her that I'd come up and help her. So I did. So I'm washing some of this stuff. I can remember there was one of those round things where you poke flowers in... That was one of them and then there was something else. And I said, "You don't want this anymore do you?" Which was the wrong thing to say. She wasn't offended or anything, but she said, "Oh yea, I do." And I thought to myself, "Oh, OK." Boy what a lesson that was. It wasn't what I would have kept. And this was after V(husband's name) had died and H(father-in-law) was so sick. I thought, "Wow, this is still important to her." If I would have been going through her stuff, I mean, these things wouldn't have meant anything to me. I wouldn't have had to think a second, they would have been tossed. There were like three things. Well, after I made that blunder the first time, I thought, "Oh my goodness." So I would just say, "Well, what about this?" Maybe it would be a little vase that had a crack in it or something. She wanted it. [transcript: Anne]

The attitude of informants was noticeably different when it came to heritage memorabilia, things of monetary value, or practical items—there was implied and stated belief that, even though they were not always sure *who* would accept the assigned value and preserve the stories and items for future generations, they assumed that someone would. No one voluntarily projected which of their descendants would do this. When pressed for the information, some mentioned a sibling, child, friend, or spouse. Two of the men who had no children (Benjamin and Leroy) did not suggest anyone even when probed for legatees. Benjamin implied that he was actively dispensing his artifacts through garage sales and dumpsters. He did say that he had given a clock to his wife's niece and a shotgun that belonged to his father to another niece's husband because they

asked for the artifacts. He seemed incredulous that they would want these things because neither of the items worked. It did not occur to him that they would want the clock or the gun because they had belonged to him.

CONCERNS ABOUT SPENDING TIME WITH PEOPLE

Mario stated a number of times during his interview that he did not think collecting tangible things was important but instead values the "time spent" with family and friends:

My great, great, great grandmother – there's no memories of her. Or of my great, great, great grandfather. My father has memories of his grandparents. I never knew them. But I know my grandparents. My children don't really know them, haven't touched them or ... they were gone long before they were even born, before I was even married. So I think what's tangible is what you leave in people's heart. You etch your name on their heart, and it's going to be, you know, it's going to go on for another generation. I think that's probably if anything's tangible, it's that. [transcript: Mario]

Mario did have a few carefully chosen memorials. A picture of his father as a young man because "my dad is a reflection of what I'm probably going to become," some of his father's tools, a Seiko watch he wore for 20 years because it has been with him through "thick and thin," a Rawlings baseball mitt because he "always loved to play ball," and his fire department badges. He said that when he thinks about saving something, he thinks about his children and what they might like to have.

Phillip, the only participant who said he did not memorialize and no data proved otherwise, said several times during the interview that he did not need to save anything because everything important he has done was witnessed by his three sons. His home has many memorials but they were all accumulated by his deceased wife. Some of her

photographs and one of her poems are still on display in their home but most of the artifacts she asked him to save for descendants have been put into storage because he is starting to date and does not want to make his dates uncomfortable. Repeated efforts to find significant items he is saving for his own pleasure or for descendants from his life, proved uneventful. Of particular interest was a train collection that he and his wife created. The train tracks run around the entire top 18 inches of their family room. The ceiling is painted like the sky and the four walls surrounding the train tracks are painted in landscape scenes. Each of the four walls has a different motif; immaculate detail follows the theme through the buildings, cars, lights, people, and animals in each of the four sections. The train and all of the lights surrounding the track and various scenes are functional. The display took them years to complete. I asked him if he might consider this a personal artifact because it had taken so much effort to complete and it was the last project he completed with his wife. He seemed surprised by that comment and stated adamantly that it would "go with the house" when it was sold.

West wall of Phillip's family room shows his wife's favorite scene in the train display: Boston. HOS01 was born in Boston and put her favorite chair in a position so that she could easily see this section of the collection.

REASONS FOR MEMORIALIZING

Participants said they memorialized their significant events, influential people, and important places for one of two broad based reasons: for future descendants or for personal pleasure. For some of their memorials, informants clearly stated that they expected someone who survived them to preserve the item and the assigned value that attended it (explicit legacies). Their actions were based on those expectations.

Informants also stated that they collected or created or saved some memorabilia for their own personal pleasure and that they did not expect descendants to value those objects.

However, a wistful, tenuous yearning in their voices implied that the informants would like the personal memorials of their lives to be valued by someone (implicit legacies).

These items represented things they had done, places they had been, and people they had loved. Since the items were direct links to their identity, I refer to them as their identity collections (photos, scrapbooks, collections, souvenirs).

EXPLICIT LEGACIES

Participants *expected* to leave some of the items in their possession as a legacy to the next generation because of pragmatics, monetary value, or heritage symbolism. They also said that they *hoped* the next generation would value the childhood artifacts they had saved for them and their spiritual legacies. In spite of their uncertainty, the informants accrued artifacts as if someone would be willing to accept these legacies.

Pragmatics. Many of the participants based their salvage strategies on the issue of pragmatics: Could the item be used by them or by someone else? If so, it was worth keeping.

Howard, an avid collector, said that he did not keep his fire department uniforms because he heard that a fire department in Mexico was looking for used uniforms. He felt that they needed his, so he sent them; however, he did keep his fire resistant gloves because he has a wood burning stove in his home and can use the gloves to tend his fires.

Dawn, who said she “was not a person to save things,” has actually saved a number of items from her high school years and first marriage. She has her first wedding dress but, instead of storing it, she uses it or loans it to others. She used the tiara from her wedding veil to make a Miss America costume for a Halloween party and the veil as a prop for the *Oklahoma* play that she produced. She laughed about her veil being tossed around in the dirt because the play was outside. She also said that she loaned her majorette baton to the local high school for their production of *Grease*. The story of her baton—earning it with babysitting money, learning how to twirl from a friend in school, and becoming head majorette—had been shared during the interview as significant events in her life. These articles were kept, not as shrines to be venerated, but because they could be used as props for life activities. Most of those life activities had to do with public performances.

Heirlooms. The informants who were the historical guardians of familial archives, seemed to obtain that role because of their personal interest in preserving history. The fact that they did not feel other family members valued their efforts did not diminish how seriously they performed their self-assigned duties. Each indicated that they would look for someone in the next generation interested in preserving the historical records and leave the items to them. From both positions of inheriting and bequeathing,

the primary transference principle seemed to be *interest* in preserving familial history. They used the heirlooms to legitimize the interest thereby legitimatising the collective familial identity.

One of the informants, Shirley, inherited a number of heirlooms that had not been assigned meaning by prior generations (implied through disorganization and lack of preservation.) She assigned value by labeling, repairing, and creating displays for the items (a spare bedroom has her grandfather's shaving articles at the foot of the bed; her living room has a glass case display of a relative's thimble collection). Some of the items were in the form of antique photographs which she hung in her entry way hall. On the back of the photos, she taped a typed copy of the oral history that accompanies the photo. She explained a picture of a car engine,

Back during the war, you couldn't get gas—you had to have a gas ticket—you could only go so far. So my dad converted his car to run on coal oil. Coal oil was very cheap and you could get plenty of it. So he could go anywhere he wanted to go. He did his own car and he did his boss's... So, they could go anywhere they wanted to go.... he took these pictures because there was a patent on the engine and he had to have the pictures for the patent. Which today, it'd be no good because coal oil runs very dirty so it would be no good to have today. But I thought it was such a neat thing that he did. So after the war, when you could get gas again, he just converted it back to gas. After my dad passed away, I thought I wanted something that he was very smart. He only finished eighth grade but he was very, very smart. He did this and he won a lot of awards, service awards. So I thought this would be kind of nice to put up because ... I thought it showed what he'd done. [transcript: Shirley]

Other informants assigned value to familial artifacts because they remembered seeing them in their parent's and grandparent's homes. Mickey remembers sitting at his grandfather's antique desk with his cousins when they were little and wondering who would someday get the grand piece of furniture. Now the 100 year old roll top desk sits

in his living room; he said that the memories make the piece even more special. He also has a “whirly gig” in his garage that once belonged to his grandfather. His humorous narrative included details about how his grandfather found the 96 drawer spinning storage bin in an alley behind an auto parts store.

He used the unusual container for all of his nuts and bolts and odd garage type paraphernalia for years. Mickey remembers seeing the piece in his grandfather’s garage and that as kids, they loved to twirl it. When the grandfather

died, Mickey’s father inherited the piece. Mickey’s whirly-gig has been in three family garages. He used it in his garage for another 40 years. Recently, he gave it to Mickey who has begun to clean out the rusted nails and brads and fill it with his own things. All of these stories have been passed down orally. The piece is quite unusual and might be valuable as an antique, but it is not its monetary value that Mickey enjoys; it is the oral history and personal memories the piece carries.

Most of the antiques and collectibles that informants have in their homes were either stored or displayed so that the item’s integrity would be preserved. However, I could only find three informants who had documented the assigned value in written form. In all other cases, participants stated who knew the important details and that they expected (assumed) the person would preserve the oral narratives with the item thereby

transferring the assigned value. This suggests that at least part of the value lies in the oral communication from one generation to the next.

Children's artifacts. Several of the female participants talked about saving artifacts from their children's lives (school work, report cards, club mementos, sporting activities, and artwork). The consensus was that this is an important task to perform in behalf of their children but that it is a challenge to guess which items might be significant to the child. As Shannon said, "it's too bulky to keep everything." They also talked about the day when these items would be turned over the children. The guiding principle was that the children would inherit them when they showed signs that they would value the items. Anne said that she was in the process of downsizing and would give the boxes to her grown children when she moved. She told her youngest son that he would have to let her look through his box from time to time so that she could enjoy the memories with him. Anne's opening example of a memorial was a copy of her youngest son's favorite book—*One Fish, Two Fish, Red Fish, Blue Fish*—that she had saved and was preparing to give it to her son's first born son. On the front page, she inscribed,

To my precious and very much loved grandchildren, my special treasures. I pass along this book, "One Fish, Two Fish, Red Fish, Blue Fish" because I remember it as one of your father's, first favorite books. The other was, "The King, the Mice and the Cheese." First I read it over and over to him; and then when he was learning to read, he read it over and over and over to me. I remember the special times, sitting side by side, snuggled close on the couch. I remember the very special feeling of warm warmth in my heart as I was aware of the pressure of his little body pressed against mine. Your daddy's little face aglow with the light, joy, and enthusiasm as he seemed to wait for and then delight in each word that was read and rhymed. His eyes focused with delightful interest on the pictures of each page as it was turned. I thank God for this memory and the joy experienced of this very special time we had together reading this silly little book titled, *One Fish, Two Fish, Red Fish, Blue Fish*. What

memories will it create and hold for you, I wonder. With great love, from your grandma Anne. [transcript: Anne]

Spiritual legacy. Anne, Diana, and Shannon said that they were looking for ways to pass on their spiritual legacy to future descendants. Anne has her Amplified Bible that she has been writing in since she first “got saved.” She said the margins are filled with special dates, notations, and encouragements she has received from her spiritual journey—she hopes that someone in her family will preserve the book and find encouragement in the same things she did. Diana has written down her spiritual legacy in the form of journaling—she also stated that she hopes future generations will read and use the information she has taken the time to write. Shannon hopes to transfer her relationship with God to her children and grandchildren before she dies but did not offer a concrete method for how that relationship will be transferred.

IMPLICIT LEGACIES—PERSONAL PLEASURE

Participants chose to mark major turning points, moments of pride, careers, hobbies, and vacation activities through a variety of means (photographs, plaques, souvenirs, collections, scrapbook memorabilia). They said that they saved these items for their own enjoyment or as Mickey said, “to look at when I’m old.” None of the informants openly expressed hope that these things would be of value to anyone but themselves—they said the opposite: No one will want these things. Yet, their actions, emotional attachment, and random subtle comments indicated that they wished someone would value the marks left by the events of their life.

Relationships. Relationships that participants have had with family and friends and co-workers, proved to them that they have been here and have been active parts of their social domains. It seemed apparent that some of the memorials participants saved were specific reminders of those connections and validated their involvement in their world.

When viewed from the personal pleasure and relationship perspectives, it is a little easier to understand why most of the photos participants had on display were undocumented. They were not on display necessarily as historical artifacts, they were on display because the people in the photos meant something to them. In quite a few of the photo galleries, photographs of the participant with their significant people were on display. Those displays reiterated the value of those relationships, the time spent together, and the activities that they have done socially.

Gifts that had been given to them by significant people were important to five of those interviewed. Angelica stated several times that she gives away angels in her collection and pieces of cobalt blue glassware, but, she would never give away something that had been a gift. Shannon agreed that gifts are important connections to those who gave them and keeps them scattered throughout her home. The gifts were given as symbols of a relationship and those symbols are treated with the utmost of respect. All of them had their gifts on prominent display and during the tour pointed out who gave them important items and why. They talked about names, dates, and how much they mean to them. These gifts were not necessarily of high monetary value—their significance lay in the relationship that they represented.

I did not find any of these assigned meanings in written format. With probing they would say who knew why the item was special and on display but trusted that the assigned meaning would be remembered by those who had been told.

Half of the participants mentioned their wedding rings as symbols of a significant relationship. Again, the value did not appear to be monetary—it lay in the representation of the life they lived with their spouse.

A clown in Shirley's collection.

Howard, Anne, Mickey, and Sandy keep their original wedding rings in a safe. Benjamin still wears his original band but after 58 years of marriage, he laughed about how bent and out of shape it was. He said that his wife is his greatest treasure and he would not dream of taking it off. Howard said he gets out their original wedding rings every once in awhile,

Hers was a real small, little thing. She loved it. Mine was a very thin gold band, kind of bent from age and wear. Every once and awhile we get them out and look at them. They were the start of our lives together. Those were our first gifts to each other. I think that's what I'd like kept the most. That's what I consider the most important to keep. I kept I don't know where it is right now, but I kept the dress that I met her in. It's all wadded up someplace. It's like a jersey material, she could tell you more about it than I could. But I know that every once and awhile, I'd get it out and shake it out and say, "You remember this?" It's somewhere up here in my possession. [transcript: Howard]

Sandy's opening example was a VW bug that her mother had given her when she was in high school. The car had been her mother's and when she started to drive, her mother gave the car to her. The car reminds her of her mother and this generous gift at a significant time in her life; it reminds her of her father who loved to tinker with it; it reminds her of friends that used to drive with her as she went about her teenage business. Even though the car had not run in years, she kept it in her garage. Recently, her new husband restored the car to working condition. She was thrilled. The car was repainted in the original color, the upholstery refurbished, and the engine compartment repaired. She loves driving the little car and laughed about all the wonderful memories that flood in when she does. The memories are all of her connections to people; people she loved and are now gone.

Sandy's newly restored VW bug.

Self edification or identity. Participants saved things that explained who they were and the things they enjoyed. This was expressed in their writings, collections, scrapbook items, symbolic memorabilia, and creative pursuits.

Anne does not have any collections but mentioned that one of her most treasured items is a pewter ballerina. She had always wanted to be a ballerina. When she was a young girl on the farm, there was no money; when she could afford it, she was too ill. To compensate for that lost dream, she bought season passes to the San Jose ballet company. On one of her trips to ballets, she bought the tiny dancing ballerina because it symbolized what she had always wanted to be and never become. Another of her treasured

Anne's ballerina

possessions is a collage that her daughter made for her out of magazine articles. The collage has a variety of pictures that depicted how Anne's daughter saw her. There were praying hands, a laughing mouth, a woman exercising. Anne said that she gets it out every once in awhile to remind herself that no matter how useless she feels physically, this is who she really is.

Even though Marcy was adamant about not leaving personal effects for others to sift through after her demise, she was quite eloquent on how memorabilia helps us connect with others and their true identity. She shared this story about her visitation time with terminally ill patients as a hospice volunteer:

I like to see what the person looked like before they were sick. I find that I can relate to them better. When you walk into a person's home and they're dying, they all have kind of the same look. They don't say much, they just have the same look about them. And they had a life. They were vibrant before. So when you see pictures of them on vacation or pictures of their family, pictures of them laughing, or them having a good time. Then you get to see the person who they really are. We're all gonna be like that. I'm gonna look like that some day. I don't want people to think that's who I am. I don't want somebody walking in for the first time thinking, "This is her." You really got to get to know them. So I look at albums with them. I see them in a different light. It helps me. When you don't know somebody, first you get to see what they looked like. They all look alike, especially if they've lost their hair and they're frail and weak. Then you see them on a vacation or doing something real crazy and you think, "That's the same person. This is who I'm talking to. This person in the picture is who I'm sitting with today. Not this person in the bed that's all shriveled up and doesn't have hair." And then, they start thinking back too. [transcript: Marcy]

SUMMARY

Even though some of the participants were not aware of transforming memories into memorials, all but one did. They collected a wide variety of things and for a wide variety of reasons. Some were very aware of their strategies and used specific guidelines in accumulating and storing the things they did; others did not appear to have a standard set of criteria, but saved things that they had arbitrarily assigned memorial value.

Informants expected descendants to accept heirlooms, practical items, and things of monetary value as part of their legacy. However, all of those items bypass the identity of the legator. Heirlooms are valued because they belonged to someone in the past, ancestors. Practical and monetary items are valued because they will benefit those in the future, descendants. These items do not affirm or acknowledge the life of the legator. Just as informants preferred to leave the main character undefined in the life review, the main character is absent from the portrait of legacy painted by my participants.

The items that do confirm the legator's presence and accomplishments and relationships in time and space—their identity collections—were the most ambiguous from the legacy perspective. This can be seen in the informants' statements, in their assumptions, and expressed in their actions. Their personal artifacts seem to imprison their unspoken dreams, dreams that their memories and ensuing memorials will be recognized, received, and preserved. Informants believe that their identity collections are a legacy they bequeath to themselves and state that no one else will value them.

Perhaps this random wistfulness can be heard most clearly in Leroy's voice as he refers to the common practice at funerals or memorials services of recounting and applauding the major events of the deceased person's life—he said, "People shouldn't have to wait until they're dead to have nice things said about them." His words imply: People do.

Now that I have laid the foundation and displayed the findings, I will draw conclusions and suggest therapeutic implications.

Section III: FINAL COMMENTS

Section III draws conclusions and considers the implications of the research.

To Angelica, the angels in her collection are not just pretty objects but tangible symbols that somebody cares and that she is not alone. This is her favorite angel because it is from her sister and niece and because the angel looks like her when she had hair.

Chapter Seven: IMPLICATIONS AND CONCLUSIONS

*There are in our existence spots of time,
Which with distinct pre-eminence retain
A renovating Virtue. . .*

*A virtue by which pleasure is enhanced,
That penetrates, enables us to mount
When high, more high, and lifts us up when fallen. . .*

*Such moments worthy of all gratitude,
Are scattered everywhere, taking their date
From our first childhood: in our childhood even
Perhaps are most conspicuous. Life with me,
As far as memory can look back, is full
Of this beneficent influence.*

- William Wordsworth, *The Prelude*

In the opening paragraph of this thesis, I suggested that some individuals enjoy reviewing their significant memories and choose to imbue them with added meaning by creating memorials in their behalf. I also suggested that some individuals—when faced with a life threatening event—dare to hope that the values they assigned to their memorials will motivate and encourage those who survive them. Those theories have been systematically tested during the course of this project and the results have been cited in preceding chapters.

In Section III of *Legacies*, I conclude with theoretical and therapeutic implications as well as suggestions for applying the findings to the current model of death and dying in America.

THEORETICAL IMPLICATIONS

MEMORIES: EFFICACY OF LIFE REVIEWS

The individuals in my community of strangers gave evidence that they enjoyed being heard. Inspired by an interested audience, they shared both rehearsed and unrehearsed narratives. They provided well rounded portraits of ordinary lives by vocalizing disappointments, accomplishments, passions, regrets, sorrows, and joys thus affirming that even “negative” events have the potential to provide the rememberer with constructive benefits. Their stories transported them mentally and emotionally to different times and different places and gave them a chance to reflect in a culture that leaves little time for such reflection. The theories surrounding the efficacy of life reviews were evidenced in this project: Reminiscing in the form of a life review has the potential to enhance an individual’s sense of well-being.

The life review process gave my informants a chance to bring their past, ageless self into the present (Olick, Robbins 1998; Casey 1987:290). All of the fragmented memories of their lives—the things they did, the places they went, the people they loved—showcased the facets of their cumulative identity. By asking informants to share their memories, I invited them to disclose their identity to another person. Due to the ethnographic methodology, they seemed relieved that the invitation came from one who was not there to judge or intervene but only to listen and understand.

The number of my informants who chose to conduct the interview in their favorite room suggests how important it is to allow narrators to choose the setting. Scattered around the perimeter of their favorite rooms were their favorite things in the form of

reminiscentia and symbolic memorabilia. In correlating the setting they chose with the level of intimacy offered in their interviews, it appeared that they invited me to join them in their special, almost sacred, place as they spoke openly and revealed themselves to another.

It was also apparent in my community that people do not always volunteer information (even when it is positive). This contradicts the assumption that families know all of their elder's important narratives due to repetitive recitations at holiday dinners or family reunions. The importance of coaching, probing, or guiding a teller to share stories from all time sequences in their lives can not be trivialized.

The interview protocol was also a clear indication that life reviews can expose life themes and remove observer's assumptions. As Kotre points out, the first task of cultural generativity, or reproducing values in the next generation, is to share important autobiographical episodes that reveal one's values. Individuals in my community had the opportunity to recite their stories in their voice and in their own way—and, they took it. The commonly extolled values of our cultural system seemed to dissipate as informants talked about the things that mattered to *them*. No one listed assets or titles or power or appearance as their greatest treasures—their greatest treasures were the people they loved and the humble memorials they created to honor significant memories. The things, events, people, and places that they valued rose to the surface of their identity through the interview process. Without those personal revelations, it would not be an easy task to determine intangible legacies—especially if the “other” is no longer alive.

MEMORIALS: SYMBOLIC INTERACTIONISM

Informants did appropriate artifacts from their lives in a selective way, assigned meaning to them, and used them to memorialize their significant memories. According to the mnemonic masters, the best way to remember things was to choose memory inducers that were similar in appearance or had a connection to what one wished to remember. Unaware of that ancient technique, informants used it. By salvaging items from significant events, special places, or from the personal effects of someone they cared about, informants used reminiscencia as direct links to the memory. The use of photographs to preserve memories and relationships was another clear example of choosing inducers that are not only *similar* in appearance but *exact* one dimensional replications of them. These memorials did not have intrinsic meaning but were symbolically assigned meaning by those who used them as memory aids.

Regardless of the informant's reasons for choosing specific objects as memorials, there were connections between the object, the rememberer, and the moment they chose to remember. These artifacts were symbolically rich but silent external markers. In some respects, the memorials were altars of remembrance stored in a sacred place with the symbolic interpretation locked in the informant's heart.

As Csikszentmihalyi and Rochberg-Halton (1981) point out, the value of some of the cherished objects was not always obvious. Sometimes informants were not even aware of their memorials until they were asked to explain the articles in their surroundings—then they began to connect their memorials to significant memories. The

objects had been saved or created to give their memories a thicker consistency—so that past events remained in their present lives in a more concrete manner.

Just as their shared reminiscences revealed the ageless and cumulative aspect of their identities, their memorials served as external cues to their identities. Once the memorials were verbally interpreted for an interested audience, they revealed the informants' life themes and values. These memorials are the unique identity fingerprints that the informants will leave behind for the world to read and remember.

The study exposed some dramatic assumptions regarding the transfers of assigned meaning for memorials. This indicates that the oral transmission of memories has an intimacy beyond that of writing. When pressed, informants named one, sometimes two, people who had been told about the important cultural information that attended artifacts. The participants assumed that the legatee heard, understood, and would remember. This could be an example of the *laissez faire* way culture is learned (J. A. English-Lueck, personal communication, 5-30-02). People do not usually have direct and specific instructions about things. They want others to understand, to notice without being told, "This matters and this is how it matters."

Considering the importance of some of the information, it seems noteworthy that informants transferred it orally and with loosely formed social contracts. Informants easily articulated the meaning they had assigned to objects but were cautious when saying that family members had agreed to the significance or meaning. From this perspective, only half of the data symbolic interactionists look for was available in this study. If the legatees had been interviewed, perhaps they would have eased the

cautionary note and confirmed that the assigned meaning was mutually agreed upon information. It could be that the participants' hesitancy stemmed from the absence of reciprocity or communion. Individuals assumed the role of agency by assigning meaning to items and preserving their integrity; however, without communion—an empathetic and willing listener—they were not confident that the information had been transferred. Or, without reciprocity, they have no assurance that the information was transferred correctly. Not willing to relegate this kind of information to pen and paper, the information is casually offered in the hopes that someone will understand the importance, if not in the present, at some point in the future.

LEGACIES: CULTURAL GENERATIVITY

Erickson's end-of-life dyads—generativity versus self-absorption and integrity versus despair—were witnessed in the lives of the ordinary individuals in my community of strangers. In varying degrees, they had all reviewed, evaluated, and synthesized their lives in order to find purpose and meaning. And each, in their own way, looked for ways to invest themselves in the next generation. Some through tangible items, some through time spent with others, and some through the transference of cultural values.

As individuals shared their memories and memorials, they shared their hopes for their artifacts and clearly stated which ones they expected descendants to value and which ones they were convinced no one would want. They expected descendants to value familial heirlooms; they hoped the next generation would accept and preserve their values; and, they were convinced no one would want their personal memorials—their identity collections.

Informants expected, sometimes ambivalently, that descendants would value and preserve familial heirlooms. This was one of the many indicators that "family matters" to the individuals in my community. It also seems to be a reasonable expectation. If preserved long enough, the heirlooms will not only be a value to the family's historical roots, they will eventually become monetary assets. However, even in this arena, informants were not clear *who* in the next generation would become the guardian of familial history once they are forced to forfeit the role. They were confident that the items would be preserved; however, without knowing who would be the next historical custodian, they were not as confident that the assigned meaning and narratives will be sustained. In spite of this hesitancy, only a few informants took the time to detail in written format the narratives and history that attended the heirlooms. A reasonable conjecture for this is that *interest* is the key to who would succeed the current guardian of familial archives. Perhaps this role is not designated until interest is displayed and the oral transfer consummated. And, based on the successful enterprise of antique stores and collectible shops, one can surmise that often the transfer is not made and the artifacts are sold for their financial worth instead of saved for their familial value.

There were a variety of intangible concepts or values that informants hoped to transfer or reproduce in the next generation. The example that most clearly shows how difficult that task can be is in the area of religious beliefs. Of the five informants who said that they found strength, solace, and hope in their spirituality, three of them specifically stated that they hoped to reproduce those virtues in the lives of children and grandchildren. The informants know what they believe and why, have accrued artifacts

that support their convictions, and have shared openly with family members about their faith. However, the speakers were acutely aware that they did not have a resource to *make* someone else value what they value. They could request that someone save their amplified Bible or their rosary or their prayer shawl. The heirs could respect those wishes, save the items, and acknowledge the legator's assigned meaning without accepting the assigned value for their own life. Items can easily be transferred; values can not. Even if the assigned meaning to an artifact is maintained, the value may not be reproduced in the next generation.

The memorials that informants were certain no one would want were their identity collections (photo albums, scrapbooks, collections, souvenirs, symbolic mementos). Most informants clearly stated that "no one would want these things" and some of them were acting on those beliefs by getting rid of their artifacts through garage sales, donating them to Goodwill, or just throwing them away. They said that these collections were for their own pleasure and they could not think of a reason anyone else would be interested in them. Since these are the collections that represent their memories—their identity—the next several paragraphs will explore those expectations from several perspectives.

I repeatedly encountered the assumption that no one would want their identity collections. Based on my findings, it is probable that family members and close friends will ask for keepsakes from the informant's personal effects when they die; and, most likely, some of those keepsakes will include items from their identity collections. Unless the heir asks for the item while the individual is alive, it is difficult to predict what they will ask for or choose to keep as a symbolic reminder of the relationship. It is also

challenging to predict what meaning the new owner will assign to the keepsake. For example: Angelica plans to dispense angels from her collection before she dies; will the legatees treasure the angels because they belonged to a dear friend or because they believe guardian angels are watching over them (Angelica's assigned meaning)?

In addition, this assertion could be linked to the cultural value of modesty. In some social circles, it is considered presumptuous to talk about oneself or to indicate self-value. Instead, it is the option of observers to make complimentary comments on achievements, good deeds, virtues, or values. In projecting this cultural dialogue to the script with terminally ill patients, the individual might say, "No one will want my identity collection" while hoping that the listener will argue the point. Unfortunately, if the legacy value of an identity collection is not discussed, the script cannot be played out and the person does not get to hear the affirmation. Those affirmations—of accumulated achievements and virtues—are left unsaid while the person lives and instead are often the topic of eulogies at memorial services.

Alternatively, individuals may find it difficult to communicate their distinct identities and values to others. While people are healthy and actively engaged in life, they naturally gravitate towards like minded individuals where communicating shared principles is simple. The primary draw is not blood lines or relationship but shared interest. At this point, there is no need to explain what something means or why it is important, the passions are confirmed almost silently by those who enjoy doing and dialoguing about the same things. Things change when mortality issues enter. At this stage of life, close relationships and blood lines do matter. Passions and memories

marked by memorials must be explained to those who may not be like minded.

Individuals struggle to explain abstract concepts as they try to transfer their values to the people they care about. How do you compel someone to be interested in you and the external markers of your values? Communication is no longer simple and cannot be silent.

The assumptions, cultural scripts, and insecurities addressed above are amplified by the lack of permanent documentation. If neither communion (person to person exchange) nor reciprocity (dialogue about information to confirm that it is understood correctly) take place—the patient dies thinking that their narratives, values, and identity are lost. Transferring intangible legacies, or cultural generativity, can not be a solitary endeavor if it is to be an affirmation to the patient. Several participants possessed gold leafed journals and fill-in-the blank books on family trees and genealogies. Except for one informant, these professionally prepared texts were all sitting on coffee tables gathering dust—the pages completely empty. Participants expected the transfer of cultural values to be oral, to be acts of communion and reciprocity. A book, no matter how beautifully published, does not fill this need.

Based on the individuals in my community, it appears that the gap in our culture does not lie in a shortage of generous people. The gap appears to be in the dearth of willing listeners.

THERAPEUTIC IMPLICATIONS

CULTURAL MODEL

Perhaps fifth century philosophers' prophecies played out differently than they envisioned, nevertheless, they were fairly accurate in predicting that literary works would lead to the devaluation of human memory. The invention of the printing press and the introduction of literacy to commoners may have been the first to erode the value of oral narratives, but they were certainly not the last.

Fifth century thinkers also insisted that words printed in a text could never carry the same influence as information passed from one human being to another. Juxtaposing that concept with a cursory glance towards the San Francisco Bay Area in 2002, it appears that early human philosophies still hold true—no one has yet discovered a mechanical substitute for social interactions or the effective transfer of values. Cultural generativity is still a communal function.

By revealing the symbolic connections between memories, memorials, identities, values, and legacies, this thesis indicates that one way to enhance the current cultural model is through communion and reciprocity, or by simply learning to listen actively. Solitary reminiscing can provide personal pleasure and be an internal legacy to oneself; however, when memories are silent, they can not provide the rememberer with social affirmation or a generative outlet. When personal memories are expressed through narratives, they present the rememberer with a chance to become an active participant in their social world.

In order to show how the domains work together as an end-of-life psychosocial task, I created a visual prototype: Memories inspire memorials and memorials induce memories. Memorials and memories reveal cumulative identity or the ageless self. Identity creates narratives based on memories; those narratives reflect values. Values become one's legacy to the next generation. When a legacy is received, identity is affirmed.

However, if the environment for this prototype does not honor social reminiscing, the individual loses a generative outlet for their legacies as well as opportunities to have their identity and values affirmed.

LAY PEOPLE CAN MAKE A DIFFERENCE

One of my goals in designing and conducting this research was to see if current practices could be enhanced by therapeutic activities. It appears that active and reciprocal listening can be recontextualized into the hospice setting. They could be translated into a simple tool that lay people use to draw marginalized hospice patients into communities. This study suggests that the ethnographic posture (with its emphasis on active listening) and the life review protocol (as well as connected questions about memorials) are effective but simple strategies that both affirm and enhance the lives of participants. This implies that ethnographic tools could be recycled as therapeutic tools—tools that laypeople, with minimal training, could employ to help terminal patients.

This study indicates that it is possible to affirm the life themes and cultural values of those faced with a life threatening event by listening to them reminisce. This is a critical piece of information for the 75 percent of Americans who will not be able to spend their final days in their homes or under the hospice umbrella (Cloud 2000). Of the three factors included in the best case dying scenario—familiar environment, identity props, and people—it is the third element with the potential to alleviate the isolation inherent in the dying process. Moved by compassion, ordinary people could use the tools of active and reciprocal listening skills in behalf of patients irregardless of where the dying process takes place. An individual's first choice for an "audience" would no doubt be a family member or close friend; however, if the efficacy in life reviews is inherent in the process, it should produce results no matter who is using it.

One effective way to encourage social reminiscing is through an informal life review. An informal life review offers the speaker a new role with a new script. Once assigned the social position of designated storyteller, the marginalized patient realizes that they have something to give, their lives matter, they still belong. Lay people, who wish to participate in this end-of-life psychosocial task, join the dialogue as interactive members of the audience. It is not the skill level or special training that qualifies lay people to assist in this way, rather it is their posture—the stance of one who comes to listen and understand in order to affirm the identity of the patient (communion). And, the attitude of one who expects to be a better person for having listened to the wisdom found in the narratives of another's life (reciprocity).

Individuals can be invited to discuss objects in their surroundings as another means of bringing their past self into the present. Looking through photo albums, scrapbooks, or sorting through collections can provide patients with an occasion to display the external markers of their cumulative self to someone who will survive them. In this way, individuals have the potential to continue their existence by living on in other people, institutions, or through their valued possessions.

Often hospice patients are too ill or weak to share their own memories or answer questions about cherished objects. One solution might be to have those who know them well, reminisce for them in their presence. Usually those “other” reminiscences are saved for eulogies in memorial services but as Leroy said, “People shouldn’t have to wait until they’re dead to have nice things said about them.” If the family and the patient are in agreement, the memories could be recorded on audio or video tapes. These simple acts

offer symbolic immortality and a message of hope to the patient. Hope that their narratives, values, memories, and identity will continue to exist after they are gone.

The ethnographic posture prepares one to listen and understand the speaker's point of view. Guiding questions, silent probes, and reciprocity encourage the speaker to move into the storytelling mode and confirm that they are being heard. Ethnographic tools then record and document in such a way as to memorialize the speaker's narratives.

REFERENCES

- Becker, Gay
1997 *Disrupted Lives: How People Create Meaning in a Chaotic World*.
Berkeley: University of California Press.
- Berg, Bruce
1998 *Qualitative Research Methods for the Social Sciences*. Boston: Allyn and Bacon.
- Berman, Harry J
1995 Generativity and Transference Heroics. *Journal of Aging Studies* 9(1):5-11.
- Bernard, H. Russell
1994 *Research Methods in Anthropology: Qualitative and Quantitative Approaches*.
Walnut Creek: Alta Mira Press.
- Blake, Casey Nelson
1999 The Usable Past, the Comfortable Past, and the Civic Past: Memory in
Contemporary America. *Cultural Anthropology* 14(3):423-435.
- Blumer, Herbert
1969 *Symbolic Interactionism, Perspective and Method*. New Jersey: Prentice Hall.
- Bradshaw, Ann
1994 The Spiritual Dimension of Hospice: The Secularization of an Ideal.
Social Science Medicine 43(3):409-419.
- Butler, Robert
1963 The Life Review: An Interpretation of Reminiscence in the Aged.
Psychiatry 26:65-75.
- 1974 Successful Aging and the Role of the Life Review. *American Geriatrics
Society* 22(12):529-535.
- Byock, Ira
1997 *Dying Well: The Prospect for Growth at the End of Life*.
New York: Putnam/Riverhead.
- Cambor, Kate
1999 Remember This. *The American Scholar* 68(4):51-58.
- Casey, Edward
1987 *Remembering: A Phenomenological Study*. Indianapolis: Indiana Press.

- Cloud, John
2000 A Kinder Gentler Death. *Time* 156(12):61-73.
- Corr, Charles
1992 A Task-based Approach to Coping with Dying. *Omega* 24(2):81-94.
- Csikszentmihalyi, Mihaly, and Eugene Rochberg-Halton
1981 *The Meaning of Things: Domestic Symbols and the Self*.
New York: Cambridge University Press.
- Davies, Betty, and Joanne Chekryn Reimer, Pamela Brown, Nola Martens
1995 Challenges of Conducting Research in Palliative Care. *Omega* 31(4):263-273.
- Doka, Kenneth J.
1995 Coping with Life-Threatening Illness: A Task Model. *Omega* 32(2):111-122.
- Erikson, Erik H.
1950 *Childhood and Society*. New York: Norton.

1982 *The Life Cycle Completed*. New York: Norton.
- Erikson, Erik .H., and Joan M. Erikson, Helen Q. Kivnick
1986 *Vital Involvement in Old Age*. New York: Norton.
- Geertz, Clifford
1973 *The Interpretation of Cultures*. New York: Basic Books.
- Ita, Dona
1992 Testing of a Causal Model: Acceptance of Death in Hospice Patients.
Omega 32(2):81-92.
- Jordan, Judith
1999 The Role of Mutual Empathy in Relational/Cultural Therapy. *Psychotherapy in Practice* 56(8):1005-1016.
- Kammen, Michael
2000 The Presence of the Past. *History and Theory* 39(2):230-242.
- Kane, Rosalie
1996a From Generation to Generation: Thoughts on Legacy, theme issue,
Generations 20:5-9.

1996b Toward understanding Legacy: A wish List, theme issue, *Generations* 20:92-94.

- Kastenbaum, Robert, and Sharon Thuell
2000 Cookies Baking, Coffee Brewing: Toward a Contextual Theory of Dying. *Omega* 31(3):175-187.
- Keating, Norah
1996 Legacy, Aging, and Succession in Farm Families, theme issue, *Generations* 20:61-64.
- Kivnick, Helen
1993 Everyday Mental Health. *Generations* 17(1):13-20.

1996 Remembering and Being Remembered, theme issue, *Generations* 20:49-53.
- Kotre, John
1984 *Outliving the Self*. Baltimore: Johns Hopkins University Press.

1995 Generative Outcome. *Journal of Aging Studies* 9(1):33-41.

1999/2000 Generativity and the Gift of Meaning. *Generations* 23(4):65-70.
- Kubler-Ross, Elizabeth
1981 *Living with Death and Dying*. New York: Macmillan Publishing Company.

1995 *Death is of Vital Importance*. New York: Station Hill Press.
- Kushner, Rabbi Harold
1987 *When all You Ever Wanted Isn't Enough*. Tuscaloosa: G. K. Hall Publishing of Alabama.
- LeCompte, Margaret, and Jean Schensul
1999 *Designing and Conducting Ethnographic Research*. Walnut Creek: Alta Mira Press.
- Lifton, Robert, and E. Olson
1974 *Living and Dying*. New York: Praeger.
- Lindholm, Charles
2001 *Culture and Identity*. Boston: McGraw Hill.
- Manheimer, Ronald J.
1995 Redeeming the Aging Self. *Journal of Aging Studies* 9(1):13-20.
- McCue, Jack
1995 The Naturalness of Dying. *JAMA* 273(13):1039-1043.

- Megill, Allan**
 1998 History, Memory, Identity. *History of the Human Sciences* 11(3):37-62.
- Merriam, Sharan B.**
 1992 Butler's Life Review: How Universal is it? *International Journal of Aging and Human Development* 37(3):163-175.
- Olick, Jeffrey, and Joyce Robbins**
 1993 Social Memory Studies: From Collective Memory to the Historical Sociology of Mnemonic Practices. *Annual Review of Sociology* 24:105-140.
- Parker-Oliver, Debra**
 2000 The Social Construction of the "Dying Role" and the Hospice Drama. *Omega* 40(4):493-512.
- Pickrel, Jeanette**
 1987 Tell me your Story: Using Life Review in Counseling the Terminally Ill. *Death Studies* 13:127-135.
- Price, Laurie J.**
 1992 Life Stories of the Terminally Ill: Therapeutic and Anthropological Paradigms. *Human Organization* 54(4):462-469.
- Rasmussen, Christina, and Mark Johnson**
 1993 Spirituality and Religiosity: Relative Relationships to Death Anxiety. *Omega* 29(4):313-318.
- Rasmussen, Christina**
 1994 The Relationship of Death Anxiety with Age and Psychosocial Maturity. *Journal of Psychology Interdisciplinary and Applied* 130(2):141-144.
- Roberts, Pamela, and Lourdes Vidal**
 1999/2000 Perpetual Care in Cyberspace: A Portrait of Memorials on the Web. *Omega* 40(4):521-545.
- Rosenzweig, Roy, and David Thelen**
 1994 The Presence of the Past: Popular Uses of History in American Life. New York: Columbia University Press.
- Rubenstein, Robert**
 1996 Childlessness, Legacy, and Generativity, theme issue, *Generations* 20:58-60.

- Rupp-Eisenreich, Britta
1995 Culture and Memory: Reminiscences and Symmetries. *Diogenes* (International Council for Philosophy and Humanistic Studies) 180:135-54.
- Rybash, John, and Brynn Monaghan
1999 Episodic and Semantic Contributions to Older Adults' Autobiographical Recall. *The Journal of General Psychology* 126(1):85-101.
- Sherman, Edmund
1991 Remiscentia: Cherished Objects as Memorabilia in Late-Life Reminiscence. *International Journal of Aging and Human Development* 33(2):89-100.
- Thomas, L. Eugene
1995 Transcending, Not Outliving the Self. *Journal of Aging Studies* (9):21-31.
- Thorsheim, Howard, and Bruce Roberts
1992 I remember When: Activity Guides to Help People Reminisce. California: Elder Books.
- Tobin, Sheldon
1995 Cherished Possessions: The Meaning of Things. *Generations* 20:46-48.
- Wallace, J. Brandon
1991 Reconsidering the Life Review: The Social Construction of Talk about the Past. *The Gerontological Society of America* 32(1):120-125.
- Webster, Jeffrey Dean
1999 World Views and Narrative Gerontology. *Journal of Aging Studies* 13(1):29-41.
- Weinberg, Joanna
1996 Reconstructing Legacy: Public and Private Contexts. *Generations* 20:37-41.
- White, Mary Terrell
1995 Historical Narrative or Life Review? *Journal of Aging Studies* 9(2):175-186.
- Wordsworth, William
1984[1850] The Prelude. In *The Oxford Authors: William Wordsworth*. New York: Oxford University Press.
- Wyatt-Brown, Anne
1996 The Literary Legacies: Continuity and Change. *Generations* 20:65-68.

APPENDIX A: Interview Protocol

Informed Consent

Prepared Statement

The main purpose of my project is to determine if and how people are transforming their memories into permanent records or memorials. Since it's been documented that some people tend to be more reflective about their lives when they face their mortality, I've decided to interview people in that category or those who have watched someone they care about face their mortality. In today's interview, I'll be asking you questions about your life, methods you've used to document important parts of your life, and if you do have an organized or semi-organized way of documenting events—I'll ask if we can take a look at it together.

Based on that introduction, can you tell me about a time when you took a memory and turned it into a memorial or some kind of permanent record?

Part One: Life review

Tell me about your life.

Childhood: Where and when were you born?

Any favorite stories about your birth or childhood?

When you grew up, what did you do?

(Education, work, places you've lived)

Are you married, how did you meet, years married?

Do you have children, ages, gender, where do they live?

Interests, sports, hobbies, passions—How do you like to spend your free time?

How would you describe your religious beliefs or spirituality to a stranger?

Turning points

Are there any events you're particularly proud of?

Are there any events you regret?

Identity

How would you describe yourself?

If someone asked you for advice about 'living a good life' what would you tell them?

Who have been the most influential people in your life? Why?

Part Two: Memorials

Review events, places, turning points and people mentioned in Part One...

Do you have any items to remind yourself of ____?

Where do you keep it?

Who knows why you keep it?

Have you decided who will get it when you begin to disperse your belongings?

Part Three: Memorials

I'm going to mention some ways that other people have marked or memorialized their lives and then ask if you have participated in any of these activities as well...

Do you take pictures? What do you do with them?

Do you keep scrapbooks about yourself or people you care about?

Do keep diaries or journals?

Have you, or has anyone who knows you, ever made a video of your life?

Do you have a portfolio of your work or educational accomplishments?

Do you have any copyrighted work?

Do you collect things?

Probes: Why? How are they displayed? Who knows that you do this? Are they special to you? Have you decided who will get these things when you begin to disperse your belongings?

What do you consider your greatest treasure?

Why is it valuable?

Where do you keep them (assuming it's not people)?

Who knows how valuable they are to you?

What is your favorite place in your home?

Why? What makes this your favorite place?

What does this room say about you?

"If we were to bury a time capsule today with the idea that in 100 years your descendants will be looking at what is inside, what would you put inside of it to show them what your life was like, who you were, or the people you loved?" (container the size of a shoebox)

APPENDIX B:
Stories of their life threatening event—in their own words

PHILLIP

I knew when we got married that she wasn't going to live a long time, that she would die young. I had a premonition that we weren't going to grow old together and she used to say the same thing to me, and this was when she was healthy and full of energy, before she was ever diagnosed. So, when it happened, I wasn't really all that surprised. It's a blow, but inside you're thinking, well I was right, unfortunately, I was right.

I can't really remember how it all started. I think she had a soreness in her arm or felt a lump and went in to have it checked—that's when she found out she had cancer. When she was first diagnosed, I knew it could be terminal but I had no idea how long it would last. She lived another 12 ½ years after being diagnosed.

The first seven or eight years weren't too bad. Lots of hospitals, going in and out of the hospital, lots of doctor care and appointments. Some people caring, some people not so much. She had one season when she almost went five years. She was determined and praying for that fifth year to get by because she wanted to say that she was cured. And just as she was getting real close to the fifth year, it popped up again and we had to go back and do the whole thing all over again.

It was so hard to see her go through it, go through the pain. That was the hardest thing for me, the hardest thing for me to tell you about, the hardest thing for me to go through was to watch her suffer. It's the hardest thing I've ever done in my life.

Another one of the hard things was to watch her lose so many things one by one. Losing life. Losing the ability to drive a car, losing the ability to do the books or pay the bills, losing the ability to have any stamina to do any little thing. She used to love to cook, and then she didn't have the strength to cook. We always sat and ate the meal together, as a family. She lost that—couldn't sit at the table and eat dinner. Through a series of steps, she lost her grasp on life. I remember her crying when she lost the ability to do something else, every loss—no matter how little—was very traumatic.

Up till the month before she died, I did all of the caregiving. I had kept my children out of it as much as I could because I didn't want them having bad memories of their mother. I didn't want them to have to watch her go through this. But, as the time ended, I felt that they needed to know what was actually going on over here. They needed to see what I was dealing with, it was time they did. I asked them to each help take care of her. I made up a schedule and they all agreed to come and help take care of their mom so that I could get away for a few days. By this time, she was getting pretty bad and didn't always recognize them when they came in. One of the boys was here for 12 hours and couldn't

spend the night like he was supposed to. He called his brother and said, 'I can't do this.' P(oldest son) had to come in and take care of her.

She wanted to die in our bed but I just couldn't make that happen. She did get to die at home and this was the place she wanted to be.

I learned a lot from her and with her. In a way, we grew up together. We had a lot of fun—she was a great companion. It's been three years and I still miss her today.

DEBBIE

My dad told us that something was "going on" but was very close mouthed about the whole thing. He was very vague, very left handed when it came to explaining. I was trying to get information from him and he didn't seem to want to give it or be able to give it. I asked him questions and I'd get a lot of shoulder shrugging and toe digging.

Some time later he asked me to go to the doctor with him. So I said OK and I went with my questions. The nurse I talked to told me where to go and get some booklets from the library so I could read about non-Hodgkin's Lymphoma. So I picked up the pamphlets that they suggested. I came home and read them. I found out that there are two distinct groups of people when it comes to this kind of diagnosis: some want to know everything and be totally involved in every decision; the others don't want to know any more than they have to. This booklet I read, said that however your loved one views their illness, the important thing is to respect how they're viewing it. If they don't want to know more, you can offer 'Would you like to read this?' But if they say, 'No' throw it away. That sounded like good advice, it made sense to me. And he was the kind that said, 'I don't want to know anything. I don't want to talk about it.'

He took treatments when his doctor told him to. He had some surgery and some chemotherapy. Over the last couple of years, he had many, many rounds of the kind of chemo you take for his disease. He took it orally, at home.

The disease kind of progressed in steps. There were five years that were pretty good, he had some treatments, but was doing pretty good. Then he dropped down to where the treatments were more regular. About, I don't know the date, I don't really remember what prompted it, but we ended up on the phone. And she said, 'Well, we're at a point where it's time to make some decisions.' And I said, 'What kind of decisions?' And she said, 'It may come to the point where he no longer wants treatment because the treatment is worse than the disease and when you get to that point, you may want to make some other choices.' And I went, "Oh, OK." She said, "I would like you to come in with him and we'll talk about some options." That's when I knew. Of course, I burst into tears and called H(boyfriend). Got him on the phone, he's crying. I'm sitting at work, we're all crying. I'm saying, "This is it. This is it."

We all went to the next doctor's visit because the doctor said to bring anyone who would be involved in caring for him, so H (boyfriend) was there, and we invited my sister and she came. The doctor said to all of us, "Well if he goes hospice, we'll need someone to be the primary caregiver." You could've heard all the heads turn, I mean you could have heard it, they all turned and looked at me. So I said, "I guess it's me." Leaving that day, my dad knew, he understood what we were talking about, he broke down. He cried. I felt so bad.... but.... other than that time, I mean he was upset that day, but then it was right back to where he was. He never really talked about the big deep meaning of life or "I need to leave a message." Then he just pulled himself together and he looked at me and said, "You're going to love that car." I told him, "Yea I will." I didn't really, I didn't keep it. But that's all he said.

No one came to visit him once he became homebound. No one. Just us. Just us. I asked him while he was still fairly talkative if he wanted me to call his sister. The last couple of weeks, he said almost nothing. But before that, he was still talkative. "Should I call your sister? Would you like her to come over?" He was, "No, No. don't call her." I asked him if I should call anybody. He kept saying, "No." And the message I got, I don't really know if he said it or I inferred it, but the message I heard was, "I don't want anybody to see me like this." That's the message I heard.

His whole life, he always thought it would be really cool if he could drop dead on the dance floor or the tennis courts or something. I used to tell him, 'You want to upset everyone around you?' But he felt like that was the way to go. That's his definition of a good death. Yea, good health, having fun and drop dead. I think that's why he chose hospice, he wasn't interested in life saving procedures, he didn't want to be hooked up and barely alive. He didn't think it was being alive if machines were doing the work.

I've made a conscious effort to not remember most of the stuff that happened during the last months. I've tried very hard to not remember because it's not particularly how you want to remember a person. I can remember certain things quite clearly because you could just never forget them. He'd gotten, well this was about two weeks before he died. He was in terrible shape, but he insisted that he go fishing. I thought, "Oh God, this is a man who is incontinent, can barely get around, weak, thin, sick, can't eat, a mess—and he wants to go fishing!" He wanted to go out on a party boat. Out on the ocean. He wanted to hold a fishing pole in his hands one more time. So H (boyfriend) took him. One of those little boats that go out of Half Moon Bay. Yea, H (boyfriend) made it happen. I felt so sorry for him. It was a disaster from the start. It was a miserable, miserable trip. He could barely hold the rod, he couldn't really fish. He laid down, he was in the bathroom... he didn't have a very good time. But he did it. I think that's when he decided that it was over. "If I can't go fishing anymore, what's the point?"

One day the hospice nurse came in and said that she could tell from his breathing that it wouldn't be long—when the breathing changes, they just know that it's close. I called A(son's name) and told him to leave school and get down here. And he did. He came

down. We were all there. This was probably the nice part. We were all there and A(son's name) played his guitar. We were all around his hospital bed. We all talked to him; he could hear us because he would nod, but he didn't talk. He knew we were there. It was like, when A(son's name) was there, he knew it was OK because everyone was there. It was a little after midnight when he got there. I think he almost might have been waiting to see A (son's name). So that was amazing.

He had arranged to be cremated by the Neptune Society. He wanted it that way, all arranged so that I didn't have to do anything. They came and picked him and cremated him. Then we went to visit them and filled out all the paperwork, lots and lots of paperwork. And finally she said, 'These are your choices for the ashes.' I was kind of stumped, I didn't know I would have any choices. She was really nice and very sensitive. I don't remember all the choices, but I do know that he was entitled to a military burial because he had served in the military. But, I just didn't think that was what he wanted; the military wasn't that important to him. They did give me the flag just because he was in the service (they mailed it to me.) She told me that there were boats that go all over and do the "sea scattering." The other one is a selection of party fishing boats that go out of Half Moon Bay. I said, "Let me see the names." And I saw the name of the boat he always went fishing on, Captain Jack's. I told her, "I want that boat."

They arranged everything. We went out on a afternoon, it was beautiful, calm day. We went out on the fishing boat and cruised around; they have rules and they knew what they were. You have to be out a certain distance from the shore. Then I had H(boyfriend) do it, I couldn't do it. I think A(son's name) scattered the last of them. Someone might have said something, but I couldn't tell you what. I think A(son's name) might have said something too. Then we just cruised around, we brought champagne and then cruised around some more. We were the only ones on the boat. The crew remembered him. Crotchety old guy with European-American hair. Oh yea!

But I do feel pretty good in that I did all that I could do. I know that some people have to deal with, "I should have done this or that," or, "I should have done more" but I don't really have that feeling; I feel like I did OK. I have some sad things to look back on but I feel good about others. I try not to focus on the hard times.

SANDY

We were on a family house boat trip that we had taken for many years up at Lake Shasta. We arrived on that Friday, and G(husband's name) was just really excited to go out water-skiing. We were with some other families and A(daughter's name) and I was six months pregnant with J(son's name). That Friday, we got there and got all settled and everything. It was too late to actually go out and water ski or anything. So the next morning G(first husband's name) wanted to get up as early as he could, as soon as the sun rose and get out there. Around six-thirty in the morning he got up and three other people on the boat did the same. They wanted to get out and get an early morning run. But the strangest thing happened. I was kind of awake but kind of asleep but I heard

A(daughter's name) screaming. She was just screaming, "Dad, don't go." She was three and a half at the time. "Dad don't go. Don't go Dad. No, don't go." He was trying to tell her that he'd be right back and that she should stay here. So I woke up and heard her screams and said, "Honey, just bring her in here. Bring her in the bed with me and go ahead and go. I'm awake." So, he did. And she was with me and just pushing me away. And she just kept screaming, "No, daddy don't go." I'd never ever heard her react that way before, ever! So I got up and we went to the back of the boat and I said, "Ok, let's watch dad go. Bye dad. Have fun."

He went. And shortly after that, Marty, who was driving the boat, came back and said, "Sandy, grab the First Aid kit, G(first husband's name)'s in cardiac arrest." I just couldn't believe it. We got the First Aid kit and went to Marina. One of our friends was a paramedic too, she'd been on the seat boat and had started CPR. So Marty picked me up from the houseboat and took me to the Marina where they had dropped everybody off.

From a distance, I saw the Marina. I could see what they were doing. They were doing compressions, that's not a good sign. I thought, "Oh my gosh, I can't believe this." Finally, I got on the Marina there and D(friend's name) was doing mouth to mouth and my brother-in-law was doing compressions. I said, "I'll take over for you." So I gave her the drug box and she started him on an IV. And I was giving G(first husband's name) mouth to mouth and my brother in law was giving compressions. From there, the paramedics from the area came. Basically, they took over the call. He was flown in a helicopter to Redding Memorial there. I actually rode in the front of the helicopter. We got to the hospital and they did what they could for another 45 minutes. Then they came out and said that he hadn't made it. I just couldn't believe it.

Then, that was just the start of everything else. G(first husband's name) passed away when he was 38, that was in July 1997.

Then, my brother-in-law. We were in Las Vegas to celebrate my sister-in-law's fortieth birthday. She was having a hard time. G(first husband's name) was my husband but A(sister in law's name), that was her twin brother. The connection there was just unbelievable. Anyways, she never wanted to celebrate her birthday after he died because they'd always celebrated together. So, she wanted to go to Las Vegas and celebrate her fortieth birthday, which was in April of '99. We had seen the show, "Oh" at Circus Ole that evening, Friday evening. After the show, D(brother in law's name) said that he was having some really bad indigestion. He decided to go up to the room and lay down. So he did that. Saturday morning, A(sister in law's name) and he talked. He said he was feeling 75% better. He went in to take a shower and came back in and laid down with her. All of a sudden, she heard his breathing start getting really strange. So she turned over to him and he wasn't breathing at all. So, she came and banged on our door. She said, "D(brother in law's name)'s not breathing, come quick." We were both sleeping, but we woke up and "oh my gosh, what's happening?" We went to the room and sure enough he wasn't breathing and didn't have a pulse. I started CPR on him. Went to the

hospital and the doctors said the same thing, "We did the best we can but he didn't make it." The autopsy report showed that he had an aortic aneurysm. He was 43, it was almost two years later.

After my brother-in-law had passed away in Las Vegas, it was probably around noontime when we got home. He died about 8 in the morning and we kept our flight because we were supposed to leave that Saturday. So we kept our flight at 10 and arrived home. I called my mom to tell her we were home and I was trying to call my dad to let him know that we'd gotten home—my parents were divorced and he'd gotten remarried. I wanted to tell him what had happened. In the meantime, there was two phones at the house, and a phone call comes in on the other line. They told me that it was Carol, my dad's wife. So I got on the phone and she was crying. I said, "Carol, what's wrong, what's wrong? I've been trying to call you because I have some bad news and I couldn't get through." And she says, "Well your dad just died." I couldn't believe it. She said he was playing softball and was coaching third base and all of a sudden, he just went down. The paramedics got there it was the company that I work for. Basically he was in full arrest, which means he wasn't breathing and didn't have any pulse when they arrived. They started doing what they could....but he didn't make it. I just couldn't believe it. My dad was 65. He passed away the same day that D(brother in law's name) did, April 10th.

Six weeks later, it was my mom. In May of '99, we went to visit some family up in Tahoe. My mom loved to gamble. She loved going to Tahoe. I took her up there one weekend. We stayed with family up there. And we were just getting ready to have a barbecue and someone asked me, "Where's your mom, I haven't seen her for awhile?" I thought, "I haven't seen her for awhile either." So I'm back into the room where she was and she was..... she'd taken her shirt off and she was all sweaty. I said, "mom what's wrong?" She was a diabetic. She said, "I don't know I'm just all sweaty." So I said, "Well, have you eaten anything. Have you taken your insulin?" And she said, "yea, yea." She had her glucometer right there so I tested her blood sugar and it was 152 and that was OK. I said, "Mom, there's got to be something wrong. Do you have any pain? Do you hurt anywhere?" And she says, "Well, my arm hurts a little bit." I thought, "Great. Oh, no." So we took her in to the hospital down there. She was having a heart attack. The doctor said, "Well, we don't have a cath lab and we need to fly her to Reno. They can un-occlude her occluded artery." So.... she was awake and I told her, "mom, this is what they're going to have to do..... You're going to fly in the helicopter and I'm going to go by car and I'll see you there." She was so scared. I've never seen her so scared. I think she knew, I've never seen her so scared before. When we got to Reno, everything went well. But she never regained consciousness. They had given her, in Lake Tahoe, they had given her a clot busting medicine. It breaks up the clot to allow blood flow. But the down side of that is that if clots do break off, sometimes they lodge in the lungs or any place in your body and cause strokes or other things. That's basically what happened. They were able to un-occlude the heart, the vessel that was occluded. But she had some clots that went in her brain and in her spine. So the doctor said, "Well, basically, she's paralyzed now." From that, like I said, she had never regained any kind

of consciousness, so the prognosis was that....the doctor said that she wasn't going to be like she was. I know, that was a decision that my brother and I had to make...we decided to take her off of everything and let her die with dignity. That was so hard.

I think that just being a paramedic and seeing the tragedies and how life can be taken in an instant, makes me really focus on doing whatever I can each day. I always think, "Well it could be my last, we don't know." My passion is live life to its fullest. Live it the best I can. Enjoy life, enjoy my family, enjoy my friends, enjoy all that's around me. That would be my passion.

JEAN

He was very out going. T(son's name) was the one who came in singing, slammed the door—you knew when he was home. And A(youngest son's name) was always quiet. That was the difference between the two.

His first year in college, he found a lump on his back. It hurt so the doctor took it out. It took awhile for the HMO to Ok the tests to find out what it was. It was a Schwannoma, it's a Schwann cell which is a nerve cell that went awry somehow. The diagnosis was that it was benign. But they didn't realize that underneath the benign one was a malignant one. So we thought everything was fine. And then it started to come up again. They didn't know if it was a hematoma that had occurred in the area of the first operation or if it was indeed another tumor. And because of different things, it wasn't caught in time.

So, meanwhile, he went on a mission trip to Spain. I think that he just figured that if God was going to heal him, he would heal him. If He didn't want to, he wouldn't. That was about it. That's what he said, but who knows what he felt inside. You know what I mean? I never saw him get angry, angry with the doctors or angry with God. He did ask "why." I remember when we were driving to the doctor's once, early in the whole situation, and he said, "Why me? Why not some drug addict on the streets of San Francisco? Why is it me?" I didn't have an answer. But, he made that peace with the Lord over those things. It WAS him, and that's the way it was and he dealt with that.

One memory that I have that's precious to me is when we found out that he he had been in UCSF for 57 days for a lung operation, to try and get rid of cancerous spots on his lungs. And just as we were getting ready to leave the hospital, I noticed that he had another lump on his back. I didn't even want to tell him but I had to, we had to get it checked. So we had an MRI on it and we found out that it was a tumor that was pressing on his spine. So they were very concerned about that and we had to go directly to the hospital here and get radiation THAT day. And then they said, if there's any weakness in his legs, you need to bring him right back in. They said they wouldn't normally let him go home but because I was going to be with him, they let him go home. But, they said if there's any weakness in his legs, you have to bring him back in to the hospital. We were on our way home. He said, "Well, I guess we better get a bunch of people together to

pray tonight.” So he starts organizing it all. He said, “Dad, why don’t we drop you off and you call everyone to come pray.” And then he said, “Mom let’s go over and get a Nintendo set, I think it’s time for me to have it.” So I took him over to Toys R Us, and we went in and... I was afraid he was going to fall, he was that weak. We went in and he chose the one he wanted. Then I stood in line and he went out. I really didn’t want him to go out to the car by himself, but I felt that was something he needed to do. So he went out by himself and I stood in line and got it. And we’re coming back, over the hill, over Serra Monte Hill, you came over a short part of it to get here but if you go farther you come down this beautiful vista of the Pacific Ocean. He’d got this Nintendo Set on his lap...or whatever it was...but some kind of game or play station...he’s got that on his lap, we’ve got Steven Curtis Chapman or somebody on the...it was “For Him” playing on the stereo in the car. And we’re singing this song, you know, going over the hill, and I thought to myself, “I’m never going to forget this.” There was no self pity, there was no downer. We’re worshipping the Lord, he has this thing on his lap, and we’re going home to pray with anyone who will come. It was precious, precious...

Let me tell you about the night that he died, to me that’s important. Through the day—it was Easter Sunday—through the day, he was going in and out of consciousness. He said some things that we talked about before. “I can’t take a drink because I’m getting married today.” And he said, “Call all my friends and have them come over because I want to show them who I really am.” So, we called all his friends, and they came. This was in the afternoon. He didn’t go into the coma until about seven that night, maybe eight. And he died right before midnight.

So, when he went into the coma, my husband tried to revive him and actually got him breathing again—he’d actually stopped breathing. Then we called Molly, the nurse, and she came and said, “Why don’t you take him and put him in the recliner that you have in his room. We’ll make him as comfortable as we can because we don’t really know how long he’ll be in this situation. But, probably, he can hear everything you say.”

So we took him in and we put him in the recliner. And his friends began to come. They began to fill the back room. There were two young people with guitars and they were singing songs, Christian songs. They were praying and talking to him. It was so awesome. It felt just good. It felt like the presence of the Lord was there but it didn’t feel like ooooooh—spooky. It just felt comfortable. People were talking to him and it didn’t seem weird or anything. It was just Ok.

We didn’t know how soon it was going to be at first. It wasn’t like people were saying “goodbye” yet. But then it got where his breathing was getting slower. I knew that his death was near. So his dad went in there and said something to him. I went in there at one point and said something to him. Then I went back out. A(youngest son’s name) was right by him, holding his hand and talking to him. That’s my other son. His friends were there and they were talking and singing. It was just going on like that.

Then, pretty soon someone called to me and said, "Come on back, come back here because he raised his hand up and looked toward the door." He hadn't done anything up till then. After he did that, he just started to breath really slow. And then he was gone. And people were calling, "Bye, T(son who died). Bye. See you in heaven." It was really neat.

This other gal, Judy, was there and she said, "Don't do anything yet because if you call right now, they'll have the paramedics come and they'll try to revive him." So we waited about an hour. We went out into the living room and everyone formed this huge circle. And we sang praise songs. Finally, we called the mortuary and got them to come pick up the body. They came and they were totally blown away. They said, "We walk in homes and we're usually spat at or hit or yelled at or sworn at—this is unbelievable. Are you sure someone's dead in here?" That was about 4 in the morning.

Those months with him at home were really precious. But not anymore than any other time with him. I enjoyed him all the time. Those were hard times because there was a lot of hard stuff. I remember one morning, going to the hospital for him to have that big operation on both his lungs. We just sat in the room and cried. What was there to do? We just cried and prayed.

You don't see his things around the house. We cleaned out his room. T(son who died) died at Easter. When A(youngest son's name) was going to come home for the summer, it was only a few weeks later, and he said, "I can't sleep in that room." So we took everything out, repainted, and we put different stuff back in. So that it would be A(youngest son's name)'s. It wasn't that we wanted to get rid of T(son who died)'s things, to keep the things in there as they were would not be good. It wouldn't be fair to A(youngest son's name). So we redid it. Completely changed it. And then, after A(youngest son's name) went, I decided that I needed MY place. So now, I'm turning it into my prayer closet.

MARCY

My mother was 47 when she was first diagnosed with ovarian cancer. I was married. I had two children and the third one was on the way. As the disease progressed, they requested family members to come and help. In those days, they didn't have anything like hospice. So the last six months, I would go and help. I spent three months, living right there. I had a baby. I mean, I was changing my baby's diaper, I laid her on the bed and changed her diaper, and then changed my mom's diaper. My other two were running around. There was some kids in the neighborhood that they'd play with. My mother had another daughter that was 13 at the time, she would try to get her to help me a little bit. But she wasn't very helpful. I just had to do what I could to help my mom.

She was only 49 when she died. She died alone. She was in her home, but she was alone. She didn't talk about the fact that she was dying. She wouldn't talk about it. It was so sad, you would go into the room and you would talk about the weather, talk about

anything but her situation. We had so much unsolved stuff and I wanted so much to but I didn't have it in me to force it on her at the time. Death was definitely a subject that she wanted avoided.

One day when I was leaving, there was a neighbor in with her, talking to her. She knew I was leaving. I wanted the neighbor to leave so I could talk to her, I wanted to have a proper goodbye with my mom. The neighbor started to leave so that we could be alone and my mom said, "Oh no, no, no. I want you to stay." She didn't want to talk to me alone. She didn't want to talk to me on that level of saying goodbye. I still sit back and think, "I should have said, 'Sorry, ma'am, could you leave?'" That's what I should have said, but I didn't. I didn't have the tools at the time that I have now. So we never talked about her dying; two days later, she died. She died and nothing ever really got resolved.

So years later, when my grandfather was dying, I thought, that's never going to happen again. We only lived about two hours away and we would come and visit him on the weekends. One time I went to see him, and I hadn't seen him in a week and a half, and he had really failed badly. So I walked back there and I started to cry. And I said, "Oh, you look so bad. I'm so sad that you're looking so bad and I don't want to lose you. I love you." My daughter is like, "Mom don't talk like that." I said, "This is the way I feel and I want to share it with him. He doesn't look good. I'm not going to say that he does. I'm not going to talk about the weather." I cried. He cried. I can still see my mascara all over the sheets and all over his pajamas. He broke down and cried. He hugged me. I said, "I don't want to lose you. I appreciate everything you've done for me. If it wouldn't have been for you, I wouldn't have had a father." He patted me on my back. I hugged him. I hurt so bad because I could never do that with my mom. I was determined to with him. And everybody looked at me like, "I can't believe she's in there crying all over him." I thought, "so what?" Do you know that after he died, it was like nothing was...everything was OK. I didn't have any unfinished business. That's something I learned.

I tell people when you get a chance, tell people you love 'em. My experience with my mother, that closed, not saying a word—then you're haunted. If I could go back...God, if I could go back. I think back and I think, "I could have made her life so much ... I could have given her so much joy if I would have just had the courage to do these things." But I didn't. So, my life long goal after that was to "make a difference" and do these things. It's so important. So that's why I've gotten where I've gotten and why I am a real advocate for people that are dying. I like to be there and make sure they're taken care of because of my experience with my mom.

DIANA

After we'd been in the internment camp for about a year and a half, mom got sick. She was in the hospital which was like an infirmary in a ship kind of thing. She had cancer of the rectum. It was ugly, she died an awful death. They kept her there for awhile and then they released her to come back to the barracks. A missionary lady had been visiting with

her when she was in the infirmary; when she came back to our room, the missionary lady would come to our room and minister to her. And every time she came, I thought, "Oh boy, I get to go out and play with my friends." I didn't have to stay and take care of mom when she came. I was staying close by, getting her food from the mess hall, bringing it home. You know we had to wash by hand, so I did that. I was taking mama's place there.

Then, since mom was so ill, they allowed us to leave the camp. We went to Boise, which was still a restricted area but it was safe for us to go there. I had a sister, she was in Ontario, about 50 miles from Boise. She would come to help me take care of mom. It was so nice to have her there. We were only in Boise for a short time. We got out of the camp in October and mom died in December.

[Story of caregiving for husband]. M(husband's name) had that heart surgery and it wasn't the wonderful miracle that they told us it would be. Now we know about more alternative things that we could have done, but at the time, we thought the surgery was our only choice. But the more we heard about medicine, we wished that we would have tried some other things before that. He never really recovered from the surgery. They said he would feel wonderful afterwards, like a new man. It just wasn't what we thought it might be, you know. He was always so tired. He wasn't in excellent health. He couldn't bounce around and do things.

Then on January 1st, 1998, I had to take him to the emergency room. I was getting ready for all the food I was taking over the hill to our New Year's Day celebration. He was so weak, he just couldn't make it. He was having a hard time breathing. There was so many things that it entails. I can't remember exactly why I decided I better take him to the emergency room. I think it was his breathing. He was homebound from that point on. It just started January 1st, that just started the whole year. We were at the doctors or we were at home. He had good days and bad days.

But we laughed. I'd jump on the bed. I'd do different things. I'd tried to do things that we used to do. Then there were things that we needed to do. He'd laugh with me. I'm so thankful for that year. It was a precious time that we had. He just wanted me there. I would wash his feet, massage his feet. And he'd laugh. I'd put this cream on. His feet needed to be massaged because he would swell in the ankles so I'd try to keep the swelling down by massaging them. Every week, we had stuff we had to do, doctor's appointments. It was a precious time of really being together. Then there were times when he could say things that he needed to say. Me too. He said, "I'm sorry for this and that." And I said, "I'm sorry for this and that." Just clean the deck. Leave nothing unsaid. That's the beauty of being able to let it go. He was able to tell me what to do about this and that. Get ready for this and that. He was preparing me. He knew it was getting near the end. We both knew.

SHIRLEY

The first person close to me that I lost to death was my son. I got into gardening because...when I would see the new grass coming, the new life, I just loved to see the new life coming up in the garden. I do think that it helped a lot with my mental state.

It began with some numbness in his little finger and headaches. He was 27 when it first began. He went to the doctor and the doctor diagnosed him as being depressed.

Then, one day he came home from work, he walked in the door and he said, "Mom, I'm really sick." He walked in and he looked like a stroke patient. His mouth was drooped on one side, he was dragging a leg, and his arm was kind of raised up. So I called the doctor and the doctor said, "Bring him down." They took a brain scan and said, "Oh, there is something there." The doctor came in and apologized to us. He said, "I'm so sorry J(son's name), there really is something wrong." They put him in the hospital.

Then they sent us up to San Francisco for a brain biopsy. When we got up there, the surgeon didn't want to do the biopsy. He said J(son's name) might be in worse shape than he already was if they did the biopsy. So we made a couple trips between doctors and the third time we went up to San Francisco, J(son's name) said, "I want to know what's wrong."

So they did the biopsy on June 31st. They bored into his brain in a couple of places and took pieces of it and ran the biopsy. But this cancer that he had, was very, very fast growing. And very invasive. The cells, from what I understand, split and multiplied every six to ten days. It's a bad one. There's just not a cure for that one. The doctor called me in and told me that it was brain cancer. And that he wouldn't make it. He said, "you're going to have a lot of people that are going to give you a lot of hype. But, I'm telling you right now, he's not going to make it." They did this procedure in Palo Alto. I don't really remember driving home. I was crying so hard, I don't know how I got home—but I did.

After the biopsy, I stayed until late but then I went home because I had to bring him home the next day. I woke up about three o'clock in the morning and called up there. They said he'd had a massive seizure but he's "Ok." So I brought him home the next day. J(son's name) always said, "Mom, I didn't know anybody, but I knew Jesus." To this day, I wonder if God didn't let him live to give us more time. We only had seven months with him after that biopsy.

He was part of a research group at the University of San Francisco. He was number 48 or 50. He took a lot of new drugs and ran a lot of MRI's to see ... he did the chemo, he did the radiation and all that too. He knew that he would not live. But he was hoping that this research would help somebody else. But J(son's name) knew from the beginning that he was going to go. But we didn't know when.

We did have a lot of good time together before he went. We went to the beach together. When he got to where he couldn't walk anymore, I took him in a wheelchair. We did a lot of things together. We had a lot of fun. At first he was able to walk with a cane. Then with a four pronged cane. Then the wheelchair. Each day, he progressively got worse and worse and worse until he was in a wheelchair. And then, towards the end, of course, he couldn't even sit in a wheelchair without being tied in.

He could say a few words. The last time that I took him up to see his daughter, we were coming home and I said, "Would like to have a milk shake?" He said, "Yeah." So we drove in ... now he looked outside the window of the car and there were a lot of poppies growing out there... and he said just as clear as he could, "Poppies." And it was just like...every little thing that he said was like music to my ears. It was such a gift. He was able, up until the time that he died, to say, "I love you." He'd say, "I love you." That was really his whole sentence. I don't know if you've ever said the little prayer of "Now I lay me down to sleep..." well, he would say that prayer every night. When it got to where he couldn't say it anymore, then I would help him with it. And when he couldn't say it anymore, I'd ask him, "Do you want me to say it for you." He'd nod "yes" that he wanted me to say it for him. So I'd say it for him every night.

We had so much time. When I think back, there's people that have their children until they're fifty, sixty, seventy years old and the mother's still alive. They sometimes don't have what J(son's name) and I had in 28 years. They don't have that because they don't have to. They figure "Oh well, we've got tomorrow, we've got tomorrow, we've got tomorrow." We didn't have "tomorrow." We had to do "today." We had to get everything that we could do, done today. And that's what we did. It was a real gift. It was a hard time. But, J(son's name) wasn't in any pain. He was on no pain medication. That was such a blessing.

When J(son's name) died, we had an experience that doesn't, well I just don't think is normal. The night before he died, I'd say, maybe about 5 o'clock in the morning or so, I was sitting by his bed and I heard the angels singing in my ears. I looked up and...whether it was an angel or whether it was my mother, I don't know...but it looked just like my mother. And she had her arms held out like this for him. [shows me that she's holding out her arms as if to say, "Come with me."] I could hear the singing. A peace came over me. I went up stairs and got my husband and said, "You're not going to believe what happened." I told him the story. Well, then, that evening, my friend said, "You've got to lay down and rest because you'll be up tonight." So I laid down and took a nap. He was in a coma for the last four days, but they told me that sometimes people can still hear when they're in a coma. So I had been reading to him and talking to him. So when she came, she said, "I'll read, you go get some sleep." I had moved a bed down here for me. So I went and got into the bed and she read to him. When she left at 4:30, I went in to see him. I saw J(son's name) move. Just his arm moved. It's the first movement he'd made since he went into the coma. I said, "L(husband's name), something's happening. I think he's dying right now." So L(husband's name) put,

"Peace in the Valley" by Tennessee Ernie Ford on the stereo and we just held him. He took a couple of breaths and was gone.

Then I called everyone and they came over. I told everyone that if they wanted to come and see him, to come. He was going to be cremated so if they didn't come then, they wouldn't get to see him. I tried to call everybody.

There were so many things that happened. Spiritual things and things that you can't really explain that happened. Not only to me, but to other people too.

I have so many happy memories. There's not a day goes by that I don't miss him. I lost...the thing that I lost outside of losing my son...is I lost my joy. There was a joy that died with J(son's name) that I've never gotten back. I'm happy. But there is a certain little point of my joy that went with J(son's name) and I don't think I'll ever have it again. But, talking about him doesn't seem to hurt me. It doesn't make me miss him more or make me miss him less. It's just...it's nice for people to know who he was.

ANGELICA

I was really lucky in '96 when I found the lump. I had asked my gynecologist, I was supposed to go in for a mammogram in November and I was sort of whining and I go, "I check myself all the time... isn't that good enough?" And in his stupor, he said, "Oh yea, that's OK." Even knowing my history: knowing my grandmothers had it, two sisters have had it ... he told me, "OK, I'll let you go for another year."

Well, in February ... at the end of that month, I was bragging to somebody about how I check and how you're supposed to check. On a Saturday, I was in the shower thinking to myself, "You know, you sit there and say that you're always checking yourself and you never really do it." So, I did it. I felt a little something. I go, "Oh shit." I felt it again and went, "Yea there's something there alright." So I was upset, and I mean upset because it was Saturday and I was going to have to wait until Monday to find out what was going on.

Go in a Monday and was biopsied on Tuesday. Turns out, the lump I was feeling was benign. But a half inch away from that was calcifications that were cancerous that I could not feel. So, it was a benign lump going, "Hey! You! You haven't been doing anything your supposed to do. You haven't been doing your mammograms. You haven't been doing your self checks. And now you decide to so I thought I'd put myself here for you." If I would have waited until the following November for the regular mammogram to spot it.... I'd have been pathetic. It already was in half of a lymph node. And micro-calcifications are generally more aggressive than the other ones—it would have been awful.

First I had a lumpectomy, then I read and decided that I didn't want to do both chemotherapy and radiation, so I ended up having a mastectomy. I had the chemo before

that, AC which is awful. Well, not that awful really. Just the "hair thing" is awful. Losing your hair is just.... I mean if we could have not lost our hair through all of this, I think we'd be looking back and say, "Hey, that was a piece of cake.

So I was cancer free for 3 ½ years. And I hadn't seen my oncologist for a year and a half because I was seeing my surgeon and he was checking all the places they need to check to follow up. Then I had a mammogram and I decided that I wanted another set of eyes to look at it. I chose my oncologist. So I go there to show him the mammogram. He goes, "Yea, the mammograms fine, let me check you." And he's a real big neck checker. He found a little lump on my neck. He says, "Hmmm, well. Well that's not normally where they're benign." Well, you know, I'm not saying a word, I'm just letting him talk. Then he says, "Well you know, let's go, let's schedule you for another month then we'll see if it's growing." So I told him OK and left.

I didn't stop to make that appointment, I went right out of the office and went to the first coin operated phone I came to and called my surgeon. He had me come in right away because they love me in spite of myself or whatever. I say, "Can you feel it?" Well he could hardly feel it. I could feel it—I knew it was there. Actually, CT's wouldn't have even shown it. But he knew it was there too because he finally could feel it. I told him, "Well he told me to wait a month but I can't do that." He says, "What? Today or tomorrow?" I said, "Yes, please." SO, the next day I was in having a biopsy on my neck and it was raving cancer. That's when I started on phase two chemo stuff.

That was in September of '99. So almost a year and a half already. And I've been on weekly chemo's ever since and Hercepton because I'm Her-2 Positive [that refers to the gene or heredity test that they give to women who have high breast cancer risk, not sure about the spelling.]

I'm a little pathetic. I really am kind of a pathetic person: I was born with these weird fingers, I have to deal with this stuttering, then losing my dad at eleven. But, I didn't mean to, but I've turned into kind of role model for cancer patients. I don't go to any support groups or anything, nor do I want to. It's just, what's happening to me is generally enough, but if somebody needs me to help, I'll be there. I'll be there for them. All around, I'd say I'm a pretty happy person. Even considering what I have right now. I think it's because, in my mind, I see somebody some day writing a story about me in 20 years. You know, "This little gal is still on chemo and it's been 20 years and still doing good." Because that's where I'm at, it's not a good prognosis, so to speak. But, you know what? They don't know everything.

It's like, all of a sudden you have to think about your mortality when you don't want to. It's the last thing you want to think about. All of us. Nobody wants to think about dying. We all think we're going to live forever. Something's going to happen, you know, I won't die. The world can't spin around without ME. Well, we cancer patients are fully aware that it could happen. I just don't see me going real quick.

SHANNON

The cancer in '89 was another significant event as far as mortality. The cancer was a shock. It doesn't run in my family but I'd had regular mammograms. I found a lump between mammograms and went to the doctor. I remember him looking at my mammogram and being perplexed because there wasn't any indication of a lump in the previous mammogram. I wouldn't call it devastating—probably because I had such spiritual support and trust in God—but it was a shock and a trauma.

The second one was a surprise. "I've been through this; this wasn't supposed to happen again." It had been eight years. I thought, "There must be a purpose to this. I need to just do the best and go on and take the treatments."

So I've been in treatment since '95 but I still have a little fluid in the lining of left lung. The good thing is that it's stationary. Over the past years, since I've been on oral medication, it has reduced and stabilized. It's still there, but it's not enough to go in and aspirate it. The doctor is hoping that the medicine keeps working. I think a lot of that is just prayer, not just the medication—that's my own personal belief. And once again is, "What's your attitude. Do I affect people? Am I going on with life? Am I depressed?" It's put a little bit of an urgency in me that ... my mom's family are all in their 80's. My dad's family, because of his malaria from the war and his heart attack from smoking, they usually live into their 70's and 80's. Realistically, by the grace of God, I'll never see that. I talked to my doctor and, "In general terms, what's my longevity?" He said, "Ok, less than 20 years." So that'll put me in my early 70's. What am I going to do for the next odd years? What are my priorities? Once again, it's my family.

I used to see my mom at least once a month and we'd talk in between. Now it's ok, let's get together more frequently. I think G(oldest son's name) perceived it differently because he was in a position to recognize who he might lose. So he's been... I think the second time has really impacted him because he's an adult. We talk at least once a week. Since he's had S(grand daughter's name), my granddaughter, he's really great at inviting me up to see her at least once a month when they have her. Which is really, really wonderful. I think it's been a very subtle awareness of "let's make an effort to spend a little more time together and not just get so busy in our lives, which is very easy to do."

I'm still considered a full time, permanent employee. I work four days a week—I work part time—but I get paid full time because IBM is one of the few companies that has an open ended medical coverage. For very seriously ill people, if they're off for months at a time, they do a very good assessment as if you're going to recover.

Next year, I tentatively have targeted to retire. The reason is that I will be 55, then I can go into my 401K's without penalty because of having 30 years with the company. Age 55 and 30 years. So I qualify to withdraw. The other thing—since I really don't know

how long I'm going to live—I feel that if I have another 15-20 years, I want to enjoy some time off.

LEROY

I remember very significant things in my life because I've gone over them and over them so many times. At the age of 76, I shouldn't have lived this long, but I'm here for some reason. I asked my mother one time, "Mama why am I still here?" And she said, "God give you to me to help take care of me."

My mother was a good woman, a sweet woman, a kind woman. Never had anything bad to say about anyone. If somebody hurt her, she would go to her little prayer room—in her bedroom, she had a closet that she'd go in and turn the lights out—she'd kneel in there sometimes for hours. If we couldn't find mama in the house and we knew she was home, we knew she was in her prayer room. She'd come out and I'd say, "Mama, what are you doing in there?" And she'd say, "I wanted to settle some things."

She was always so sweet and kind. Never argued with dad. Until he got into the point where he had the stroke, which was about 8 years before he passed away. Then she used to lay down the law to him. He'd get pretty ornery and angry but she stayed with him right to the end. I can still see her taking care of him, washing his feet, scrubbing his back, taking him places in the automobile—all those things a good, lovely wife accepts. That "better or for worse thing." It was true with her. She was a straight down the line woman. Her vows were forever. And that's what made my mother a good mother.

She lived very modestly and at times she was too modest. She was modest about herself as well. Until one day when I brought her home from the nursing home... I knew that she wasn't happy there, so I said, "Mama, I'll take you home but you gotta help me. If you don't help me, I can't keep you home." And she said, "I'll try my best." And I took her home. That was on a Monday. On Wednesday, she said, "I've got to take a bath. Do you know anybody that can help me?" I said, "Yea, I can help you." Well she didn't want me to help because I was her son. But I said, "Certainly I can, mama. Get in your bedroom, I'll run the water, we'll get through with it." She had a big mirror on her wall that once she was dressed, she'd look in to straighten up herself. Well, anyway, I told her, "mama, the bath is ready to go." And she said, "Now don't you look at me. I'll be in but don't you look at me." And she was standing there in front of that mirror stark naked. And I could see her in the glass. I said, "Mama, I see everything that you got. I can see right there in the mirror." And from there, she said, "Well I guess you've seen it all." And she come walking out with her robe in her hand. So we got her into the bathtub, got her washed. That broke the ice.

I believe that I'm living about six years beyond what the Bible says and I think I'm very fortunate. As far as my general health goes, I don't think it's too bad. I had a couple of broken legs of course. Compound fracture of one and a broken leg on the other. That was due to one motorcycle accident and one on the fire department. I don't really think

of those as life threatening, though. I had heart attack, double by-pass, and when D(girl friend's name) took me to the hospital, I didn't even really think about it. While they were working on me, I didn't really give it a thought. I could see all their faces staring down at me and the injections of all that sort of stuff and I never really thought about dying. The cancer—not too traumatic. I have a wonderful doctor and I'm sure that things will come out all right. And if it doesn't, I'm ready to go. I don't worry about it. And I still don't sit around and worry about it; don't worry if it's going to come back.

My worries are the people that I love and that are sick. Like D(girl friend's name). I worry about her constantly. But, worrying about myself—no, I don't worry about myself. I got no worries about myself.

ANNE

The primary illness that keeps me from living that “normal” life would be the fibro myalgia—that's the fatigue, pain, and brain fog. I find that a lot of people don't know what that is. It becomes immobilizing in the sense that you have to lay down. Your brain just stops on you. The pain is all encompassing. You try to focus away from it, but it's immobilizing—literally and figuratively. You lose everything of yourself, identity and everything. Every once in awhile, I haul out a collage my daughter made for me and say, “Yea, this is me. I'm still this person. It doesn't feel like it right now, but I'm still this person.”

And now, I'm feeling like my life is totally out of control because of my health. Knowing I have to make changes, not sure how to read those changes. And not wanting to make those changes, wanting to keep things the same. When I was laying in the emergency room the first time—so dizzy and weak and could hardly talk—I thought I might be having a stroke at that time. It felt like, like some people say they feel, like you're going to die. I was so, so, so, incapacitated. And you are just totally, totally out of control of everything. I was laying there and realizing that I was totally in God's hands. And you realize from having lost a spouse that there is that blink of an eye from this world to the next world. And you feel like you're at the doorstep and you don't know what's going to happen. I did have a sense that it was my time but I wasn't sure—and I didn't care.

Then, the second time, when I went in paralyzed, it was like, “OK, I'm paralyzed, this is possibly a stroke that I'm having and people do recuperate. I got here early.” But your body is paralyzed. I could move from the left to the right side, but not from the right to the left. And you're totally, you're totally thrown into this place where you're dependent for everything, from somebody else. It's something you'll never forget. And then in the subsequent days, every day, you realize all that you do for yourself that takes such a myriad of people to do for us when we're not able to do it for ourselves. It's unbelievable.

... It was V(husband's name) fortieth class reunion in Wichita, Kansas and he said he was going. I wasn't really feeling up to it... but he wanted to go to this reunion and he wanted to drive. He told me one day that he was going with or without me. And I knew that he meant it. I knew he was serious and if he had a pack, a shirt and some pants that he would get in that van and start driving. I knew that he might not make it all the way, but he was going to try. So of course, you're going to go along.

So we went to Wichita. He started going through the town and he visited ... he started out at the University of Wichita which was obviously the highlight in his life. We started out there. From there we went to where he played baseball where the farm team had an eye on him when he was a junior. And then the summer before his senior year, he got polio. That ended his baseball career. So we went and took pictures of all those places. Every park that he played in, every house he lived in, they were all still there but one. The place where his dad worked. Every place that you could think of. Every school that he went to, we took pictures of it all.

Then to Arkansas where he was born. He wanted to find his grandmother's grave. So we were literally in a truck going through these woods where there was just a grown up path of weeds. And all this brush and going through creeks in this guy's truck. Then it was the wrong cemetery, the cemetery was in the middle of these woods. And it was the wrong one after all. We never really able to get to it. His grandmother's grave ended up being out in a farmer's field. And there was no way... out in the middle of the field... there was no way. There was a cemetery out there. But at least he could see it.

He was going back to his roots.

We came back, got them developed and got a bunch of albums. He was going to start working on it. We got them all numbered and named. But he went through everything. And I was wishing as he went through all of this that the kids could be with us. But they could really see where their roots came from. I'm hoping the energy and time to—I could make up an album since he wasn't able to and they could still go back there and find a lot of that stuff if they ever wanted to.

We left the second or third of October and got back the fifth of November. But when he came back, it was really funny. It was almost surreal....as I look back it was almost surreal. All I can remember is I can't really say whether there was anything said or not said or not done. But we came back and we resumed our lives, but there was something that was surreal about that time. I can remember thinking, "I wonder if his time is here and I wonder how much time we have." But I was aware of the surrealness. He would sit on the end of his bed and it was easiest for me to go and sit on the floor and hug his legs. That's what I remember, hugging his legs. I remember just enough for that thought to cross my mind, "I wonder how much time we have left together."

And also praying during that time that I wouldn't wake up and find him in the morning, expired. I didn't want him to be driving and have an accident. I don't know why, but I didn't want the "family around the bed" doing the hospital scene. I don't know, maybe it was because that wasn't kind of his style. I really don't know. I just remember praying, "God I don't know what's left. What other scenario is left?"

And then...God created one. It was so final. He wanted to die in the blink of an eye—and he did. And there was no recovering him. Everybody...the finest medical help was there immediately. But he was gone.

DORIS

I wanted to be a nurse. When my mother had her hysterectomy at O'Connor's. I went with her in the street car. I sat out in the front in the waiting room while she had her surgery. I waited and I waited and I waited and I waited. Finally the doctor came down ...that was the same doctor that brought the three of us into the world. He said, "I want to tell you that your mom's going to be alright. It's going to be awhile though because the surgery was pretty hard on her." I didn't really understand why something would be hard on her. I said, "Well, what do I do with her?" He said, "Well you have to be very careful that she stays in bed. She has to remain in bed, 24 hours a day for a good week. And it's up to you to take care of her." Well, she's on a gurney and she's being pushed into her room and when they brought her in on the gurney to put her in her bed, she moaned. And I fainted. Sister Superior told me what happened and she says, "I'll tell you something else honey. Don't study to be a nurse."

Daddy was 53 years old when he had a heart attack and died. I was always my dad's daughter, so it was a terrible thing to lose him. I wanted to get in the coffin with him and have them bury me with him.

I was working at Blum's then—it was a lady's store, strictly for women. I worked every day and mom stayed home. I'd come home from work at night and she'd be in her bedroom. On the closet door, she hung his clothes. She'd have the slacks and shirt and the neck tie hanging there. She spent her days "with him" in the bedroom. I guess you'd say, she just spent her whole day in there dressing him and talking to him. She'd have a couple of outfits hanging there on the door and when I got home from work, she'd be sitting on a chair just sobbing and sobbing.

In the beginning, she could stay alone during the day. My brother was there sometime, but he'd be out playing—he was only eleven or twelve. Then, she turned into kind of a mental case. Four years after that, I had to put her into Agnews State Hospital. Which was another one of the hardest things I've ever done in my life. I had to do it.

Her doctor said to me one day, "We've got to do something. We've got to do something before you're in the same condition that she's in." He was afraid that my mind would start giving me trouble if I didn't get some relief soon. So he said, "This is what we're going to do. I know a doctor, a very prominent doctor, we're very good friends. I'm

going to recommend that he talk to your mom. He can make the decision to put her in Agnews." The doctor came over. He checked her real good. Then he called me in and we talked. He said, "I kind of believe that her doctor is on the right track. I think you'd be wise to get her into Agnews. Pretty soon you'll have to hire someone to take care of her. She may not like that and may decide to take off without saying anything. The best thing is to put her into the hospital where there are other patients that she can talk to. Where she can get treatments." Little did I know what the ordeal was going to be.

While they were going through the first three or four weeks, they tested them day after day after day. All the doctors would come in to see what was the matter or what kind of disease or problem that she had. What could they do for her. She was in for four years. It got to the point there when I could bring her home on the weekends. We'd pick her up on a Saturday and take her back Sunday night. So at least she was home for two days. That went on for quite some time.

Then they thought that she was coming along pretty good and would be able to go home for good. When I found out mom would be able to come home, I knew it was time for me to get a house of my own. In 1960, I bought this house. And I brought mama home to live with me here.

BENJAMIN

I was one of those firemen you see pictures of with the icicles hanging off their helmets—especially at a great alarm. We'd be covered with ice. And we had no way to get back to the firehouse..... if we were off duty and the alarm come in at 8 o'clock, the regular shift went out with the apparatus. The outgoing shift had to stand by and see if it would turn into a greater alarm. So we had to walk to the fire, which would usually be about six or eight blocks. So we'd be all coated with we'd spend till four in the afternoon on our off time there helping them with the fire. Then, we'd be so tired and laden with ice, that we'd get on the regular city transportation, the bus! And we're dripping and making puddles all over the bus. I don't the bus drivers were too happy with us. They let us ride for free, we could even ride for free when we were going and coming to work, we just had to be in uniform. But we couldn't take a seat, we couldn't occupy a seat. We had to stand. I mean, if nobody was on the bus, if the seats were empty, we could sit down. But as soon as people come on and they were standing, we had to give up our seats.

Oh, we had a couple of close escapes. There was a time when I had to jump to the next building. There was fire coming out all the windows and we were up on the roof. They couldn't get the ladders up there anymore—they were pulling the ladders down. The chief hollered, "Jump!" So, it wasn't far and it was level. Maybe that far [indicates about two to three feet]. We were on the second story and we had to jump to the next roof. Then they put a ladder up over there and we got down. I been in a couple of occasions like that.

Another time, we were working on a roof and the roof started going in. One of the guys with me started going in. He didn't fall all the way, he held on. The roof was so soft, we tried to get over to him and pull him out. He was going, "Boy, it's hot." His legs were burning. We got him out but we thought we might go. The roof was getting real spongy. Lot of incidents like that.

But you don't have fear when you're there. You can't think of it that way. You're doing your job. Just like the New York guys, they had a job to do. And they went in to do it. You don't think of anything else. You think what you have to do and save lives. That's the oath we take. I don't know it all, it's pretty short, but basically it talks about saving lives at the risk of your own.

I think some of the proudest or most fulfilling times in my life were rescues on the fire department. Pulling people out and saving their life. That felt real good.

One of my first fires after I got transferred downtown, there was a kid in the building. The mother said, "He should be in that bedroom." They broke the window and I crawled in there. Oh, was it rotten in there. The guys come in the other side of the house with a line and blew me out of the room. They blew the fire right at me. I made two attempts to get in there, but I couldn't find the kid. I was under the bed and he was hiding in the closet. I couldn't find the closet door. But they got him out. The other guys got him out. When they walked in with the line, they got him out.

I think the biggest turning point in my life came when I was shot, in the fire department. We weren't even supposed to be in that area. My brother-in-law was at a fire about two blocks away and all the company's responded there. Then the next alarm come in and we responded and had to fill in for them. As we're going down the street, we could see the sky was red already. So, we didn't wear ... we didn't have to wear rubber coats or anything, just jackets at that time. So I had a brand new rubber coat that I'd just bought, two days earlier. I said, "I better put this on, it looks like a good worker." So I put it on. We got to the fire and the front end of the building, two story building, was going wide open. So the chief told us to go, to take my company, and go down and come from the alley and get in that way. So we broke the door down. We got in there and it was....I don't know how the fellow lived in there. But we crawled in there and I being the officer, I was holding a radar and looking. I come to this truck, or parked vehicle in there. I felt my way around it and when I got to the window, he reached and shot out at the light. He was about three feet away from me. He hit me right in the chest. It knocked me down, flatter than a pancake. Two guys behind me said, "What was that?" I said, "I'm shot." So they grabbed me by the collar and dragged me out. I was laying on the ground. I was conscious.

I was shocked. The police were at the alarm anyway, so they called for an ambulance. Our ambulance was at the other fire. The police said, "Well, we got an ambulance right here." So they threw me in the ambulance and carted me out to the county hospital.

Where I spent three months—91 days. The head doctor that took care of me, he said, “I’ve lost a lot easier ones than you.” The bullet went right into the chest and then tore up the stomach, the liver, the lungs, and the bowels—it lodged in the back of them. They took out the bullet, removed it from the back. It shattered when it hit my breastbone. It shattered. Pieces of it went into the they had to remove part of my stomach and the part of the liver that was damaged. The bowels, I had a colostomy for the whole time I was in the hospital. They wanted me to go home and rest awhile and come back to undo it. But I said, “No, I come here in one piece and I want to go home in one piece. I want this taken care of before I go home.” Yea, and 90 days later, thanksgiving day, they took it out.

I figured that I was going to make it, but it was still a major turning point for me. I started taking life more seriously. I realized that life could be short, real short. I just thought about things differently.

I had to retire at age 62, that was mandatory, you had to retire at 62. I would have stayed longer, a few more years. I loved it.