

University of Nevada, Reno

**Ocean of Tears: An Autoethnographic Journey Through Cumulative Grief and
Loss**

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy in Education

by

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THE GRADUATE SCHOOL

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prepared under our supervision by

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ABSTRACT

The purpose of this qualitative research study is to examine, portray and deepen the understanding of the complexity of a cumulative grief and loss experience through an autoethnographical approach. A review of grief and loss literature reveals a paucity of information on cumulative grief and loss. Through autoethnographical narrative, this study will contribute to an increased understanding of one researcher who experienced multiple losses and the grief journey that followed. The research will contribute to an increased understanding of how multiple losses can impact one's grieving process, link personal experience to current literature in the grief and loss field and inform helping professionals with new implications in working with grief and loss clientele. The process of data collection and data analysis is fluid, evolving, and each part is intrinsically connected to one another. It is through each re-reviewing of personal journals, re-writing of recollected memories, and re-examining of artifacts that this study becomes more enriched with meaning as themes emerge and are examined. Discoveries and interpretations of the data arise continually throughout the collection process and are documented in the final analysis of the study. Findings indicate that the application of a grief stage model does not fully explain the experience of cumulative grief and loss. The use of the autoethnographical method allows entrance into a world that would otherwise be overlooked, assumed, or silenced. This study shares a voice heard both against a simplified, linear line of grief and the stigma of stigmatized death. In addition, through writing and the use of feminist and poststructural reflexive thinking one may be able to establish meaning-making, completion of unfinished business, and a means for ending grief.

DEDICATION

For those who have left us all too soon.

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PROLOGUE

November 1998: Oahu, Hawaii

Lounging on one of the beaches of Northshore I watch the waves roll onto the sandy beach. Sarah announces she wants to swim out beyond the waves. I'm nervous but don't want to show it, so I tell her to swim out first and I will follow shortly. I watch her swim up and over each swell. She makes it look easy. She always does, being a water baby and all. About 15 minutes later I decide I can do the same. I walk out until I am waist high. Then I dive through the oncoming wave to get under and over the break. No luck. I try again and again to reach her, but I can't seem to break past the waves. The waves begin to come in larger and quicker. I get caught in a wave break and am violently shoved down to the sandy bottom of the ocean. It is just deep enough that I can't stand up. Not that that matters as I can't tell which way is up anyways. Eventually I pop up just in time for another wave to come crashing down on top of me. The cycle of going down, hitting bottom, desperately trying to find my way UP, UP, UP starts again. I'm scared, confused, and freaking out. I realize I am not strong enough to swim up and to shore. Miraculously, arms lock onto my waist and haul me up and out. This stranger's arms place me on the gritty shore and I vaguely hear being asked if I am ok. I grimly, but with gratitude, nod. With my heart racing, my breath ripped away, and feeling a hefty dose of fear I look out beyond the waves. I see Sarah, floating peacefully, beyond my reach.

Little did I know this would happen again, metaphorically, 14 years later when she committed suicide, beyond my reach.

CHAPTER 1

INTRODUCTION

“The shadowlands of grief became my unwanted fields of study.”

-Spry, 2006, p. 340

Statement of the Problem

Loss is inevitable. It is a common bond that all humans share. Over the years, grief and loss research has steadily confirmed the constructs of the grief process (e.g., Bowlby, 1980; Freud, 1956; Kübler-Ross, 1969; Parkes, 1972; Worden, 1982). Conducting a basic internet search on grief and loss will return an abundance of textual information in under a second. There are a multitude of studies delving into grief and loss. Numerous academic journals are dedicated to the field of grief and loss (e.g., *Death Studies*, *Journal of Personal and Interpersonal Loss*, and the *Hospice Journal*) along with a myriad of published books. Scholarly books that focus on the journey of grief and loss include, but are not limited to, *Handbook of Bereavement Research and Practice* (Stroebe, Hansson, Schut, & Stroebe, 2008), *Grief and Loss: Understanding the Journey* (Freeman, 2005), and the *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (Worden, 2009). However, there is a scarcity of information on cumulative grief and loss and an even scarcer amount of published research on cumulative grief and loss. This has serious implications for the mental health profession as grief and loss are universal themes that impact each individual on our planet. It is not a stretch of the imagination that helping professionals will work daily with individuals stricken with grief and loss.

Purpose of the Study

The primary purpose of this autoethnographic study is to examine, portray, and deepen the understanding of the complexity of a cumulative grief and loss experience. Secondly, this study is intended to reach individuals in the helping profession who work with grief and loss issues. This account will begin to fill the paucity of cumulative grief and loss literature and allow the readers to reflect on their own grief and loss experiences with the intention of informing their professional and/or personal work.

Research Question

My narrative of living through cumulative loss and encountering grief will revolve around the following question:

- What were my experiences with cumulative grief and loss?

Structure of Dissertation

This paper follows a non-traditional structure and evolves as the autoethnographic writing process continues. Fluidly, I begin in a more traditional qualitative vein by introducing the problem and purpose of the study, presenting my research question followed by rationale and importance, design of the study, and review of relevant studies. Additionally, I provide an explanation of the methodology in which I based my writing along with researcher background, role, and positionality, design of the study, and data collection and analysis. Finally, the remaining chapters will include a narrative per chapter with reflection and analysis along with a final concluding chapter. Note that a smaller traditional chapter on the literature review is provided but is most notably seen being woven throughout this narrative text to substantiate and support validity for the study.

CHAPTER 2

BACKGROUND OF THE STUDY

Review of Relevant Studies

The literature surrounding grief, mourning, and bereavement is extensive. There is a myriad of scholarly articles and books that focus on stages and models of grieving (Bonanno, Boerner, & Wortman, 2008; Kübler-Ross, 1969; Stroebe & Schut, 2010; Worden, 2009), complications that arise out of the natural grieving process (Bowlby, 1980; Kastenbaum, 1969; Wetherell, 2012), and attachment disruption (Bowlby, 1980; Mikulincer & Shaver, 2008; Parkes, 1972). Grief models do not directly address several elements that can make grieving more or less difficult, such as the relationship between the griever and the deceased, the personality and history of the griever, social variables, concurrent stressors, and even the nature of the death itself (Worden, 2009). Most of research has focused on the treatment of grief through acceptance of loss, utilizing support system and supportive resources, allowing time for healing, and engaging in new interests in life (Stroebe, Hansson, Schut, & Stroebe, 2008; Worden, 2009). Among the ocean of grief and loss literature, one will find exceptionally limited studies on cumulative grief and loss. However, some of these limited in number studies are found in nursing, (Feldstein & Gemma, 1995; Houck, 2014; Marino 1998; Saunders & Valente, 1994), multiple AIDS-related loss (Biller & Rice, 1990; Cherney & Verhey, 1996; Mallinson, 1999; Nord, 1996), and in childhood mourning (Kaufman & Kaufman, 2005). No current literature addresses multiple losses that can occur in short duration of time and how an adult copes with those multiple losses. Most individuals have the resiliency to recuperate from an individual loss (Stroebe, Hansson, Schut, & Stroebe, 2008), however

multiple losses cumulate and can interfere with an individual's ability to recover and return to their daily normal functioning (Kastenbaum, 1969).

Feminist and Poststructuralist Approaches

This study was informed by feminist and poststructuralist approaches (Foucault, 1997b; Hesse-Biber, 2012; Kemp & Squires, 1997). I have selected feminist and poststructuralist perspectives to relay my experience to current grief and loss literature, research, and thought. The feminist approach allows myself, as author and researcher, to represent my experiences as a woman and is based on the premise that women and men interpret and experience the world in diverse ways (Kemp & Squires, 1997; Smith, 1987). The poststructuralist perspective contends that the nature of knowledge is founded in language and multiple meanings can arise from the use of language (Carter, 2013). This feminist and poststructuralist analysis of a cumulative grief and loss experience advocates that there is not one "correct" method to recognize grief and to maneuver through the grieving process.

Feminist theory is comprehensive. The diversity within feminism is well established. Since the early 1800s, there have been several evolutions of different frameworks under the term "feminist theory" (Kemp & Squires, 1997). While there is no single definition of "feminism" many authors agree that feminist theory illuminates the inequalities and power relations that women, along with other marginalized and oppressed groups, face in today's world (Hesse-Biber, 2012; Young, 1990). Feminist thinkers are aware of hierarchies and patriarchal power, which perpetuate the status quo. For this reason, the intention of feminist theory is to remove the oppressive relation between the feminine and the masculine (Hesse-Biber, 2012).

Feminist writers often contest power and gender inequality. Cline (1995) and Hockey (1997) are feminist writers on grief who challenge the current theories of grief and loss. These writings assert that contemporary theories lack the recognition of the gender politics surrounding the understanding of bereavement (Cline, 1995; Hockey, 1997). Hockey (1997) reveals that in contemporary culture grieving women are presented as stereotypical, gendered, and generalized. “True femininity” is portrayed as needing “intuitive sensitivity and emotional expressiveness” in opposition of “true masculinity” of “rational and emotional control” (p. 90). This preconceived structure allows very little room for women to express their own experience with grief and loss.

Poststructuralism is a movement in philosophy that came in reaction to structuralism in the late 20th Century (Hesse-Biber, 2012). It emerged during the 1960s and prominent poststructuralists include Michel Foucault, Jacques Derrida, and Roland Barthes (Hesse-Biber, 2012). The poststructural approach involves looking at the way meaning is constructed through language, denies the objective ground of truth, and includes interaction with the reader (Carter, 2013; Holman Jones, Adams, & Ellis, 2013). The premise is that language, or discourse, shapes our understanding of the world around us. The term ‘discourse’ is often associated with Foucault (1997b) and includes both language and culture. Discourses are seen to “articulate what we think, say and do” and to be historically embedding (Foucault, 1997b, p. 315). Discourses in poststructuralism hold power to shape and mold reality. This power of discourse can be both the perception of reality and the tangible reality that is accepted. Discourses can be powerful and dangerous. However, Foucault’s discourse is also said to be ‘productive’ as discourse produces ways of knowing as multiple narratives and discourses can create a meaningful world.

Furthermore, poststructuralism calls upon the reader to engage and create meaning. Sparkes (2001) states, “readers must be prepared to make meaning as they read, put something of their own into the account, and do something with it” (p. 220). According to Barone (2000), the creative and persuasive storyteller recognizes the necessity of letting go of control and, thus, trusts the reader to construe and appraise the text from their own positioning. Poststructuralists believe that there is no objective truth, and that there can be multiple meanings, even if those meanings are contradictory (Williams, 2005).

Dominant Discourse

Death and dying has been a taboo topic for many years. Sigmund Freud, the founding father of psychoanalysis, initiated the study of mourning (Freud, 1957). However, it wasn't until the 1960s that death and dying research gained prominence. During this time America was a “society bent on ignoring or avoiding death” (Kübler-Ross, 1969, p. 25). Theories related to grief and loss placed prominence on stages, phases, or trajectories for one's journey through grief. Kübler-Ross (1969) is one of the most prominent theorists on death and dying. Her research on grief and loss has led her to state that bereaved individuals experience five stages: denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1969). The commonly acknowledged example of an effective griever is one that has successfully resolved each grief stage and emerges with a view of acceptance for the loss. Kübler-Ross's stage model (1969) is considered the hallmark model in understanding death and dying. To this day, many lay people and professionals lean toward this stage model due to its easy-to-understand method, using it as a way to measure the progression of one's grief journey (Prigerson, Vanderwerker, & Maciejewski, 2008).

The most common understanding of the grieving process has been formed by commanding discourses arising mostly from grief stage models, such as, Kübler-Ross (1969), Bowlby (1961), Worden (1982), and Jacobs (1993). The autoethnographical lens will be used to understand the unique perspective of my cumulative grief and loss experience. In addition, I will use insight from feminist and poststructuralist perspectives to deconstruct the function of these powerful discourses, and to inform how I, as author and researcher, comply with or challenge the power of these dominant knowledge acclamations.

Rationale and Importance

Loss is one of the many realities of the human experience. Grief, with a spectrum of emotions and behaviors, is the natural response to loss (Worden, 2009). A quick online scholarly search will return hundreds of thousands of articles related to grief and loss. Sorting through the innumerable information one will quickly recognize that there is a copious amount of grief models that exist in the literature. These models include, stage (e.g., Bowlby, 1980; Jacobs, 1993; Kübler-Ross, 1969; Shuchter & Zisook, 1993; Worden, 1982), attachment-based (e.g., Parkes, 1972), phase, task, and need (e.g., Rando, 1993; Worden, 1982, 2009), meaning reconstruction (e.g., Neimeyer, 2001), two-track (e.g., Rubin, 1999), dual process (e.g., Stroebe & Schut, 1999, 2010), and continuing bonds (e.g., Field, Gao, & Paderna, 2005; Klass, Silverman, & Nickman, 1996). These various models address single losses. Roughly 80% to 90% of individuals will encounter normal grief (Barry, Kasl, & Prigerson, 2001, Prigerson, 2004). While typical grief can be disruptive and cause extreme distress, most grieving individuals surpass the initial feeling of disbelief and arrive at acceptance of their loss. The majority of bereaved

individuals ultimately resolve, move on, and proceed with their daily functioning (Prigerson, Vanderwerker, & Maciejewski, 2008). However, what happens when there are multiple losses with minimal time to resolve grief between each loss? Multiple losses can cause a disruption in the grieving process. Grieving can be suspended in reaction to the enormity of the loss and bereavement burden (Kastenbaum, 1969). The existing literature has not shown the extent to which an individual grieves when multiple losses disrupt the grieving process. An increased understanding of how multiple losses can affect one's grieving process will contribute to the professional and personal field of grief and loss.

CHAPTER 3

METHODOLOGY

Hemingway advised F. Scott Fitzgerald in a letter May 28, 1934:

“We are all bitched from the start and you especially have to be hurt like hell before you can write seriously. But when you get the damned hurt use is—don’t cheat with it. Be as faithful to it as a scientist.”

Understanding Autoethnography

Situated in qualitative inquiry, autoethnography is a research method that is gaining recognition and acceptance among researchers (Ellis, 2004). Autoethnography is “an approach to research and writing that seeks to describe and systematically analyze (*graphy*) personal experience (*auto*) in order to understand cultural experience (*ethno*)” (Ellis, Adams, & Bochner, 2011, p. 429). Autoethnographies “are highly personalized accounts that draw upon the experience of the author/researcher for the purpose of extending sociological understanding” (Sparkes, 2000, p. 21). Autoethnography provides a unique contribution to research across multiple disciplinary fields (Chang, 2008; Jones, Adams, & Ellis, 2013; Muncey, 2010). Some of these fields that have embraced autoethnography include counseling (e.g., Borders, & Giordano, 2016; Hargons, Lantz, Marks, & Voelkel, 2017), education (e.g., Duncan, 2004; Ernst, & Vallack, 2015; Pennington, 2007), healthcare (e.g., Foster, McAllister, & O’Brien, 2005; Jones, 2012; Liggins, Kearns, & Adams, 2013), communication (e.g., Holman Jones, 2007; Tillman, 2009), sport sciences (e.g., McParland, 2012; Purdy, Potrac, & Jones, 2008), music (e.g., Lee, 2009; Nethsinghe, 2012), sociology (e.g., Cook, 2012; Wall, 2008), criminology (e.g., Jewkes, 2011; Newbold, Ross, Jones, Richards, & Lenza, 2014; Wakeman, 2014), anthropology (e.g., Reed-Danahay, 1997), social work (e.g., Krumer-Nevo, 2009; Metta,

2010; Witkin, 2014), and business (e.g., Doloriert, C. & Sambrook, 2011; Learmonth, & Humphreys, 2012). Autoethnography is taught within qualitative courses and at times as a single course in many universities and colleges. Additionally, qualitative research methods textbooks contain chapters about the autoethnographic method (e.g., Denzin & Lincoln, 2000, 2011; Ellis, & Adams, 2014).

History of Autoethnography

Autoethnography arose from self-reflective narrative accounts in ethnography where the essence of research is on the researcher's life experiences (Chang, 2008; Denzin, 2006; Ellis, 2004; Ellis & Bochner, 2006; Patton, 2002). Van Maanen (2011) reveals that ethnography is a written representation of people and culture. Holt (2003, p. 2) asserts that an "emergent ethnographic writing practice involves highly personalized accounts where authors draw on their own experiences to extend understanding of a particular discipline or culture." Ellis and Bochner (2000) express that autoethnography is a method where the subject is the researcher and the data is the interpretation of the researcher's experience. Ellis (2004) eloquently voices:

Back and forth autoethnographers gaze: First they look through an ethnographic wide angle lens, focusing outward on social and cultural aspects of their personal experience; then, they look inward, exposing a vulnerable self that is moved by and may through, refract, and resist cultural interpretations. As they zoom backward and forward, inward and outward, distinctions between the personal and cultural become blurred, sometimes beyond distinct recognition. (p. 37-38)

Autoethnography is a growing method of inquiry and is most known for drawing on arousal of emotion and promoting a "therapeutic experience for the reader and the writer and thus transgresses the boundary between research and therapy" (Bochner, 2002, p.90). Through the use of autoethnographic narrating, the researcher no longer observes

from the sidelines but instead joins the playing field of the study. The objective of this writing method is complexly layered as it looks to encompass the personal and cultural within the armature of literary and scholarly parameters.

Autoethnography is an expansive and multifaceted methodology that includes a multitude of practices (Ellingson & Ellis, 2008). Reed-Danahay (1997) asserts that “autoethnographies vary in their emphasis on the writing and research process (*graphy*), culture (*ethnos*), and self (*auto*).” Creditable and talented autoethnographic researchers/writers include, but are not limited to, Anderson (2006), Bochner (2002), Chang (2008), Ellis (2004), Muncey (2010), Reed-Danahay (1997), and Richardson (2007). Through their work one can distinguish intentional writing as a method of inquiry. Autoethnographic writing is constructive and reflexive as each researcher typically writes in a way that best represents his or her authentic self (Wall, 2008).

Topics

Autoethnographic accounts tend to delve into topics that are often taboo or publicly stigmatized within current culture. Such topics include, race, death, and sexual orientation. These taboo topics nestle well within the autoethnographic framework as researchers have direct access to intimate information and can study the topic in depth (Chang, 2008). Muncey (2010) attributes autoethnography as a “means of getting across intangible and complex feelings and experiences that somehow can’t be told in conventional ways, or because the literature they are reading is not telling their story” (pp. 2-3). It is “at the end of a thorough self-examination in its cultural context, autoethnographers hope to gain a cultural understanding of self and others directly and

indirectly connected to self” (Chang, 2008, p. 49). The author and the data are intertwined and, thus, unable to be extracted separately.

Primary Approaches in Autoethnography

Within the realm of autoethnography there are two primary approaches established: evocative autoethnography and analytic autoethnography. These approaches are used as both descriptions of ethnography types and representative statements about what autoethnography can or ought to aspire to become (Charmaz, 2006). Both approaches apply narrative inquiry and ethnographic methods to address cultural understandings of the author’s self-reflected experiences, where the subject and author/researcher are one and the same (Ellis & Bochner, 2000; Maréchal, 2010; Reed-Danahay, 1997).

The evocative approach presents a rich narrative with intent on resonating with the reader, instead of providing a detailed examination of the event (Muncey, 2005). Denzin (1997) notes that evocative autoethnographers “bypass the representational problem by invoking an epistemology of emotion, moving the reader to feel the feelings of the other.” (p. 228). Evocative autoethnography narratives are deeply personal that showcase “concrete action, emotion, embodiment, spirituality... can appear in poetry, journals, fragmented and layered writing, and social science prose. The workings of the self are expressed emotionally, physically and cognitively” (Ellington & Ellis, 2008, p. 448).

Some evocative autoethnographies include Ellis’ (1995) *Final negotiations: A story of love, loss, and chronic illness*: a self-narrative about Ellis’ experience being a graduate student in sociology, entering a romantic relationship with a sociology

professor, Gene Weinstein, the progression of their relationship, and Gene's battle with emphysema, that ultimately ended in 1985 with his death. Muncey's (1998) *Tale of a teenage mother*: a self-narrative about Muncey's experience being a victim of sexual abuse that led to a pregnancy at 15 years old and the culture that surrounded her at the time. Her intent was to start informing social policy as, at the time, the societal discourse for teenage pregnancy stemmed from health issues, lack of morals, and adolescent sexual ignorance. Pregnancy, as a result of sexual abuse, was not considered during that time period. Ronai's (1992) *The reflexive self through narrative: A night in the life of an erotic dancer/researcher*: a self-narrative that examines Ronai's emotional experience of reentering the strip club setting as a dancer/researcher. She performed and worked as an erotic dancer to help pay her way through her undergraduate degree. In 1987, she danced again to gather data for her master's thesis with the intent to inform others of a perspective on becoming a dancer/researcher and the impact of having multiple identities on her "self" as the participant researcher (p. 104). Lastly, Short's (2010) *An evocative autoethnography: a mental health professional's development*: a self-narrative about a development of a mental health professional who suffers from a mental illness.

Within analytic autoethnography a sense of objectivity is paramount. Anderson (2006) introduces the idea that autoethnography can be a feasible method in analytical research. Anderson (2006) states that analytic autoethnography points to research in which:

the researcher is (1) a full member in the research group or setting, (2) visible as such a member in published texts, and (3) committed to developing theoretical understandings of broader social phenomena. (p. 373).

Atkinson (2006) agrees with Anderson's concept that the researcher is rooted in the research development. As such, when the self is embedded in the research setting then the self is invariably changed by the process. However, he recommends that what should be protected against is "the implicit assumption that self-transformation is the main outcome of such research processes." (p. 403). Ellis and Bochner's (2006) view about Anderson's (2006) article is that he is attempting to tame autoethnography. They express:

Autoethnography shows struggle, passion, embodied life, and the collaborative creation of sense-making in situations in which people have to cope with dire circumstances and loss of meaning. Autoethnography wants the reader to care, to feel, to empathize, and to do something, to act. It needs the researcher to be vulnerable and intimate. Intimacy is a way of being, a mode of caring, and it shouldn't be used as a vehicle to produce distanced theorizing. (p. 433)

Some analytic autoethnographies include Wall's (2012) *Re-thinking motherhood and kinship in international adoption*: a self-narrative about her experience as a mother of an internationally adopted child that challenges and informs the discourse on international adoption. Anderson's (2011) *Time is of the essence: An analytic autoethnography of family, work, and serious leisure*: a self-narrative about using his experiences in sports skydiving to examine his experience of familial and professional constraints. He discusses the conflicts that arise when serious leisure activities are pursued that cause tension between family and work obligations. Additionally, he applies his analysis to broader social phenomena as similar themes resonate with others in his social and work circle thus informing others with similar experiences with some strategies that may be helpful in reducing tension. Borders and Giordano's (2015) *Confronting confrontation in clinical supervision*: a co-constructed narrative where the authors describe a full circle involvement in confrontation from the viewpoint of the

beginning doctoral supervisor and the faculty supervisor. Together they provide a reflective analysis of the co-constructive account constructed in theories of change and supervisory models.

Analytical autoethnography separates itself from the evocative approach by accentuating the importance of analytic reflexivity, which uses existing theories to provide a breakdown of the researcher's personal experience. Analytic autoethnography involves objective narrative and analysis of a selected population and evocative autoethnography focuses on narratives eliciting emotions on a specific topic so that readers can connect to and reflect on the researcher's experience.

There are writers and researchers who have come to a joining of evocative with analytic autoethnography (Bartleet, 2009; Holman Jones, 2002; Metta, 2010; Pelias, 2011). Weaving evocative and analytical autoethnography together "produces powerful writing about the self in the world in order to help change the world" (Jones, Adams, & Ellis, 2013).

Marilyn Metta is an Asian Australian feminist academic in anthropology and sociology at the School of Social Sciences and Asian Languages at Curtin University of Technology in Perth, Western Australia. She teaches and researches in a multi-discipline realm that includes social work, counseling, women studies, human rights, and social science. Additionally, she is a practicing counseling therapist at the West Leederville Counseling Center in Perth. She has spent over 18 years working with families and individuals. Her counseling practice informs her research and teaching as her research and teaching informs her counseling practice. Through her research she practices reflexive, evocative, and creative lifewriting in which to create new spaces and voices to

underexplored Asian Australian scholarly literature (Metta, 2010). In her book *Writing Against, Alongside and Beyond Memory: Lifewriting as Reflexive, Poststructuralist Feminist Research Practice* she provides a rich, evocative account of sexual abuse in her marriage. She reveals herself in poetic and artistic form. She weaves in analytical autoethnography that links her personal experiences to scholarly literature in the field of domestic violence. This is with the intent to inform professionals and others that work with domestic abuse victims (Metta, 2010).

Metta's (2010) approach to weaving evocative and analytical autoethnography resonates with my personal and professional self. My intent in completing this autoethnographic study is to reveal an evocative examination of my journey through cumulative grief and loss, link my personal experience to current literature in the grief and loss field, and inform helping professionals with new thought on working with grief and loss clientele.

Why Autoethnography

Autoethnography is a natural mode of research for the counseling and educational psychology field (Jones, Adams, & Ellis, 2013). All autoethnographies use lived experiences to study and/or evaluate cultural experience. Societally unrecognized losses are often silenced or shunned by others (Calhoun, Selby, & Abernathy, 1988; Jordan, 2001; Thompson & Range, 1991). Society appears uncomfortable discussing and providing support for multiple losses and the grief journey that follows. I believe that my autoethnographic study will provide needed contribution to existing grief and loss literature. It is also important that my account resonates within others so that cumulative grief and loss can be better understood and thus lead to further research and discussion.

Philaretou and Allen (2006) assert that autoethnography addresses “questions that would be hard to obtain through conventional research methods” (p. 67). Autoethnography provides a platform that offers lived, day-to-day, intimate experiences and insights that traditional research methods are not able to provide. This study offers me the opportunity to embrace “writing therapeutically, vulnerably, evocatively, and ethically” (Ellis, 2004, p. 130). Richardson (2000) asserts that writing is a way of “knowing” and is ideal for a method of inquiry. Writing autoethnographically provides the opportunity to tell one’s story, in narrative form. This is an essential aspect of meaning-making, completing unfinished business, and providing a way to end cumulative grief. (Neimeyer & Wogrin, 2008).

I chose autoethnography to delve into my grief and loss experience using self-narrative writing exercises, drawing from my journals, photographs, additional artifacts, and lived experiences to provide a rich storytelling tapestry filled with dialogue, reflection, and epiphanies in the present tense (Ellis, 2004) to convey my configured knowledge and reality. I chose this method as there is deficit in the literature regarding cumulative grief and loss. Coming from the perspective with an in-depth look at myself as a case study to show the complexity of one human being with experiences that can help others as I am a cumulative grief and loss survivor and mental health clinician. In the tsunami of literature there is minimal knowledge on cumulative grief and loss, and this study should broaden the understanding of cumulative grief and loss. It will provide an autoethnographical account of an under-explored category that is emerging more and more as the world experiences cumulative grief and loss as evidence by recent events in the news: mass shootings, terrorist attacks, and natural disasters.

Advantages of Autoethnography

There are several advantages with an autoethnographic study. Some advantages include the use of descriptive autobiographical narratives. These narratives present a private, almost voyeuristic view, into an intimate world rich in data detail (Pavlenko, 2007). Autoethnography allows the researcher to voice a powerful first-person account about the research topic where the researcher has become the insider, instead of the outsider, of the phenomenon (Hitchcock & Hughes, 1995). Autoethnography is a viable way to enable a reader to enter the subjective world of the researcher's experience. The intention to elicit reflection, understanding, and empathy about the researcher's phenomenon experience contributes to others and their own world (Méndez, 2013). However, this advantage simultaneously presents a limitation in that while data is pulled from the researcher's own metaphysical well this is also a limitation as "by subscribing analysis to a personal narrative, the research is also limited in its conclusions" (Méndez, 2013). Cautiously, since connections readers make to the presented narrative cannot be predicted, one can assume that readers' elicited feelings may be distasteful (Bochner & Ellis, 1996). The researcher must be comfortable with emotionality and be willing to be open and honest with the depth of self-disclosure. An autoethnographer must tap into his or her inner thoughts and feelings and then be willing to share it to the world. Ellis (2004) theorizes that a good therapist may also be a good autoethnographer and vice versa as one must be comfortable with the emotions of self and others.

Researcher Background, Role, and Positionality

The topic of cumulative grief and loss is both a professional and personal interest of mine. I am a mental health clinician and a counseling scholar. I practice as a

licensed marriage and family therapist. Additionally, I provide clinical onsite support for practicum students and marriage and family therapist interns and consultation with colleagues. I have obtained a master's degree in counseling and educational psychology. I started practicing as a marriage and family therapist intern in 2010 with becoming fully licensed in 2015. During the years of practice, I have worked with grief and loss among many individuals, couples, and families.

On a personal level, I have encountered my own grief and loss over the years. During a timeframe of three and half years I experienced multiple losses (Appendix A). Some of these losses occurred within three weeks of one another. Since this autoethnography is one that delves into my thoughts, feelings, and behaviors as a marriage and family therapist dealing with multiple losses, some disclosure at this point is necessary because it sets the foundation of this study. I have not had any previous experience with cumulative loss and the grief that follows. I have had experience in "normal grief" and am familiar with the grieving process.

This study is not just an "academic endeavor" but one that hinges on a personal journey. Loss, grief, and dysfunction in my life obstructed my own perception, judgement, and decision-making while providing service in the helping profession. I embraced this topic because it is important to resituate in the current research insights of self and self in relation to others during a cumulative grief and loss journey. Lastly, writing in the first person will allow me to "showcase concrete action, dialogue, emotion, embodiment, spirituality, and self-consciousness" as I have experienced it (Ellis, 2004, p. 38). In keeping with my belief that my personal life informs my professional life as I am both counselor and client, so is my position as researcher and the researched (Muncey,

2010; Ellis, 2004). As I comply and build upon the narratives of my data collection, my audience is offered the opportunity to view an inside world that cannot be understood from perspective of an outsider.

Design of the Study

The autoethnographical method is an evocative way to capture the lived experience of pain and loss. This study travels along this current of examination by swimming into a taboo subject that confronts values, standards, and rules rarely expressed within the current culture and challenges underlying social issues.

Autoethnography is the method I will use to creatively and scholarly share my story. The process of moving in and out from the particular to the general was helpful in my grief and loss experience, and my attempts at meaning-making from a messy phenomenon. Additionally, looking at grief and loss literature in this manner provides a new and fresh perspective when relating with others who also experience cumulative grief and loss. From my own experience I recognize the significance and importance of discussing a painful and often avoided topic. Being able to give voice to others who suffer from cumulative grief and loss is an important part of my grieving process and may also be an important part of theirs. My hope is that this autoethnographic study can be of help to others who are grieving from multiple losses and, also, to others who have not had the occurrence of cumulative grief and loss. Thus, my personal experiences in cumulative loss will springboard off an extensive magnitude of grief literature. I will then conceptually construct my own personal experience by connecting it to a dominant theory model and, lastly, suggest areas for new grief and loss research.

This study is restricted in its scope to the viewpoint and experiences related to one individual's journey through cumulative grief and loss. Additionally, I've determined that not all losses will be included as the focus will remain on stigmatized deaths. Specific losses (e.g., less significant deaths, divorce, health issues, and loss of significant friendships) will not be included in this study. My research ends by the timeframe of the most recent loss, the suicide of a third best friend.

Data Collection

Chang (2008) informs that "Hayano (1979) used 'autoethnography' as a way to refer to a study of the ethnographer's 'own people'" (p. 47). Thus, autoethnography is a manner of ethnography where the researcher, author, and subject are one and the same. The researcher's own subjective experiences become the central source of data and thus the data is anchored in the "lived experience" (Chang, 2008). The research data is collected by observing one's self and reflecting upon those observations. In ethnography data was traditionally collected from participant observation field notes, interviews, research diaries, and document and artifact analysis (Chang, 2008; Denzin & Lincoln, 2000; Emerson, Fretz, & Shaw, 2011). Autoethnographic research has followed these traditional data collection methods. For instance, Sparkes (1996) used medical records, journal excerpts, and news articles to discuss the chronic condition that ended his sports career. Muncey (2005) indicates that using snapshots, metaphors, the journey, and artifacts will become "important [for the legitimation of autoethnography] if memory and its distortions appear to be critical features of the process" (p. 69).

My data will come from myself and will include data from my past and present (Chang, 2008). It will be in the form of self-narratives that were constructed around the following:

1. Journals
2. Recalling memories via writing exercises (Chang, 2008; Muncey, 2010)
3. Reflective journal
4. Public records
5. Poems (Muncey, 2010)
6. Photos (Chang, 2008; MacDonald, 2008)
7. Artwork (Muncey, 2010)
8. Personal memos, notes and text messages received from others
9. Autobiographical TimeLine (Chang, 2008) (see Appendix A & Appendix B)

In my research, I limited my data collection primarily to journals and recollection of memories. My data collection phase is marked by the time period began in May 2011 through December 2014. This data collection involved submersion into my own experience, feelings, and memories around the impact of loss after each loss. At the end of each day I spent 30 mins reviewing and reflecting on the events of the day. It was important to write as it helped me feel grounded, provided a record of my day-to-day process, and therapeutically release emotions. Additionally, during my dissertation journey, I kept a reflective journal. This allowed me to reflect, review, and ground myself through my research process. From my journal entries, recollected memories, poems, photos, and other artifactual data, I created narratives that were rich in description. The autoethnographic research process is not linear but rather dynamic. One step does not

necessarily lead to the next step, but rather the steps may overlap or return to an earlier step (Chang, 2008). Chang (2008) stipulates that there is a dynamic relationship between data collection, data management, and data analysis and interpretation. These processes are interlinked together and often take place “concurrently or inform each other in a cyclical process” (p. 122). I revisited and reworked each narrative in order to recognize patterns and themes that emerged and overlapped. Along with my journal entries I also used gathered documents and archival data. The documents that I gathered include public records, poems, photos, artwork, personal memos, notes, and text messages from others, and autobiographical timeline (see Appendix A & Appendix B).

The autoethnographer wears various hats of author, researcher, and artist. Part of the process is roaming the complex labyrinth of personal experiences and memories and putting them to narrative that evokes emotion in readers (Ellis, 2004). Through the use of the autoethnographic method as a reflexive blueprint through journals, recollected memories and academic articles and texts, my private reflections and awareness are speckled and freckled within this manuscript. As I go through this process there is the expectation that new insights and questions will arise as this landscape evolves over time. Additionally, I note that some data will become more pertinent while other data will become less so over time.

Data Analysis

Data analysis for autoethnographers begins with an emotional journey as the researcher must re-enter the past of painful memories. To recall painful events from the past, requires courage, fortitude, patience, and self-love. The researcher broadens memory and then narrows down to the most notable moments and experiences within the

determined timeframe. This is done by writing down events and the specifics of each event (Ellis & Bochner, 2000). The focus is on the emotional details of each story while layered within research and literature. Within this study design the analysis of data is an ever-evolving process, continually shifting and crystallizing during the dissertation formation. Denzin and Lincoln (1994) state the challenge is in that “the processes of analysis, evaluation, and interpretation are neither terminal or mechanical. They are always emergent, unpredictable, and unfinished” (p. 479). Thus, the process of data collection and data analysis is fluid, evolving, and each part is intrinsically connected to one another. It is through each re-reviewing of my personal journals, re-writing of recollected memories, and re-examining of artifacts that the study becomes more enriched with meaning as themes emerge and are examined. Discoveries and interpretations of the data arise continual throughout the collection process and are documented in the final analysis of the study. This process is the quintessential nature of data analysis of an autoethnographic account.

It is through concentrating on the details of each narrative that held meaning to me within the ethos of grief and loss, rather than on research engineered by the dominant grief models, that allows me to explore and introduce issues and concepts that are important to the field of grief and loss. In the following self-narratives, I highlight themes that are both prevalent and scarce in the larger literature on grief and loss. It is through understanding and integrating the dialogue with theoretical underpinnings regarding cumulative grief and loss that will allow me to understand my experiences and the impact they had, and continue to have, on my life. In this study, I focus on telling my story within the literature framework and look to generating new thought and theory about

cumulative grief and loss. This way of doing does not indicate that this approach lacks validity and reliability, but rather that subjectivity is a central tenet of autoethnographies. Ellis (2004) asserts that “validity is interpretive and dependent on context and the understandings we bring to the observation” (p. 123). The researcher and author determines the importance of event details. One can look at validity in how it elicits emotions from readers that are “lifelike, believable, and possible” while also helping “readers communicate with others differently from themselves or offers a way to improve the lives of readers” (Ellis, 2004, p. 124).

It is pertinent to note that there is no one-size fits all format or methodology in autoethnography. Autoethnographies are created in a way that is best suited for the researcher’s requirements. Ellis & Bochner (2000), state that this method can be introduced and featured in a myriad of presentations such as “short stories, poetry, fiction, novels, photographic essays, personal essays, journals, fragmented and layered writing, and social science prose” (p. 739). This rest of this paper is organized into a sequence of narratives and poems that demonstrate my experience through cumulative grief and loss. I will use the dominant grief stage model theory (e.g., Bowlby, 1980; Jacobs, 1993; Kübler-Ross, 1969; Shuchter & Zisook, 1993; Worden, 1982) to frame my narrative pieces. I believe that using a stage model of grief as a framework will help portray the riptide of emotions that I experienced as I interacted within the culture while going through my own grieving process. The literature will cradle the dominant discourse models that I have concluded are congruent and/or not congruent with my experiences and reflections as a survivor of cumulative grief and loss.

Since this study is an autoethnographical narrative tapestry of artful and empathic literature I hope the audience will “keep in their minds and feel in their bodies the complexities of concrete moments of lived experience” (Ellis, 2004, p. 30). It is not my intent to focus on the grieving process, but rather in my narrative pieces readers will have a more in-depth awareness of cumulative grief and loss. My hope is they will reflect on their own experiences, seek to practice resiliency, and extend empathy and understanding when communicating with those who are currently attempting to learn how to surf the waves of cumulative grief.

Each narrative in the following chapters illustrates an artful form of representation that allows autoethnographic work to stir the senses and emotions of the researcher and the reader (Barone & Eisner, 2006). Ellis (2004) proclaims that one “wants to tell a story that readers could enter and feel a part of.” The intent is that the autoethnographic self seeks to “evoke readers to feel and think about your life and theirs in relations to yours...to experience your experience as if it were happening to them” (p. 116).

Through the use of reflexivity, I am able to question, “Who am I within this autoethnographic study?” Hertz (1997) explains reflexivity as a “shift in our understanding of data and its collection – something that is accomplished through detachment, internal dialogue, and constant scrutiny” of what is known and how it is known. To practice reflexivity, one must continually re-examine and re-write “about the experience while simultaneously living in the moment” (p. viii).

In the following chapters each stigmatized loss experience will be detailed, however, as an introduction to each narrative experience, I will first convey in poem/graphic form the crash of each wave of loss.

CHAPTER 4
STORM SURGE

"They weren't rock stars, politicians,
international ambassadors, or
philanthropists...just a dad and his boy..."

BANG!

How do you select an outfit 9-1-1!!!

for a best friend's funeral 9-1-1!!!

9-1-1!!!
splashing
(splashing)
(splashing)
DOWN
CRAZYTOWN
BURNING

At this time, I would like to extend an invitation into my autoethnographic journey of cumulative grief and loss. I will examine some of my personal, embodied, and evocative journey as a woman who experienced multiple losses, and as a mental health therapist who works with individuals who have experienced multiple losses and the grief journey that follows. These chapters will draw on research in grief and loss and is framed within feminist and poststructuralist reflexive thinking. In relating to the dominant stage model of grief, I believe the reader can ascertain the stage or stages that I was encountering. My intent in being vague about the stage or stages is my hope that the reader will relate to each narrative in a way that makes sense to him or her and may or may not be congruent with the dominant stage models (e.g., Bowlby, 1980; Jacobs, 1993; Kübler-Ross, 1969; Shuchter & Zisook, 1993; Worden, 1982). I encourage the reader to explore, reflect, and acknowledge their own personal feelings and experiences in tandem with the following text.

Author Note

Please note that identifying information has been altered or removed in order to protect the identity of individuals. Additionally, all names have been changed to protect confidentiality.

CHAPTER 5

SARAH

South Carolina: August 1996

“Bitch.”

Eyes widening, I wonder if she’s talking about me? “No. No way. I’ve never been called the ‘B’-word before. Plus, I don’t even know her!”

Nevada: September 2012

The sun is rising, and I am numb and nauseous. Attempting to pack, I stand in front of my gapping closet door aware that I should select some clothes, any clothes. I rub the back of my aching neck, bargaining and praying to be doing something different. Anything different.

“How do you select an outfit for a best friend’s funeral?” I ask the empty room. I pick at a few garments. But nothing is good enough and yet all too good at the same time. What can I wear that is both appropriately nice and something I never have to wear again? New York & Company to the rescue with a pair of black slacks, a black tank, and a slate-grey flyaway cardigan. I throw them into my suitcase. “At least they won’t wrinkle,” I say to myself. “I’ve got a plane to catch.”

South Carolina: September 2012

Back in my hometown I walk into Memorial Baptist Church. There’s an easel with Sarah’s senior photo from 13 years ago. “Where is everyone? There should be more people.” I walk around and feel disjointed, as if everything is out of place. Most people I don’t recognize and a few that I do. Narrowing my eyes, I hiss out, “Why is Jackie here?! She and Sar weren’t friends. Bitch.” I think how repugnant it is that death makes us

famous. Just for a minute. A glamorous minute long enough for everyone to get in on it. Everyone wants to be friends with the dead girl. "Glamour whores. Fuck 'em. Makes me sick to my stomach." I don't want to play nice with these fake bitches. I look for Amy, Sarah's childhood best friend, and notice her near the side wall. I catch her eye and start walking towards her. She tilts her head to the doors leading out to the parking lot and I nod.

Out in the church parking lot I take a deep breath to cleanse the smell cloying death flowers from my nostrils. I meet up with Amy where we hug and cry. I can't seem to let go of her hand. Stacy, another good friend of Sarah's, sees us and slowly ambles over. All three of us had planned to meet here. It's surreal. My funeral attire matches the circles under my eyes. I'm also accessorized with Jack Daniels and three styrofoam cups. Stacy is in green looking like death warmed over. She tells us that she brought the Jason Voorhees mask. Amy giggles that she brought herself in a dress. Gripping the bottle of Jack Daniels tighter I snort out that Hell must have frozen over and Sarah is laughing her ass off because it took her death to get Amy in a dress. With that I roughly pour Jack Daniels into the styrofoam cups. The three of us toast an unsteady drink to Sarah. The three of us thinking we're clever by drinking whiskey to a dead best friend in her church parking lot. Clearly the next step is to take a picture to memorialize this moment.

Stacy sets up the Jason mask in the background, homage to Sarah's love for horror films. Us in front of it. Jack in hand.

One.

Two.

Cheese.

Click.

A snapshot forevermore. I continue to pour us more Jack Daniels as we reminisce about Sarah. We chat as more people arrive and then split up with promises to meet for dinner later that evening.

I pour more Jack. By now Jack and I are on a first name basis. The whiskey tastes warm and sweet. I can feel it easing my headache and loosening the phantom steel bands around my shoulders. Several people stop by to say hi and offer their condolences. I discover that I don't want to accept their condolences. I don't want this to be real. "It can't be real, can it?" I don't register what is being said. They keep talking and I keep drinking. No one tells me I shouldn't be drinking, here and now. I notice that Sarah's husband has finally shown up. I don't want to talk to him but it's unavoidable. He's approaching me and I clench my teeth tight. So tight they might crack and I'm no longer afraid of what I might say to him. With an awkward stiffness, he hugs me. He shakes his head and murmurs something along the lines of not understanding why she did it. He looks at me with crocodile tears in his eyes and I scream inside, "THE WRONG PERSON DIED!!!" But I'm too chicken-shit. Instead I mumble that I don't understand either. I walk away from him but I know I don't have to worry because the 'famous by association for a minute' people swoop into his personal space. I need a moment alone. I need to get away from all these people. I need time to stop. Scratch that, I need time to rewind. "Please God. I'll do anything if I could just go back to that night. PLEASE!" My stomach twists and knots. I lean my hand on the cold metal hood of a stranger's car for support.

I vomit.

Hot and sticky. Sticky and hot.

Jack Daniels and remnants of an empty stomach.

Bile and vile. Vile and bile.

That's me in a nutshell. Swimming in my own filth.

Filth and guilt. Guilt and filth.

Glamorous. Not glamorous.

I didn't save her.

I skip my best friend's service.

Reflective Analysis

Grief is an unknown creature until one has encountered it. Loss initiates the involuntary summons to experience a wide spectrum of feelings, thoughts, and behaviors that are the natural response to loss (Worden, 2009).

This loss was one of the first stigmatized losses in my oceanic canopy of losses. I first appear to experience several stages of the dominant discourse of stage models of grief (e.g., Bowlby, 1980; Jacobs, 1993; Kübler-Ross, 1969; Shuchter & Zisook, 1993; Worden, 1982). This loss was devastating for me, especially as it was on the waves of previous losses in my life. Sarah was one of my best friends. She was my oldest friend and the one that knew me best. There wasn't anything that I couldn't share with her. Her patience, love, and insight were qualities I had come to rely on, particularly through my divorce, loss of home, and cancer diagnosis. During the last couple years of her life she also had several difficult struggles. When my multiple losses began piling up I started monopolizing our daily conversations. I no longer was fully present with her issues. Our

friendship was slowly turning into a one-way street. I did not come to this understanding until years later when I began reviewing my journals, the final few Hallmark cards she sent, and the last string of text messages. I recognize that while I experienced stage model determined grief reactions I also experienced a quieter, suppressed reaction: shame.

In this account, my experience of shame is layered. First and foremost, I was Sarah's best friend. As a best friend I "should" have been able to set aside my own problems and reactions to current less significant losses in my life to be there for her. In re-examining my experience, I believe that I was not spending enough quality time to listen to her fears, sadness, and desperation. Secondly, I am a mental health therapist who is trained to spot and treat suicidal ideation and tendencies. On the night that she committed suicide, I had reached out, even contacted her local police department to do a wellness check, but she may have no longer trusted in my ability to be present with her pain and thus she did not respond. As I was going through the grief process I kept coming back to failure. I felt like I had failed her on many levels. After Sarah's death my journal entries began to ooze comments of shame:

"I'm a failure."

"I'm a terrible friend."

"I'm a fraud."

"I'm worthless."

"I'm unlovable."

Shame is surrounded by an ocean of silence. The indication of shame as a significant element in the grief process has essentially been unrecognized (Jordan, 2001; Kauffman, 2011; Thompson & Range, 1990, 1991). It is only in the last 50 years that

shame has started to be poke, prodded, and examined in the social science field. Shame is now being examined in areas of addiction, depression, suicide, eating disorders, bullying, women's issues, men's issues, family issues, and sexual assault (Ahmed & Braithwaite, 2005; Balcom, Lee, & Tager, 1995; Bradshaw, 1988; Brown, 2006, 2015; Dearing, Stuewig, & Tangney, 2005; Flanagan, 2013; Kalafat & Lester, 2000; H. Lewis, 1971, 1987; Lester, 1997; Potter-Efron, 2002; Swan & Andrews, 2003; Vidal & Petrak, 2007).

In current grief and loss literature, shame is often seen in survivors of those who die in a stigmatized way, such as suicide (Worden, 2009). Additionally, shame can be found in other stigmatized deaths and/or socially unrecognized deaths, including, but not limited to, fatalities, homicides, terminal illness, child death, and pet loss (Armour, 2008; Barr, 2004; Grad & Zavasnik, 2007; Myfanwy, Edwards, Plummer, & Minichiello, 2010; Sharkin & Bahrack, 1990; Walsh & McGoldrick, 1991, 2004; Wrobel & Dye, 2003).

Throughout the literature shame and guilt are two terms that are often used interchangeably (Davitz, 1969; Sangmoon, Thibodeau, & Jorgensen, 2011; Tangney, & Dearing, 2004; Tangney, Miller, Flicker, & Barlow, 1996). However, these terms are different emotions (Ekman & Dalai Lama, 2008; Tangney, 1998). In addition, definitions for guilt and shame are often vaguely or inadequately defined. H.B. Lewis (1971), a pioneer in the exploration of shame and guilt, states that the placement of self in shame is the emphasis of negative valuation (e.g., "I am a terrible person") whereas in guilt, specific behavior is the emphasis of the negative valuation (e.g., "I did a terrible thing").

Shame grabs at a person's core in a way that guilt does not (Gramzow & Tangney, 1992; Hockenberry, 1995; Mattox & Peck, 1992). Shame attacks one's core identity and is defined by Brown (2006) as "an intensely painful feeling or experience of

believing we are flawed and therefore unworthy of acceptance and belonging” (p. 45). Guilt, on the other hand, does not attack one’s core identity, but rather specific behaviors (Bradshaw, 1988; Gramzow & Tangney, 1992; Hockenberry, 1995; McLaren 2010; Sangmoon, Thibodeau, & Jorgensen, 2011). The literature supports the self versus behavior difference (Lindsay-Hartz, 1984; McLaren 2010; Niedenthal, Tangney, & Gavanski, 1994; Tangney, 1998). It is necessary to understand that shame and guilt are not the same although there are some connections between the two terms (Gramzow & Tangney, 1992; Mattox & Peck, 1992). Both shame and guilt are emotions that are self-conscious and involve self-blame (Tangney & Salovey, 1999). It is through a single person’s interpretation of a public or private situation that produces shame or guilt (M. Lewis, 1992; Tangney & Salovey, 1999).

After Sarah’s death I believed that I was a terrible person. I had failed Sarah, who I loved very much, as I was not emotionally there for her. Additionally, I became unsteady in my ability to provide mental health services to clients. I became worried that I was a fraud. I often feared that I would miss suicidal or self-harm symptoms of potential high-risk clients. I lived in a constant state of fear, grief, and shame.

CHAPTER 6

DAVID AND MATTHEW

South Carolina: 1997

“We’re pregnant! With a boy!!”

It’s clear that David and Anna are over the moon about a second child. Anna struggled with getting pregnant again. I’m so excited for them. They are such a sweet couple. I’ve only known them for a handful of years but they very quickly became like family. My family and I met David and Anna through our shared religion. They are funny, kind, and very much involved in our little fundamentalist church. Throughout the years we spent time together playing softball, barbequing, hunting, boating on the lake, and attending various church functions. Overall, a quiet and godly family.

Jessup Airport: South Carolina: October 2012

NTSB Identification: [REDACTED]

14 CFR Part 91: General Aviation

Accident occurred Saturday, September [REDACTED]

Probable Cause Approval Date: [REDACTED]

Aircraft: CESSNA 150M, registration: [REDACTED]

Injuries: 2 Fatal.

“Hi Ams, it’s Dad. Sorry to be calling but wanted to let you know that David and Matthew died today. David took Uncle Jeff’s Cessna out for a couple hours. They crashed shortly after takeoff. They believe it was a heart attack. Nothing anyone could do. Anna and Emily are devastated.

I'll let you know about the funeral arrangements soon. Call when you can.

Love ya."

I'm stunned. How could this have happened? I can't even imagine what Anna and Emily, her daughter, are going through. I need to call them. But what do I say? I'm crying. Matthew is only 13. And why the hell did my father leave that on my voicemail????

October 2012: Jessup Expo & Conference Center

"They weren't rock stars, politicians, international ambassadors, or philanthropists...just a dad and his boy...but today's outpouring, the huge room filled with quiet, sober faces of all ages, a mile-long procession, and no one in a hurry to leave their graveside proves that ordinary lives in God's service DO have an influence far better than rock stars, politicians, international ambassadors, or philanthropists...so glad to have known David and Matthew, godly father and son."

As devastating and tragic this accident was the family had peace because both David and Matthew were very close to God. In their daily life, they served the Lord openly within the community. The community showed in force at the funeral as hundreds of people came in support and love for this Christian family. Love in Christ.

Nevada: May 2013:

"The National Transportation Safety Board determines the probable cause(s) of this accident to be: The pilot's failure to maintain airplane control during initial climb. Contributing to the accident was the pilot's impairment due to alcohol." (Federal Aviation Administration, 2013)

Not a heart attack. Being drunk killed both him and his son. I knew he drank, but my GOD...with his young son in the plane? This was David's choice.

Godly?

Hardly.

Reflective Analysis

One could collect all the shells in the sea and not come close to the magnitude of grief experiences that exist. This loss came crashing over my life within three weeks of a previous loss. This stigmatized death included the unexpected, sudden, and preventable death of a child. When a child dies in a violent manner, the suddenness is devastating, especially when it could have been prevented (Parkes & Weiss, 1983; Rando, 1996; Worden, 2009).

I recall experiencing stages within dominant stage models of grief (e.g., Bowlby, 1980; Jacobs, 1993; Kübler-Ross, 1969; Shuchter & Zisook, 1993; Worden, 1982). However, this loss took a turn from the traditional stage of anger. I realized that my anger was not necessarily aligned with the anger discourse of stage models. For example, Kübler-Ross's model typically identifies anger toward the deceased, medical professions, and with self or others available for blame (Kübler-Ross, 1969). This stage is accepted as the most natural since anger is an often observed feeling (Kübler-Ross, 1969). While I was angry I discovered that I was angry toward David, but not his son, for choosing to drink alcohol prior to take-off. He cheated his son out of a life and he cheated his wife and daughter out of a son and brother. Additionally, I was angry that most people within the church I was raised in preached that the crash happened due to a heart attack instead of impairment of alcohol. "The impact from violent death often remains hidden because

of social norms that stigmatize the bereaved and silence their pain” (Armour, 2008, p. 54). Growing up in a fundamentalist religion there were many things that were considered sinful and, thus, not allowed. This included alcohol. One of the main reasons I had left the church at sixteen was due to the hypocrisy that I began to notice and experience. Drinking alcohol was considered a sin and church members often spoke against it and looked down on those that were known or suspected to imbibe. Those that drank alcohol were not considered “real Christ followers.” However, behind closed doors many members that preached against alcohol had their own private liquor cabinets. It appeared to me that there was no outrage within the church toward David’s actions that led to the violent death of not only him, but most importantly, the violent stigmatized death of his innocent young son.

I have not spoken to David’s wife or daughter about my knowledge of the reason behind the stigmatized death, but I have wondered what their experience within the church must have been in the days and months that followed. Worden (2009) states that “violent deaths are highly likely to shatter a person’s worldview...circumstances around death may make it difficult for survivors to express their anger and blame.” (p. 61). Many church members hold the view that once a member dies they are taken to a better place, and thus, grieving is often silenced or shunned. I remember attempting to talk to one of the church elders about the loss of a father and son in such a tragic manner only to be told that “God has them in his care. We should all be so blessed.”

This stigmatized death was a sudden and violent death. These deaths typically include accidents, suicides, and homicides (Currier, Holland, Neimeyer, 2006; Doka, 1996). The violent and sudden death of a loved one can be a traumatic experience as it

makes it problematic for individuals to understand that a person they loved has died (Kristensen, Weisæth, & Heir, 2012). Previous research has indicated that a sudden death can be more problematic to grieve than a death that was anticipated or had prior warning (Parkes, 1975). Additionally, a sense of “unreality about the loss” can occur (Neimeyer, 2006; Worden, 2009). When I received the phone call from my father, I felt like I was in a state of suspension and the world appeared unreal in my eyes. I struggled to recognize that both David and Matthew had died. I kept expecting to see a social media comment from one or the other and still anticipated seeing them a couple months later for my grandmother’s birthday. This state of unrealness continued for about seven months until I learned that the crash was due to alcohol. This then developed into the anger that I continue to struggle with to this day. I still get slightly sick to my stomach thinking about the fanfare funeral that was given and the truth that was buried.

CHAPTER 7

AMANDA

Nevada: May 2009

“You have to meet my wife! We’re having a BBQ this weekend and would love it if you could join us.”

Nevada: September 2013

It’s all about teaching genograms today

One more hour before Amanda and I meet for cocktails

I know she is killing it at her job interview

Buzz...

Cari is calling, not texting?

Sinking feeling...

Class dismissed early

Oh God, please let her be ok!

PLEASE!

BANG!

9-1-1!

9-1-1!

9-1-1!

WEEEOOOWEEEOOOO!!

DOA

California: April 2014

Sitting on a swing I kick at the dirt, unsettling dust particles. I’m feeling sorry for myself. I’m surrounded by my family but have never felt so alone and disconnected. I’m all shades of gray, there is no color in my world. My family will not or cannot discuss my

pain. Feeling sorry for myself I am reminded of the quote by D.H. Lawrence "I never saw a wild thing sorry for itself. A small bird will drop frozen dead from a bough without ever having felt sorry for itself." By now the dust cloud has methodically covered my flip flops in a thin layer. Layered between my toes and leather crevices. I'm dirty, but I'm always dirty. I kick my flip flops off to the side. As I wiggle deeper into the leather seat the chain squeaks and creaks. My toes start nudging away from the ground. I push harder against the earth, as if to propel myself into another time and place. The physical power of pushing against the ground feels good. I'm swinging higher. I tuck my feet under and thrust my torso forward. I'm now using my entire body to swing as high as I can. The wind feels crisp and it begins to dry the tears on my cheeks. Is this real? The iron chains pinch my hands, but I don't loosen my grip. If I do I just might fly off. The pinching of iron anchors me. I am alive. Crying turns to laughing. I wonder if I can stay on this swing forever. I'm as high as I can be. At the pinnacle of each swing my body is jolted by the bump of release in chain tension. I'm flying over everyone! I can see a perfect aerial view of my nephew's birthday party. Everyone is talking and moving about. I see Jason and Kevin tossing a football, while Sharon, Jess, and Kayla are mixing up margaritas, and most of the kids are playing tag. I realize the world is moving, and with the freedom of the swing so am I. I want to capture the moment. Tears pouring down. My hands are pinched, but I don't care. I finally feel free for the first time. I don't want this to end. If only Amanda could have felt this way...that even in chains one can find a way to be free.

After a few more swings, I then decide to let go. To allow my momentum to carry me as far as possible. I half hope the earth landing will knock some sense back into me.

Reflective Analysis

This stigmatized loss may have been the most difficult one for me to endure. Amanda and I had become exceptionally close in a short amount of time. She quickly became my go-to friend in my support system. A support system that had greatly diminished by this time. She was there for me through the many losses I had incurred over the previous couple years. Even opening her home to me when I no longer had a home. Losing her was incredibly devastating.

We lived together for about eight months as we both were going through hardship, including her being separated from her significant other. The first few months were fun and easy. We both had similar personalities and shared similar interests. However, when she and her significant other decided to make amends our two-person household turned into a three-person household. Unfortunately, their reconciliation was anything but peaceful. I became fearful in the home and made the decision to move out. I tried to talk to her about her decision to stay but she often turned a deaf ear or would agree but not follow through. I became too emotionally exhausted to continue to help her or to witness the chaos in the home. Additionally, I was angry that she would not end the chaos that had become her life. While we continued to stay in touch and see each other often, I maintained an emotional distance. As time went on she and her significant other had a baby. Seven months after the birth of her child she shot herself in front of her beautiful infant son and father of her child.

I knew about the problems in her relationship and the multiple times she had come close to leaving the relationship. I often provided emotionally support but had gotten to a point that I could no longer attend to anyone's emotions as I was barely

attending to my own. When she killed herself, I responded in utter shock and disbelief. I felt guilty for not saving her. I constantly questioned my decision to move out and wondered if I could have changed the course of her actions. I felt like I failed her on numerous occasions. I thought I could have stopped it if I removed the gun from the home. But I didn't. I felt like I should have reached out to her family more to help intervene with what had become a toxic course in the relationship. In the end, I was a horrible friend because I saved myself and I did not save her. I failed her.

In my professional work I became fearful that I would not be able to bracket my countertransference with domestic violence, high-risk behaving, suicidal and/or self-harming clients, as I had already lost several close friends to stigmatized deaths. As such, I scaled down my client caseload and would refer potential higher-risk clients out to other professionals. Due to this decision, it slowed my progress to obtain licensure. I began to doubt my ability to be an effective therapist. Oftentimes I would question how I could help others when I could not even save another best friend. I felt as if I was failing in my career passion and choice.

Additionally, when I decided to reduce my client load I increased my supervision load. I took the opportunity to use my grief as teaching moments with student interns. As I was moving through my grief process I was able to share my feelings with student interns that were recognized as "typical" grief reactions. I used grief stage models (e.g., Bowlby, 1980; Jacobs, 1993; Kübler-Ross, 1969; Shuchter & Zisook, 1993; Worden, 1982) to identify certain emotions in hopes that student interns would have a true-to-life experience of what it is like to work with someone going through a grief and loss journey. Looking back, I realize that sharing my grief reactions with student interns,

while was helpful in bringing a real-life situation to counseling practice, it was also self-serving. I had a need to express my pain and used the most convenient outlet in my life as most family members and friends no longer provided emotional support. In retrospect, I realize that I failed my student interns by focusing on one issue instead of the range of human emotions and issues.

Shame is once again a focal point in the above narrative. Shame is often regarded as an intensely distressing emotion that can be disturbing and disrupting for an individual's self-valuation. Shame has been defined in the literature as extraordinarily painful as it stems from a self-negative assessment due to perceived failure (H. Lewis, 1971; Thrane, 1979). This negative self-assessment is viewed as an immovable idea of being deeply defective (H. Lewis, 1971; Kaufman, 1980). The perspective is that the self is defective or flawed in the whole self rather than in one facet of self or in one particular behavior of self. One's identity of self is disrupted, and the individual realizes that he or she is not the individual he or she had thought themselves to be as a person (Thrane, 1979). The new understanding is that the core self has failed and there is no way in repairing what once existed (Kaufman, 1980).

H. B. Lewis (1971) predicates that shame is created by the cognitive perspective of the person experiencing shame. She suggests that it may be true that shame arises from, or is caused by the loss of, the approval by others, however, the root of our shame is our thoughts about ourselves. I thought I had failed another person I loved. I began to think that there was something fundamentally broken in me as a way to explain the continuation of multiple losses in a similar manner. I wondered if I would be able to repair my sense of self and feel ok and have a normal life again. The intensity of my

feelings was overwhelming, and it spilled over into all aspects of my life. It felt as if I was still grieving previous losses. Bowlby (1980) states that a recent loss may activate or reactivate the grief from a previous loss and that the pain from the earlier loss may feel fresh or as if it just happened. It seemed as if there was no end to my grief cycle for any single loss up until that point.

While I was able to recognize, talk, and work through research recognized grief reactions I was not able to touch on my shame for fear it would destroy me, as a professional, mentor, and as a friend. I realized that I needed more support and sought professional therapeutic help. I began looking for a therapist that could help me. This was a struggle as the first two therapists I reached out to informed me that my needs were greater than what they could help with. I stopped my search for a therapist as I thought maybe it was a sign I deserved to be in this pain.

Multiple losses can impact an individual's support system, particularly if part of their support system includes those who have died (Biller & Rice, 1990; Mallinson, 1999). In the wake of multiple losses, which could include the deaths of key support system members, one may project their feelings of pain, grief, and being overwhelmed onto their existing friendships or relationships, and will hesitate to seek support from their remaining significant support system (Jue, 1994). Essentially, the loss of support system reduces support for the griever. In my life, my support system had reduced significantly, and I had no idea how or desire to rebuild a new support system.

CHAPTER 8

CHRIS

Grandma's Farm: June 1992

Grandma's farm is the summer epicenter for all of us church kids. We have free rein to explore, chase, build, hunt, fish, and hike throughout the hayfields and dense woods. The only rule is once Grandma rings the large, rustic dinner bell we have to stop what we were doing and race each other back to the farmhouse. Little did I know that this summer would began my transition out of childhood innocence and into the wonderment of puppy love.

Collecting fireflies

(sneaking into the kitchen for)

(grandma's jamming jars)

Jumping haybales

(turning to offer a hand)

(encouraging me to leap)

Chasing chickens

(collapsing in laughter)

(feathers in your shaggy blond boy hair)

Fishing for catfish

(threading my hook)

(trying to gross me out)

Eating crabs

(cracking shells)

(giving me the largest claw)

Splashing in puddles

(while holding hands)

(remnants of afternoon rainstorms)

Spinning skirts and shirts

(wide, lazy circles)

(collapsing amongst the strawberries)

Sharing first kisses

(with leaves in our hair)

(blond strands intertwine)

South Carolina: July 2004

Per my mother's request I rush to Giant grocery store to quickly grab a forgotten BBQ item. I'm only in town for the weekend and she wants to have a final get together before I fly out. Turning down the condiments aisle I see a familiar face, albeit years older. Just 20 feet away is Chris, my puppy love, all grown up. He's much taller and thinner than I could ever remember. When he notices me staring, he broadly smiles. We walk toward each other meeting in front of the sea of mustards. After an awkward hug we engage with small talk asking the typical questions; Where are you living and what are you doing in life? The small talk appears safe until he tearful shares that he is in the middle of an impending divorce and isn't doing so well. I'm not quite sure what to say and mumble something about hoping he and his wife are able to resolve it. He brings up

his three children and I recognize the pride in his voice. Being social, I ask to see photos of the kids and he pulls out multiple photographs from his wallet. As he is talking about his kids I tune out his words and focus on him. I see glimpses of the boy I use to know, although faded in color and tone. He is now more angled, roughen, and worn. His hair is short and unwashed. His hands are callused, and I imagine they feel far different from when he helped me jump from haybale to haybale those many years ago. I wish I had more time to sit with him and hear his story. It sounds like he could really use a friend right now, but I need to get back to my mother's BBQ. We part ways with my promise to meet for a drink the next time I'm in town. Bittersweetly, I flashback to our childhood summer and think to myself, "wow, time truly changes things."

As I leave the store I realize I didn't get his phone number.

Nevada: June 2014

Sitting in a meeting, still reeling from yesterday's break-up with my boyfriend, well, now ex-boyfriend, I feel my phone vibrate. For a brief second, I hope it is my ex saying he made a mistake. Instead, it is a text message from my cousin. She stated that Chris was found early that morning in his pickup truck on the outskirts of his family's farm. He overdosed on drugs and prescription pain pills. She said to keep it quiet because the family is stating that he had a heart attack.

I pause and find myself extraordinarily still. I do a body scan to see how I am feeling physically, emotionally, and mentally. My shoulders are slumped, and my spine bowed. My world is slowing down and moving out of time with the outside world. My chest is aching, my eyelids are gummy, and my heart is breaking from the crashing

sadness. Immense sadness. I reach for Sarah's necklace for comfort and realize I need to escape. I bolt from the meeting as inconspicuously as I can.

Outside it is raining. Inside the building door I admire the rain. It is pouring down, rare for our climate. I have a hard time breathing and I find myself desperately needing to be in the rain. I push open the door and stand out in the rain as it tramples over me and tears course down my cheeks. As the raindrops fall, I try to imagine they are washing away my despair. I try to remember I am living in this moment, and in this moment, I'm alive with the sensation of water running over me.

But I need to FEEL alive. To remember that life does MATTER. Wrapping my arms tightly around my shoulders, I stumble to the nearest puddle, plant my feet firmly, and start

splashing

(splashing)

(splashing)

until I can splash no more.

Reflective Analysis

This stigmatized loss was unexpected and heavy on my heart. In reflection, the prominent emotion was of immense sadness. I was emotionally exhausted. This loss carried the wave of grief that broke my proverbial back and dragged me under. With Chris, I thought I would have more time to reconnect once I felt healthy enough to build new friendships and reconnect with old friendships. Chris and I had known each other since we were toddlers. We left the puppy love stage in our early teens but remain friends. The reality of time and different lives created distance between us, but we always

joked that he was my future ex-husband. I was sad for numerous reasons. These reasons included sadness in the way he died, sadness in the missed opportunity for reconnection, and finally sadness in another loss in my life. I was trying to recover from previous losses and was actively working on mindfulness and acceptance. When I received the news that Chris had died I didn't experience disbelief, but rather a twisted form of acceptance. I began to accept that I would continue to lose people I loved and cared about. I was resigned to the fact that I had no control over anything.

In the late 1960s the concept of "bereavement overload" was introduced by psychologist and gerontologist Robert Kastenbaum (1969). His work with the geriatric population led him to encounter elderly individuals who experienced multiple losses in a short span of time. He came up with the term "bereavement overload" to describe the condition when a person who experiences multiple losses, either simultaneously or in quick succession, cannot grieve or accommodate the previous loss before the next loss occurs (Kastenbaum, 1969). Bereavement overload disturbs the nature and frequency of interactions with others and destabilizes the adaptive response to any single loss (Stroebe, Hansson, Schut, Stroebe, 2008). Bereavement overload has been studied in the elderly population (Kastenbaum, 1969, 1998), with oncology and AIDS nurses (Bolle, 1988; Feldstein & Gemma, 1995; Houck, 2014; Marino 1998; Saunders & Valente, 1994), multiple AIDS-related loss (Biller & Rice, 1990; Cherney & Verhey, 1996; Mallinson, 1999; Nord, 1996), and in childhood mourning (Kaufman & Kaufman, 2005). There is little information on how to treat bereavement overload. When there is too much emotional pain because of grief, a person is unable to manage emotions associated with the next stage, task, or phase (Worden, 2009). One intervention suggested is to review

each loss individually, beginning with the loss that is the least complicated, and begin the grieving process (Worden, 2009). However, in my experience each loss disrupted my grieving process and reopened semi-closed wounds of previous losses. I don't believe I could point out which loss was the least complicated as I felt like I was drowning under the multiple waves of loss.

CHAPTER 9

JESSICA

Nevada: May 2010

Sitting next to Jessica there is a lack of tension and stress that almost equates to a feeling of weightlessness. I glance over to her and notice that her eyes are soft, filled with an inner glow. She is smiling lightly, as if she is drinking in this moment of achievement. She is present and at peace, not acknowledging the past or the future. As we stand, waiting for conferment of our academic degrees, I place my arm around her and whisper, "I'm so proud of us." She replies, "me too."

Gratitude. Our hearts are full.



Nevada: July 2012

Sitting at our favorite local dive bar, we indulge in whiskey and wings. Jess confides that she no longer wants to be the mayor of CrazyTown, a town we made up to

deal with our multiple losses, struggles, and pain over the last couple years. It was just two years earlier where at this same bar we were laughing about the craziness of life and thus CrazyTown was born. At that time, she dictated that she would be the mayor and I would be the town commissioner. We would often refer to CrazyTown when we felt like things got out of control in our lives. Humor helped us deal with our pain.

Leaning on the bar top, with her hands clinched around her elbows, her lips pinched tightly to keep from trembling, she whispers, "I can't be here anymore." Tears pool in the corner of her eyes and threaten to roll down her cheeks. Concerned, I touch her arm and her tears spill over. She divulges that her recent break-up has been difficult to get through. She explains that it is the final straw on the mountain of losses from the last several years. She declares that the problem lies within our town and she no longer can be reminded of her pain on a daily basis.

She worriedly glances at me and states that she is moving to Wyoming for a fresh start. I manage to stop my mouth from falling open and instead offer a tentative smile that builds as surprise sinks in. Jess quickly reassures me that she's not leaving me behind, but rather, leaving her many problems behind. She relaxes her position and excitedly discusses what she wants to achieve over the next year. I love her and want to be a supportive best friend, so I join in with her excitement. I keep my concerns stuffed down in my gut. As we are nearing the bottom of our whiskey glasses she starkly laughs and barks that she is "burning CrazyTown down!" We both burst out laughing and declared abdication from our CrazyTown positions of mayor and commissioner.

Little did we know that CrazyTown was about to expand its town limits.

Nevada: November 2014

“Love and miss you! When is the next train for CrazyTown??” It’s been a few days and Jess still hasn’t responded to my text message. I wonder how she has been doing lately. We last saw each other about seven months ago. She wasn’t doing so well then and neither was I. It seemed like pain and loss had multiplied and magnified in both our lives. It has been concerning that she’s been MIA lately.

Later that evening I finally receive a text back.

“I’m on the next train! I’ve been crying all day. Call me!”

But I don’t call. I am already too emotionally drained with my current pain and am in bed to sleep it off.

Early the next morning I receive a call from one of her family friends. They inform me that late last night Jess attempted and succeeded in suicide. She left a brief note. In it, one line included:

“Please tell Amber I’m sorry.”

Reflective Analysis

This stigmatized loss was my last loss within my study timeframe. This loss addressed the pinnacle of my shame. In reviewing my journals, I recognized that my shame had collapsed onto a precarious ledge as seen in the journal entry that spoke most to my researcher self:

Walking down the stairs with my near empty wine glass in total darkness. No light, no sound. Just the swish of leftover wine at the bottom of crystal. Slight shadows. Shadowmen? I pray for them to be so. How wonderful it would it be if the boogeyman was behind me. Upper right cabinet. Top shelf. Whiskey. Easy to open and pour...mixing with wine droplets, changing, alchemy. Mr. Boogeyman won’t you come drink with me? I’m not afraid of you. Quiet. No response. The boogeyman has always been

with me, all along in this dark inky abyss. I seek his comfort at the bottom of a glass. And he exists for me in that moment but then he leaves me alone in the dark. Not even the boogeyman wants me.

I bore much responsibility for Jess's death. It ripped open the throbbing wound of previous losses. Specifically, the stigmatized deaths of Sarah and Amanda. My belief was that yet again I could not save my best friend. I had failed each one of them and now I was out of best friends. Yet again, I shied away from being the confidant in whom she could share her pain and isolation in life. I continued to be so emotionally drained that I was incapable of having conversations with friends in need. I found it to be difficult enough to be present with the handful of mental health clients on my caseload. I had been discovering lately that a single client session could drain what little I had of my emotional reserves. I was tapped out.

I, myself, had stopped talking to others about my grief and loss. I felt as if I was a broken record. Additionally, I noticed that others didn't want to talk to me about my grief. People began to either avoid me, tune out, or change the topic of conversation. I became incredibly fearful that my living friends were going to die because they were associated with me. After Jess's death I believed that I wasn't worthy of being a friend to others. I would do and say things to push friends away. I lost two significant friendships within a month of Jess's death. Even I was exhausted of being around myself. I felt incredibly isolated and alone. The world did not seem real, and I couldn't comprehend why all these losses were happening in my life.

Brown (2010) states, "Shame is about fear, blame, and disconnection." As a self-conscious emotion, shame alerts a person of their inner condition of inadequacy, worthlessness, and disconnection (H. Lewis, 1971; M. Lewis, 1992, 1995; Tangney &

Salovey, 1999). Shame is an intense feeling that leads one to believe they are flawed, unlovable, and not worthy of acceptance, understanding, and belonging.

Hartling (2000) asserts that when a person encounters shame they may employ a mix of three strategies: *move away*, *move toward*, or *move against*. These strategies are used in an attempt to avoid feeling shame. The idea is if one wants to avoid shame one must protect himself or herself by creating emotional distance from others. However, this is counterproductive as instead it creates more disconnection and isolation from others (Hartling, 2000). Hartling (2000) describes the concept of to *move away* to mean that the individual experiencing shame will often withdraw, hide, or stay silent in relation to others. To *move toward* means that the shameful individual will become overly accommodating to others or being whatever other people want them to be in order to risk disappointment from others and, consequently, shame that accompanies disappointment. Lastly, to *move against* means that the individual feeling shame will lash out and become aggressive in the attempt to hurt others before they themselves are hurt more (p.14).

I employed all three strategies. I moved away from my family of choice. I began pushing friendships away as I felt, in a way, contagious. I was terrified that everyone around me would continue to die. The aftershocks of Jess's death left me drowning in crashing waves of grief. My belief was I had failed another friend. Perhaps, in fear of failing again, I pushed others away as I wasn't sure I would be able to bear another death. In my work arena I moved toward others as I became overaccommodating, often as the expense of my own needs. I also moved against my family as I never felt they were supportive since I began to experience losses three and half years earlier. I would often be told "You're a therapist, you should know how to deal with this" or "Get over it, it's time

to move on with your life.” I began to lash out at my closest family members, so I could hurt them before they could continue to hurt me by not being emotionally or physically available to me as I was grieving.

Stigma exists when there is a stigmatized death (Worden, 2009; Cvinar, 2005; Pitman, Stevenson, Osborn, & King, 2018) When a stigmatized death occurs, the griever’s support system may be less than adequate (Doka, 1989; Pitman, Stevenson, Osborn, & King, 2018). Sudden death is startling by its unforeseen feature; however, suicide is typically considered the most stigmatizing death. Often this stigma comes from social disgust and condemnation, shame connotations, and overall social discomfort (Chapple, Ziebland, & Hawton, 2015; Cvinar, 2005; Peters, Cunningham, Murphy, and Jackson, 2016). Bereaved individuals experiencing multiple losses may be cautious in sharing their feelings as they may feel more isolated and disconnected because there is the sense that the larger community does not want to know about their grief (Worden, 2009).

At first, I was able to talk about the multiple stigmatize deaths I experienced. I would often bring up my personal daily experience in supervision and training. During the first couple losses I had support from those around me, but as losses continued to accumulate there was less support and I began pushing others away. In addition, I found that the only individuals that were willing to continue to talk about grief and loss were within my supervision or training groups. Again, I was using what I thought to be my only outlet to express my pain. It was self-serving, and I wasn’t using my grief as a teaching tool in a way that would best benefit student interns.

It was around this time that I had a particularly brutal argument with a family member that impacted my course of cumulative grief. Afterwards, drowning in tears that I had a moment of frightening clarity of why (suicide) losses was an option for them. I was simultaneously terrified and liberated. I cannot articulate the moment, other than call it an epiphany.

CHAPTER 10

Epilogue

One typically reads the epilogue with the expectation of closure and an ending that leaves the reader satisfied. However, that is not the case with this study. My emotions continue to be painful when I look back through my cumulative grief and loss experience. My experience included persistent grief from multiple losses that was emotionally exhausting and paralyzing. It interfered with my daily life and with interactions with others. I experienced emotional distancing from others, frequent shame, anger and confusion, the flooding and then the absence of emotions, obsessive and reoccurring thoughts, and the sense that life would never return to normal. I have chosen to allow the narrative to be incomplete in hopes to encourage the reader to arrive at their own ideas, connections, and meaning. No matter how uncomfortable an ending, I believe it will resonate longer and inspire change in understanding, living with, and treating cumulative grief and loss.

The literature on grief and loss is saturated with articles that discuss numerous phases, stages, and trajectories of grieving (Bowlby, 1980; Jacobs, 1993; Kübler-Ross, 1969; Shuchter & Zisook, 1993; Worden, 1982), difficulties in the normal course of grieving (Bowlby, 1980; Wetherell, 2012), multiple treatment modalities (Clark, 2004; Hensley, 2006; Shuchter & Zisook, 1993), and the necessity for caring support from family, friends, and community (Olders, 1989). In general, authors have focused on treating grief by accepting the single loss, recognizing the need for supportive and loving connections, allowing an appropriate amount of time to heal the loss, and getting involved in new activities and new interests (Wetherell, 2012). The majority of bereaved

individuals ultimately resolve, move on, and proceed with their daily functioning (Prigerson, Vanderwerker, & Maciejewski, 2008). When one experiences multiple losses in short or quick succession, it can cause a disruption in the grieving process (Kastenbaum, 1969). The current research indicates that multiple losses that occur in short succession can lessen the ability one has to grieve (Carr, Nesse, & Wortman, 2006). However, existing literature has not clearly shown how multiple losses can impact an individual and how that individual processes their grief and loss.

Feminist and Poststructuralist Reflexive Thinking

Through reflexivity, I am able to ask myself, “Who am I in relation to this study?” My response is, “I am both author and researcher.” Being able to combine the artistic and literary of personal experience with current grief and loss literature provides a voyeuristic view into an understanding how multiple losses can affect one’s grieving process.

Ellis (2004) states that, “many feminist writers advocate starting research from one’s own experience” stating that “researchers incorporate their personal experiences and standpoints in their research by starting with a story about themselves, explaining their personal connection to the project, or using personal knowledge to help them in the research process” (pp. 47-48). It is necessary for the researcher to reveal their personal connection to the study so that readers understand the researcher’s position within the research. Autoethnography provides a natural invitation to readers to become part of the study. It provides a platform for readers to reflect on their own experiences, make meaning and connections to their own lives.

Prominent theories related to grief and loss place an importance on stages, phases, or trajectories for the process to resolve grief. Many mental health and medical

professionals utilize stage models due to the straight-forward, easy to understand, linear method. It is used as a simplified way to measure the progression of one's grief journey (Prigerson, Vanderwerker, & Maciejewski, 2008). While I did experience emotions that align partially with the dominant discourse of stage models it was not enough to explain my experience of cumulative grief nor enough for myself to understand how to cope and grieve in a healthy way. The application of a grief stage model to grieve multiple losses did not work for me. When one is grieving multiple losses, it can be uncertain for whom one is grieving as the multiple losses can blend together. This can trigger feelings related to an earlier and more significant loss (Bowlby, 1980). I struggled to find grief models, self-help books, and even therapists to help me make sense of my multiple losses and to resolve my cumulative grief. I felt alone in my predicament without a lifejacket in my ocean of grief. It was through writing and the use of feminist and poststructural reflexive thinking that pulled me through and out onto the shore of my process. Writing autoethnographically provided me the space to tell my truth in narrative form. This is a crucial aspect in meaning-making, finalizing unfinished business, and finding a way to end grief (Neimeyer & Wogrin, 2008). With the poststructural perspective I am able to look at how meaning is constructed through my language. Additionally, it allows the room to deny that there is one objective truth in the grief process. Lastly, it includes interaction with the reader (Carter, 2013; Holman Jones, Adams, & Ellis, 2013) Sparkes (2001) states, "readers must be prepared to make meaning as they read, put something of their own into the account, and do something with it." (p. 220). According to Barone (2000), the creative and persuasive storyteller recognizes the necessity of letting go of control and, thus, trusts the reader to construe and appraise the text from their own positioning. Ellis

(2004) states that one “wants to tell a story that readers could enter and feel a part of.” The intent is that the autoethnographic self seeks to “evoke readers to feel and think about your life and theirs in relations to yours...to experience your experience as if it were happening to them” (p. 116). The reader plays an invaluable part in establishing value and meaning in this research. In reading this autoethnography, enriched with theory and with feminist and poststructural perspectives, the reader should create their own meaning and lessons within their own life journey.

There are very few research methodologies that can provide access to intimate and personal experiences. Through the use of autoethnography one can gain entrance into a world that would otherwise be disregarded, assumed, or silenced. Stories of breast cancer, abortion, sexual abuse, domestic abuse, eating disorders, grief and loss are given voices in a sea of literature that frequently conceals and categorizes (Ellis, 1995; Fox, 1996; Metta, 2010; Minge, 2006; Olson, 2010; Richardson, 2007; Sealy, 2012; Tillmann-Healy, 1996).

Within this Western culture, which often silences the experience of stigmatized loss, it is necessary that space is created for these stories to emerge and take a stance against silenced stories and corresponding dominant discourses. It was necessary for my voice to be heard both against a simplified, linear line of grief and the stigma of stigmatized death. By writing, there is no silence. Silencing one’s personal experience with cumulative grief and loss can remove the possibility for the individual to make sense of their loss, renew and sustain connections or share positive recollections. (Currier, Holland, & Neimeyer, 2006; Groos, & Shakespeare-Finch, 2013).

It is also important to note that within the grief and loss field, stigmatized death, such as suicide, homicide, or drug overdoses make it difficult for a griever to find support for his or her loss. The social stigma that accompanies stigmatized death can compound one's grief and impair the grief process (Cvinar, 2005). This stigma can make one feel isolated, alone, and disconnected from others and their community. Their grief process can be extended and delayed in restoring healthy functioning and normalcy (Bailey, Bell, & Kennedy, 2015). Stage grief models do not attend to multiple losses. This account allows for meaning in my world through language, while recognizing that most grief models are still patriarchal. Poststructuralism exposes the grief model discourse that has caused exclusion and/or marginalization of others. In addition, this dominant model leaves very little room for women and other marginalized groups to express their own experience with grief and loss. In light of those that may be or have been unwilling in hearing my story, or those who demand that my story is or should be over, this account may be viewed as resistance against those voices that seek to silence the overlooked, the assumed, and the disregarded.

Reflection: Shame and Anger

Shame is considered the most extreme of distasteful emotions (Brown, 2010; deHooge, Breugelmans, & Zeelenberg, 2008; Tangney, 1998; Wicker, Payne, & Morgan, 1983). In addition, it is related to a spectrum of issues, including, but not limited to, interpersonal problems, anger, depression, anxiety, posttraumatic stress, substance abuse, long term risk-taking behaviors and suicidality (Behrendt, & Ben-Ari, 2012; Bradshaw, 1988; Covert, Tangney, Maddux, & Heleno, 2003; McLaren, 2010; Potter-Efron, 2002,

Tangney, Wagner, Fletcher, & Gramzow, 1992). Edwin Shneidman, the father of the suicide prevention movement, put into words:

I believe that the person who commits suicide puts his psychological skeletons in the survivor's emotional closet—he sentences the survivors to deal with many negative feelings, and, more, to become obsessed with thoughts regarding their own actual or possible role in having precipitated the suicidal act or having failed to abort it. It can be a heavy load. (Cain, 1972. p.x)

I found that I experienced shame and anger, more than any other emotions, while I was grieving multiple losses. I felt shame because I believed I had failed my friends. I believed that I could have altered their course if I was not wrapped up in my own cumulative grief from multiple losses. I was ashamed that I was practicing as a mental health therapist, yet I didn't notice or intervene with friends that were suicidal or involved in risky situations. My anger both aligned and misaligned with the anger discourse of stage models. I was angry at both the deceased and with self. I was angry at myself for not being able to intervene and save my friends. I was also angry that I had loss upon loss crashing down before I could catch my breath and regroup. I was angry at myself for distancing from others in fear that I would also lose what little I had left of my support system. These intense emotions not only affected my interactions with others, but it also altered my relationships within my family.

Further Research and Recommendation

Further research is needed to better understand the nature of the experience of multiple losses and cumulative grief. There is a need to understand how cumulative grief is experienced and processed by those who are bereaved by multiple stigmatized losses. It is important for lay people and professionals to know that grief may travel a multifarious

course when grief is cumulative due to multiple losses. Moreover, the nature and circumstances of the multiple losses can make it more problematic for the griever to process their grief and those grief reactions may be more intense. Clinicians should also be aware of impaired functioning and possible development of mental health disorders. In addition, clinicians should screen for substance abuse, high-risk behavior, suicidal and homicidal ideation and/or self-harming behavior.

More research is needed regarding multiple losses and cumulative grief to ensure that evidence-based practices are available. Further studies should include quantitative and qualitative methods. Two quantitative study examples would be 1) a study that reviews the effectiveness of therapeutic intervention (e.g., current grief models) for bereaved adults who have experienced multiple losses and/or 2) a study that examines the influence of multiple losses upon outcomes (e.g., mental distress, post-traumatic stress disorder, substance abuse, and interpersonal effectiveness). Two qualitative study examples would be 1) a study that seeks to understand the lived experiences of adults that have experienced multiple losses and/or 2) a study to examine the long-term effects of bereavement on adults who experience multiple stigmatized losses.

In the meantime, clinicians would benefit from having an understanding and familiarity of what cumulative grief and loss can look like in an individual.

Concluding Thoughts

This doctoral paper is vastly different from what one envisions when discussing the structuring and writing of a dissertation. While this text takes a “road less traveled” route, it does not mean that endless hours of painstaking in-depth researching, data-collecting, writing, reflecting, and re-writing did not happen. There were many moments

I felt so lost and raw in the seaweeds of emotionally entangled data that I wanted to step back into a more traditional, and dare say, academically and emotionally safer mode of writing. My pragmatic side originally had me force my writing into a traditional dissertation structure. Upon reflection I realized that by finishing my dissertation I would essentially be letting go of my period of grief, of which I have had much of my identity tied up in. I am terrified of letting go. Simultaneously, I am afraid that if I do not let go I will continue to drift through the vast waters that is my cumulative grief. Denzin (2006) eloquently states that “in writing from the heart, we learn how to love, to forgive, to heal, and to move forward” (p. 413).

Pelias (2004) expresses that “stories are truths that won’t stand still” (p. 171). As I come to the end of my academic journey, I recognize that a current of toxicity runs through many of my narratives. However, these narratives are a dynamic part of my past and present self. I continue to learn, grow, and heal as I continue tread my ocean of grief within my present life. Currently, I work as a mental health therapist and I want my account to be of value to colleagues and others in the professional field. I chose to structure my account in a way that makes it possible for me to return to specific chapters, events, or themes at a later date to create more detailed autoethnographic accounts of these subjects.

In Closing

“I loved my friend
He went away from me
There's nothing more to say
The poem ends,
Soft as it began-
I loved my friend.”

-Langston Hughes

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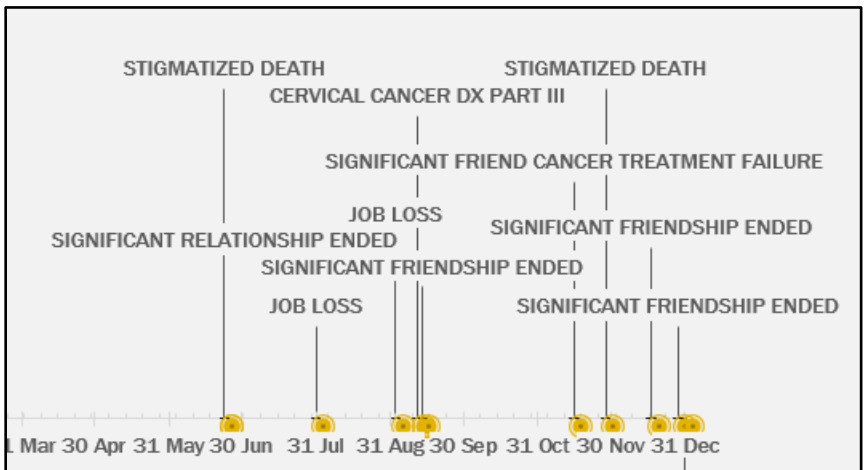
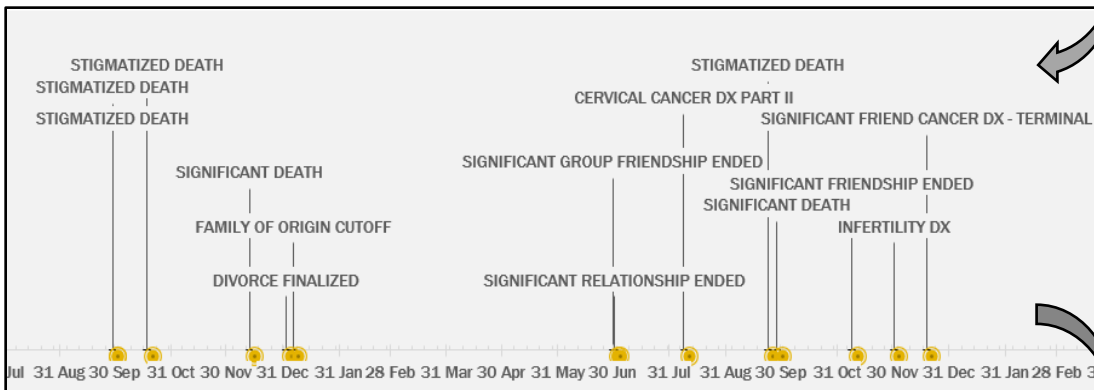
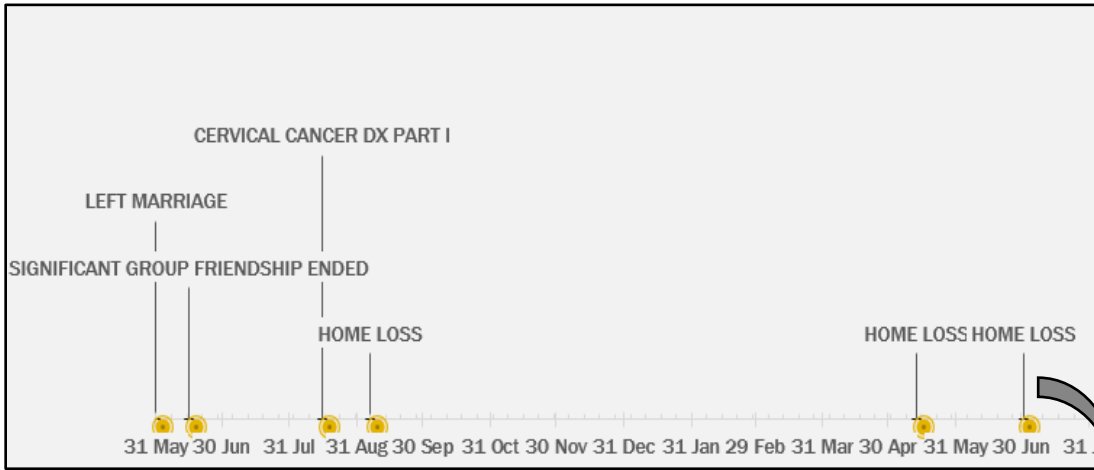
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Appendices

Appendix A – Autobiographical of Multiple Losses



Appendix B – Autobiographical Chart of Multiple Losses

31-May-2011	Left Marriage
15-Jun-2011	Significant Friendship Group Ended
15-Aug-2011	Cervical Cancer Dx Part I
6-Sep-2011	Home loss
13-May-2012	Home loss
1-Jul-2012	Home loss
29-Sep-2012	Stigmatized Death
29-Sep-2012	Stigmatized Death
18-Oct-2012	Stigmatized Death
13-Dec-2012	Significant Death
2-Jan-2013	Divorce Finalized
6-Jan-2013	Family of Origin Cutoff
30-Jun-2013	Significant Friendship Group Ended
1-Jul-2013	Significant Relationship Ended
8-Aug-2013	Cervical Cancer Dx Part II
23-Sep-2013	Stigmatized Death
28-Sep-2013	Significant Death
8-Nov-2013	Significant Friendship Ended
1-Dec-2013	Infertility Dx

19-Dec-2013	Significant Friend Cancer Dx - Terminal
23-Jun-2014	Significant Relationship Ended
23-Jun-2014	Stigmatized Death
31-Jul-2014	Job Loss
2-Sep-2014	Job Loss
11-Sep-2014	Cervical Cancer Dx Part III
13-Sep-2014	Significant Friendship Ended
15-Nov-2014	Significant Friend Cancer Treatment Failure
28-Nov-2014	Stigmatized Death
17-Dec-2014	Significant Friendship Ended
28-Dec-2014	Significant Friendship Ended