More than you were: Writing the Death of an Addict

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Summary

*'*More than you were: Writing the Death of an Addict' is a PhD thesis divided into two parts: a critical component which examines how creative writing impacts individuals bereaved by addiction and a creative component, entitled *More than you were*, which, through poetry, explores my father's fatal drug overdose and the grief that followed.

The critical component is split into three parts. Part One introduces the concepts of grief and disenfranchised grief as well as stigma and stigma by association. Together, these initial chapters work to establish the unique needs of those bereaved by addiction. Part One also introduces the concept of expressive writing, explores how writing can be used as a therapeutic tool, and questions whether writing could benefit a new population: individuals bereaved by addition.

Part Two presents a qualitative study which explores the impact creative writing has on individuals bereaved by addiction. The initial chapters explain the design of my research questions and research methodology, consider the therapeutic value of expressive writing versus creative writing and outline the development of the writing prompts used in my study. Part Two also draws conclusions from the study's findings, discusses what academic and social contributions these findings might make and offers suggestions for future research.

Part Three of the critical component considers how disenfranchised grief is represented in professional poetry, particularly in the work of Pascale Petit, Donte Collins and William Brewer as well as in my own collection, *More than you were*. Broadly, Part Three considers what poetry can offer to the academic, societal and poetic understandings of disenfranchised grief and reflects on my own writing, editing and publication process as both a poet and bereaved daughter.

More than you were, my poetry collection and the creative component of this thesis, explores what it means to lose a father to a drug addiction and live on.

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PART ONE: UNDERSTANDING DISENFRANCHISED GRIEF

Introduction

> *But sometimes, unexpectedly, grief pounded over me in waves that left me gasping; and when the waves washed back, I found myself looking out over a brackish wreck which was illumined in a light so lucid, so heartsick and empty, that I could hardly remember that the world had ever been anything but dead*. — Donna Tartt, *The Goldfinch*

In July 2013, I lost my father to a drug overdose. He was 45 years old and had been using cocaine and prescription painkillers for as long as I could remember. In my mind, the kind person he was deep down died long before his neighbours found him on the bed. And yet, the grief hit me, swift and with a force that still presses down on my body. This thesis, divided into creative and critical components, represents the first steps into a world changed by my father's death.

According to the 2019 *World Drug Report,* published by the United Nations Office of Drugs and Crime, 35 million people require treatment for drug-related disorders globally every year (p. 1). They state that, across the world, '585,000 people died as a result of drug use in 2017' and this 'death toll' is always rising (UNODC, 2019, p.1). According to the Office for National Statistics, deaths related to drug addiction have been increasing in the UK with:

> 4,359 deaths related to drug poisoning registered in England and Wales in 2018, the highest number and the highest annual increase (16%) since the time series began in 1993. (Manders, 2018)

In addition to these drug-related deaths, there were also '7,551 alcohol-specific deaths in 2018' across the UK (Bennett, 2018). This means that in 2018 alone there were a total of 11,910 drug and alcohol-related deaths in the UK (Bennett, 2018; Manders, 2018). Despite the increase in drug-related deaths each year, and the consistent level of alcohol-specific deaths, academic research remains focused on those who are dead or dying from their addictions, with very few studies exploring how the death of an addict can impact those left behind. This is confirmed by

Valentine, Bauld and Walter's (2016) comprehensive literature review, 'Bereavement following substance misuse: A Disenfranchised Grief', which concludes that both research and service provision for those bereaved by a drug and/or alcohol-related death has been 'largely neglected' (p. 284). As a result of this neglect, Valentine, Bauld and Walter (2016) state that there are 'large gaps in understanding how families and individuals experience and grieve such deaths, all of which would merit exploration in future research' (p. 295).

It is my hope that this creative and critical PhD will go some small way to filling these gaps. *More than you were*, the creative component, was written first. The poems contained within this collection cover a wide range of memories and experiences — from the day my father burnt down our home to being told by relatives to 'buck up' after his death. This collection aims to explore and represent the impact of addiction on my family, particularly on my relationship with my father, and consider how loving and losing an addict parent led me to experience disenfranchised grief.

The critical component of this thesis reaches beyond my personal bereavement experience to consider the ways in which writing can both relieve (through writing therapies) and represent (through published poetry) the impact of disenfranchised grief. This component is divided into three parts. In Part One, I attempt to define disenfranchised grief and explore how—due to the effects of stigma and stigma by association—those bereaved by addiction are particularly at risk of social isolation, depression, suicide ideation and more. I also explore the use of expressive writing as a tool to cope with traumatic experiences; consider how creative writing can also be used as a therapeutic intervention; and question whether writing – either expressive or creative – could benefit a new population: individuals bereaved by addition. Although the benefits of using writing to deal with trauma have been relatively well documented, there is limited research in relation to writing and grief. Studies which do demonstrate how writing can directly impact grievers often do not account for those whose grief experience is more complex (Feigalman et. al, 2011; Range, Kovac & Marion, 2000; Valentine & Walter, 2015).

Part Two of the critical component presents a qualitative study which explores how creative writing might benefit individuals bereaved by addiction. The opening chapters explain the design of my research questions and research methodology, consider the therapeutic value of expressive writing versus creative writing and outline the development of the writing prompts used in my study. Part Two also draws conclusions from the study's findings, discusses what academic and social contributions these findings might make and offers suggestions for future research.

Part Three of the critical component considers how reading published poetry by writers like Pascale Petit, Donte Collins and William Brewer might influence how disenfranchised grief is understood by both academics and the general public. Part Three also explores my own writing processes and considers what my poetry collection, *More than you were*, might contribute to wider discussions about disenfranchised grief and bereavement by addiction.

This thesis presents an interdisciplinary investigation of bereavement by addiction which draws on a variety of disciplines including psychology, psychotherapy, sociology and creative practice. This project steers away from literary studies and textual analysis and, instead, focuses on the therapeutic approaches to, and impact of, writing about bereavement by addiction. It also explores how professional poetry can reflect disenfranchised grief research and considers the audience response to poetry written about difficult bereavement experiences. By presenting this creative and critical PhD, I hope to highlight the challenges faced by those experiencing disenfranchised grief; explore how writing can be used as a therapeutic tool for individuals bereaved by addiction; and consider what professional poetry has to offer to the study of disenfranchised grief. Ultimately, I hope this thesis will open doors, start conversations and serve to reduce the stigma associated with bereavement by addiction.

Chapter One: Defining Disenfranchised Grief

On first glance, grief seems easy to define: it is simply the sadness or sorrow caused by someone's death. People who have experienced grief know how difficult it can be. Those who have seen others grieving can imagine the challenges that come with it. But it is this feeling of universality, this 'easy-to-define-ness', that makes grief controversial. Despite its universal nature and the proliferation of literature which examines it, there is considerable evidence that the '*concept* of grief is plagued by vagueness and ambiguity' (Cowles & Rodgers, 1991, p. 119).

Over the last fifty years, grief has been defined as a response to changing environmental conditions (Bowlby, 1973); a state of mind which mimics disease (Engel, 1961; Stroebe, 2015); an acute crisis where there is no immediate solution (Caplan, 1974) and as a psychological syndrome (Lindemann, 1963). In addition to these varying definitions, grief has also been characterized by both academics and medical professionals as a group of emotional and physical symptoms, including 'shock or numbness, overwhelming sadness, tiredness or exhaustion, anger and guilt' (Bugen, 1977; *Coping with bereavement - Live Well - NHS Choice*, 2016; Cowles & Rodgers, 1991). However, even among those who propose or agree that grief is simply a combination of symptoms, opinions differ in relation to how and when these symptoms manifest themselves (Dempsey, 1975; Lynch, 1977; Osterweis & Townsend, 1988; Werner-Beland 1980; Worden, 2009).

With such an extensive discussion of 'normal grief' in scholarly literature, it is no surprise that disenfranchised grief has sparked debate. Those who experience disenfranchised grief often have a troubled relationship with the person who has died and struggle to mourn for them in a 'normal way'. In his 1989 essential text, *Disenfranchised Grief: Recognizing Hidden Sorrow*, Kenneth Doka defines disenfranchised grief as 'the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported' (p. 4). Doka explains that disenfranchised grief centres on the idea that certain types of deaths are inherently disenfranchised because of how society

‘feels’ about them (1989, p. 7). This disenfranchisement occurs when those who have died are ‘blamed’ by society for their deaths – like addicts who could have stopped taking drugs or domestic violence victims who could have left their abuser (Doka, 1989, p. 7). Doka suggests that our society is repelled by these types of deaths because ‘their complexities are not well understood or because they are associated with a high degree of social stigma’ (Doka, 1989, p. 7). As a result, the character of the death seems to disenfranchise the grieving process that comes after it. For instance, grievers may not receive the comfort, empathy or support they seek after losing someone to a disenfranchised death because their friends, family or co-workers stigmatize it or do not understand it (Doka, 1989; Corr 1999). Due to this stigma and/or lack of understanding (which will be explored more deeply in Chapter Two), the griever may find it difficult to talk about their loss. This can cause or exacerbate feelings of ‘guilt, shame and blame as well as countless other feelings that cause a griever to hide their grief, feeling the death is not worthy of the same grief based on societal rules’ (Attig, 2004, p. 200). As a consequence of this, those who are grieving over a disenfranchised death often feel a sense of isolation not experienced by ‘normal’ grievers (Doka, 1989, p. 7).

Doka (1989) laid the foundation for the study of disenfranchised grief, pointing out that disenfranchisement can apply to the type of death as well as any or all of the key structural elements related to grief, including relationships, losses and grievers. Ten years later, Charles Corr built on this in his 1999 article, ‘Enhancing the Concept of Disenfranchised Grief’, by exploring three key elements not touched on by Doka. These include disenfranchisement which can be associated with the ‘various reactions to loss and their expression (reactions), the processes of coping with or striving to manage loss (grief), and the new challenges which they entail (mourning)’ (Corr, 1999, p. 17). Before doing this however, Corr (1999) highlights the difference between grief and bereavement, stating that:

> Doka is clearly correct in recognizing that disenfranchisement can apply to relationships, losses and grievers. These are, in fact three key *structural elements* that define the meaning of the term “bereavement.” Thus, what

> Doka has really defined is 'disenfranchised bereavement' … that is the objective situation of one who has experienced a significant loss. (pp. 6-7)

Corr discusses this distinction more clearly in later work, stating that bereavement is the 'objective situation of an individual who has experienced a loss (especially a loss that is associated with death) of someone or something that is valued' (2003, p. 337). This means that the 'key structural elements of bereavement are an attachment, a loss, and a bereaved person (someone who is victimized or made bereft by the loss or ending of that attachment)' (Corr, 2003, p. 337). Although Corr (1999) believes that Doka has defined 'disenfranchised bereavement', rather than 'disfranchised grief', he states that Doka (1989) is not incorrect; disenfranchised grief is the term coined for what Doka discusses and it has been used successfully and consistently by researchers. However, Corr (1999) states that he would like to 'enhance or enlarge the concept of disenfranchised grief by examining it critically in relationship to the dynamic components of the bereavement experience' (Corr, 1999, p. 8). To this end, Corr expands the scope of understanding of what can be 'disenfranchised beyond aspects of bereavement' by discussing grief reactions and their expression, mourning, and the outcomes of grieving/mourning (Attig, 2004, p. 200).

According to Corr (1999) there is some inconsistency in bereavement literature when it comes to the terms 'grieving' and 'mourning'. Ultimately, he notes that 'grieving' is 'intrapersonal' (i.e. communication between the bereaved person and him/herself) and 'mourning' is 'interpersonal' (i.e. communication which happens between the bereaved person and others) (Corr, 1999, p. 14). With this in mind, grief and grieving relates to the internal thoughts and feelings one experiences following a bereavement. Corr (1999) notes that:

> many aspects of what is called grief in bereavement are essentially reactive. [Bereaved individuals] seek to push away the hurt of the loss with denial, or turn back upon it with anger, or reply to its implacability with sadness. Much of this is like a defensive reflex. (p. 11)

Mourning, on the other hand, is more proactive, representing an 'attempt to manage or learn to live with one's bereavement. Through mourning grievers endeavor to incorporate their losses and grief into healthy ongoing living' (Corr, 1999, p. 11). Corr goes on to explain how both bereaved individuals' reactions to grief as well as their practice of mourning can be disenfranchised.

According to Corr (1999), grief reactions can be disenfranchised when the griever is told that any feelings, thoughts or behaviours that come over them as they react to a death are 'inappropriate' (p. 8). He suggests that reactions to loss are disenfranchised when they are not, in whole or in part, 'recognized, legitimated, or supported by society' (Corr, 1999, p. 8). Corr explains that this can be seen when a grieving person is told:

> 'You shouldn't feel that way'; 'Don't think those thoughts'; 'Don't say those things (about God, or the doctor, or the person who caused the death)'; 'You shouldn't act like that just because someone you loved died.' Sometimes any reaction is judged to be inappropriate; in other circumstances, some reactions are accepted while others are rejected. (1999, p. 8)

In addition to the disenfranchisement of grief reactions and their expression, Corr (1999) notes that mourning can also be disenfranchised. On a basic level this means that the efforts one makes to 'cope with loss and grief in mourning are frequently not understood for what they are and thus are not valued by society' (Corr, 1999, p. 11). In his book, *Bereavement: Studies of grief in adult life*, Colin Parkes (1996) provides an excellent example of this, stating that disenfranchised mourning can occur when a griever is told not to do something that he or she feels is useful; for instance, the griever may be told:

> not to go over the details of the death again and again, as if such filling in of the stark outlines of a death is not an essential part of the process of realization or making real in one's internal, psychic world what is already real in the external, objective world.' (Parkes, 1996, p. 211)

Finally, Corr notes that the outcomes of grieving or mourning can be disenfranchised when others respond 'negatively' to mourners (1999, p. 12). This

can occur when outsiders feel that the griever is 'taking too long with their mourning, fail to return to "normal" or move on, persistently hurt, are slow to take up new relationships, or maintain a relationship with the deceased' (Corr, 1999, pp. 14-16).

Through their key texts, Doka (1989) and Corr (1999) explore the situations in which disenfranchised grief can arise but only touch on why understanding this type of grief matters. Doka observes that the very nature of disenfranchised grief 'creates additional problems of grief, while removing or minimizing sources of support' (1989, p. 17). Corr also notes that disenfranchised grief raises issues which go beyond the difficulties associated with 'normal' grief because it typically:

> involves intensified emotional reactions (for example, anger, guilt, or powerlessness), ambivalent relationships (as in some cases of abortion or some associations between ex-spouses), and concurrent crises (such as those involving legal and financial problems). In circumstances of disenfranchised grief there is an absence of customary sources of support because society's attitudes make unavailable factors that usually facilitate mourning (for instance, the existence of funeral rituals or possibilities for helping to take part in such rituals) and opportunities to obtain assistance from others (for example, by speaking about the loss, receiving expressions of sympathy, taking time off from work, or finding solace within a religious tradition). (1999, pp. 4-5)

Clearly, both researchers believe that the issues associated with disenfranchised grief deserve attention. According to Corr (1999), an 'empathetic society should not formally or informally accept the beliefs, values, or behaviors that communicate inappropriate or unjustified messages to a bereaved person', such as:

> 'Your relationship with the deceased person did not count in our eyes'; 'Your loss was not really a significant one'; 'You are not a person who should be grieving this loss'; 'We do not recognize some aspects of your grief' or 'Your grief is not acceptable to us in some ways'; 'Your grief is in itself a symptom of psychic disorder or lack of mental health'; 'Your mourning has lasted too long'; 'You are mourning in ways that are publicly or socially unacceptable'; 'You should not continue to mourn inside yourself in these ways'; or 'Your mourning should be finished and over with by now.' (p. 17)

These societal messages, whether said or implied, carry weight for those who are bereaved and serve to make the personal grieving process 'more difficult and isolating' (Corr, 1999, p. 17). The difficult nature and isolating effects of disenfranchised grief can, in part, be blamed on the effects of stigma which will be defined and explored in the following chapter.

Chapter Two: Stigma and Social Isolation

Doka (1989) and Corr (1999) explain that disenfranchised grief occurs when a bereavement is not socially acknowledged or supported. At the heart of disenfranchised grief, therefore, is the recognition that who, what and how we grieve are not socially acceptable (Corr, 1999; Doka, 1989; Feigalman et. al, 2012; Valentine & Walter, 2015). Although Doka (1989) and Corr (1999) do not focus on stigma in their disenfranchised grief research, understanding the relationship between these two concepts is key to understanding the ways in which those bereaved by addiction experience disenfranchisement.

In *Stigma: Notes on the management of spoiled identity*, Goffman (1963) defines stigma as an attribute, behaviour or reputation that is 'deeply discrediting' (p. 3). He goes on to identify three particular types of stigma including: 'abominations of the body' (e.g. deformities); 'blemishes of individual character' (e.g. criminals, addicts, prostitutes, etc); and 'tribal stigma of race, nation and religion' (p. 14). Goffman (1963) explains that individuals who have one of these 'undesired differences' are considered not 'normal' (p. 14). Goffman goes on to state that:

> by definition we believe the person with a stigma is not quite human … We construct a stigma theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences such as social class. (1963, p. 15)

As Goffman explains, the identification of stigma — whether related to a physical deformity, an 'immoral' behaviour or a belief about a particular group — is the first step in the stigmatizing process. Fraser et al (2017) note that 'discrimination follows the recognition of difference, as does a theory to justify the discrimination' (p. 194). Parker and Aggleton (2003) state that this recognition and response to stigma is 'central to the establishment and maintenance of the social order' (p.17).

The 'social' aspect of stigma is explored by Goffman (1963) in his explanation of the 'spoiled social identity' (p. 14). This 'spoiled' identity is what causes a person to experience stigma, dividing people into two camps: normal/unspoiled and the not

normal/spoiled. Individuals with spoiled identities are those who carry one of the stigmatizing attributes, behaviours or reputations mentioned above. However, throughout his book, Goffman reveals that stigma is not just the recognition and discrimination of difference, rather that stigma exists in part because of perception. He states that stigma involves:

> a pervasive, two-role social process in which every individual participates in both roles, at least in some connexions and in some phrases of life. The normal and the stigmatized are not persons but rather perspectives … The lifelong attributes of particular individuals may cause him to be type-cast; he may have to play the stigmatized role in all of his social interactions … (1963, p. 164)

Bos et al (2013) confirm Goffman's assertions, noting that stigma comprises two fundamental components, namely, 'the recognition of difference and devaluation' as well as stigma's occurrence in 'social interactions' (p. 1). With this in mind, researchers have come to an agreement that stigma is not considered to be present in any given person but rather is present in the context of social interaction (Bos et al, 2013; Crocker, Major, & Steele, 1998; Goffman, 1963; Hebl & Dovidio, 2005).

Eisma (2018) develops a definition which seems to encompass all of these elements, explaining that stigma is the 'co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised' (p. 173). She goes on to note that indications of stigma include 'negative attitudes, negative emotional reactions and a larger preferred social distance toward [non-normals]' (p. 173). These definitions of stigma — including how stigma is identified, the 'spoiled' identity that comes with stigma, and the way in which 'normals' react to stigmatized individuals — are important to bear in mind when considering how those who suffer with addiction are impacted by stigmatization.

Stigma and 'the Addict'

Many researchers believe that the stigma associated with addiction stems first from its definition (Fraser et al, 2017; Goodman, 1990; Parker & Aggleton, 2003; Volkow & Li, 2004; Volkow, 2015). In his article, 'Addiction: definitions and implications',

Goodman (1990) states that many definitions of addiction are 'vague or imprecise' and often have 'moralistic connotations which are inappropriate to scientific inquiry' (p. 1403). He notes that, across medical literature, addiction has been 'informally' defined as:

> a process whereby a behavior, that can function both to produce pleasure and to provide escape from internal discomfort, is employed in a pattern characterized by (1) recurrent failure to control the behavior (powerlessness) and (2) continuation of the behavior despite significant negative consequences (unmanageability). (p. 1407)

Goodman (1990) argues that the definition of addiction should be considered against the 'diagnostic criteria for Addictive Disorder' (p. 1405). He states that giving addiction a clear, medical definition would have 'positive' theoretical and practical implications (p. 1406). In particular, a medicalized definition could reduce the stigma addicts face from medical professionals (thereby leading to earlier interventions and better treatment) as well as from friends, family and the greater society (Goodman, 1990, p. 1406). Unfortunately, 25 years after Goodman's article, the NHS still defines addiction as a something which could suggest a 'failing' on the addict's part, that is 'not having control over doing, taking or using something to the point where it could be harmful to you' (*Addiction: what is it?,* 2015).

In a speech entitled 'Addiction: A disease of free will', Volkow (2015) explains:

> If we embrace the concept of addiction as a chronic disease where drugs have disrupted the most fundamental circuits that enable us to do something that we take for granted—make a decision and follow it through—we will be able to decrease the stigma, not just in the lay public, but in the health care system, among providers and insurers. (p. 193)

Under Goffman's (1963) theory of stigma, the current definitions of addiction – which focus on an individual's behaviour as opposed to the addiction being symptomatic of a disease – serve to stigmatize those struggling with substance misuse issues. Research into addiction and recovery often makes reference to addicts having — as Goffman (1963) stated — a 'spoiled identity' and identify the 'importance of them restoring for themselves a "non-addict", "normal" or

"unspoiled" identity' (Neale et al, 2011, p. 4). Wakeman and Rich (2018) state that four key factors contribute to the stigmatization of those dealing with addiction, including:

> the misconception that addiction is a willful choice, not a disease; the separation of addiction treatment from the rest of the medical system; the language that is used for addiction; and the way the criminal justice system does not incorporate medical judgment into its approach to people with addiction. (p. 330)

The belief that addiction is a 'choice', the result of poor impulse control or the desire for instant gratification are at the heart of the stigma associated with people dealing with substance misuse issues (Kulesza et al., 2016; Lee and Rasinski, 2006; MacCoun, 2013; Matheson et al., 2013). Because many addictive drugs are illegal, there is also a belief that individuals struggling with addiction 'deserve to be punished rather than helped' (Kulesza et al., 2015, p. 86). These attitudes can be seen in the lack of support 'for public health-oriented drug control policies (i.e. funding for treatment, harm reduction services, etc)' (Kulesza et al., 2015, p. 86). Mora-Ríos et al (2017) also reveal that addicts are often subject to dual diagnoses and, as a result, tend to face multiple stigmas (p. 594). They note that this is especially true for those who have 'more than one psychiatric illness, have committed a crime or show high-risk behaviors … Other stigmatized conditions are homelessness and extreme poverty' (Mora-Ríos et al, 2017, p. 594). This can lead to what Copeland (1997) calls 'double or triple stigmatization' which often results in social exclusion.

Stigma and Bereavement by Addiction

Understanding stigma and how it relates to 'the addict' is particularly significant when considering those bereaved by addiction. Bos et al (2013) expand on Goffman's (1963) concept of 'courtesy stigma' to explore what it means to experience 'stigma by association' (p. 2). In their book, *Stigma: Advances in Theory and Research*, Bos et al (2013) state that stigma by association relates to the 'social and psychological reactions to people associated with a stigmatized person (e.g., family and friends) as well as people's reactions to being associated with a

stigmatized person' (p. 2). This means that the family members and close friends of addicts suffer similar stigmas to the addicts themselves. Research has shown people associated with stigmatized individuals (i.e. those suffering with drug or alcohol addiction) are 'routinely devalued', frequently have 'lower self-esteem' and experience 'psychological distress' as a result of their relationship with the stigmatized individual (Bos et al, 2013, p. 4).

For those bereaved by addiction, the stigma associated with living addicts impacts the way that friends, family and the public act towards the bereaved (Valentine et al, 2016). For instance, disenfranchised deaths, particularly substance-related deaths, are often also linked to a deviant lifestyle and are perceived as self-inflicted (Feigelman et al., 2012; Guy, 2004; Seale & Van Der Geest, 2004; Valentine & Walter, 2015). These attitudes may be reinforced by media representations which blame substance misusers or suggest that they bring about their death through their own choices (Valentine & Walter, 2015). Instead of encouraging the public to empathize with the victim and their families, such 'media portrayal tends to distance the reader [or viewer], not only from the self-destructive behaviour but also from family members who appeared to have condoned or failed to prevent it' (Valentine et al, 2016, p. 287). This reporting tends to encourage the public to 'distance themselves from, rather than empathise with, surviving family members' (Valentine & Walter, 2015, p. 312).

Valentine et al (2016) state that the 'intensity of social stigma attracted by suicide and drug-overdose deaths may produce responses over and above what is implied by disenfranchisement, to include active stigmatization' (p. 286). This may:

> encompass more than empathic failures of close others (Neimeyer & Jordan, 2002), to apportion blame to the mourner, both directly through derogatory comments about their assumed part in the death and indirectly through blaming the deceased for their own death. In both cases, the impact of such blaming was found to increase mourners' distress, particularly the shame, humiliation, and self-blame, beyond what it would have been had close others simply avoided or ignored them. (Valentine et al, 2016, p. 286)

The stigma these attitudes create can make it even more difficult for those bereaved by addiction to confide in others and make it more challenging for them to create meaning and find continuity following the death. Even if at times the deceased addict was well and recovering, if their death was a result of their addiction then they are forever typecast in the role of '"the addict", leaving the family to "carry the stigma" associated with this into future social interactions' (Goffman, 1963, p. 164).

It is clear that stigma reduces the role that social support can play in the lives of individuals bereaved by addiction (Goffman, 1963; Goodman, 1990; Valentine & Walter, 2015). From 2010 to 2014, Adfam and Cruse Bereavement Care carried out a drug and alcohol related bereavement project which highlighted the extent to which stigma impacted bereaved families, stating:

> Families commonly report experiencing a wide-range of emotions, including guilt, shame, concern, fear, anger, stress, betrayal and isolation … Families often feel a deep sense of shame about what is happening, and struggle to speak to others about the problems out of fear that they will lose respect in their community or of admitting "failure". If they are ostracized by the wider family, friends and neighbours, families are cut off from crucial sources of practical, emotional and financial support. A loss of self-confidence and self-esteem can accompany this, leaving families feeling unable to participate in normal social activities and serving to isolate themselves further. (Adfam, 2014, p. 9)

Adfam's study confirms that 'families as well as the user are stigmatised; often thought to be partly responsible for their loved one's choices based on concepts of "bad families" or beliefs that "it's the parents' fault'' which leads to shame, isolation and emotionally fraught relationships (Adfam, 2014, p. 10). They go one step further than Goffman (1963) and Goodman (1990), stating that the families face their own kind of stigma which stems from society's expectations on how to manage relationships with stigmatized individuals. This study reveals that:

> Family members may also be judged for supporting their loved one – "why don't you just kick them out?" On the other hand, however, when families choose to disassociate themselves from the user, because of the impact on

> their own health for example, families have reported similar judgmental attitudes – "I would never turn my back on my son!" (Adfam, 2014, p. 10)

The impact of the stigma by association as well as the stigma attached to parenting expectations can clearly isolate the family of living addicts from society. If parents of an addict do what addiction literature recommends (i.e. cut the addict off from money and accommodation) then they are judged as 'immoral' for being bad parents. If parents of an addict 'enable' their child by providing money and accommodation, even in the face of negative and 'immoral' behaviour, then they are stigmatised by association.

The stigmas associated with addiction seems to follow both families and close friends even after the addict's death, ultimately contributing to the experience of disenfranchised grief. In the following chapter, I will explore how writing has been used to support similar, stigmatized populations and consider how it could be used to support those bereaved by addiction.

Chapter Three: The Value of Writing Grief

Research has shown that writing about traumatic experiences can have a long-term, positive effect on health and wellbeing (Chatterjee, 1999; Kaduson & Schaefer, 2001; Litz, Keane et al, 1992; Pennebaker, Colder, & Sharp, 1990; Pizarro, 2004; Ullman & Siegel, 1996; Yamaguchi, 1997). There is evidence that writing about trauma can help reduce stress, improve health, increase self-care and promote coping skills (Harber & Pennebaker, 1992; Pennebaker & Francis, 1996; Petrie et al, 1995; Pizarro, 2004; Smyth, 1998; Spera, Buhrfeind, & Pennebaker, 1994). This chapter will examine specifically how expressive writing has been used to support individuals who have experienced trauma, explore theories which attempt to explain *why* expressive writing is effective, discuss how expressive writing has been used with grieving populations, and explore the differences between 'expressive' and 'creative writing' in the context of working with participants who have experienced trauma. Ultimately, the aim of this chapter is to provide context for my own study which seeks to examine how creative writing might benefit a new population: those bereaved by addiction.

The Expressive Writing Paradigm

Pennebaker and Beall (1986) conducted the first study which used the expressive writing paradigm. Participants in this study were asked to write about traumatic experiences for 15 minutes per day across four consecutive days. These 'traumatic experiences' were not specifically defined by the researchers. Instead, 'trauma' was simply understood to be the result of any 'major upheavals' in participant's lives (Pennebaker & Beall, 1986, p. 247). Therefore what counted as 'trauma' in this study was solely defined by the participants themselves.

The results of this initial study indicated that exploring thoughts and feelings associated with trauma — when compared to control participants' experience of writing about trivial topics — led to improved physical health as measured by a decreased number of doctor's visits in the months following the study (Pennebaker & Beall, 1986). These positive results sparked a wave of expressive writing studies

around the world. In their 2008 article, 'Exploring the boundary conditions of expressive writing: In search of the right recipe', Pennebaker and Smyth reflect on the effectiveness of the expressive writing paradigm noting that 'in the 22 years since the paradigm was introduced over 200 expressive writing studies have been published with hardly any two experiments alike' (p. 3).

In 1998, Smyth conducted the first important meta-analysis of 13 studies which used the expressive writing paradigm. His analysis concluded that the paradigm was associated with positive outcomes, as evidenced by a 'weighted mean effect size of d=.47' (Smyth, 1998, p.183). This 'medium' effect size — which represents the difference between the control groups and the expressive writing groups — demonstrates that the benefits of expressive writing are 'similar to or larger than those produced by other psychological interventions' (Smyth, 1998, p.183). Further meta-analyses were conducted in the decade following Smyth's, including ones by Meads, Lyons, and Carroll (2003) and Frisina, Borod, and Lepore (2004). However, the most impressive, and influential, meta-analysis of expressive writing paradigm studies was conducted by Frattaroli (2006). In her article, entitled 'Experimental disclosure and its moderators: A meta-analysis', she examined over 140 expressive writing studies from around the world. Her results, like those reported by Smyth (1998) and Frisina et al (2004), suggested that studies which used the expressive writing paradigm, even loosely, demonstrated modest but consistently positive health results (Frattaroli, 2006). Depending on the study, these positive health outcomes could be physical (i.e. improved immune function) or psychological (i.e. decreased depression) (Frattaroli, 2006).

In their 2004 article, 'Taking pen to hand: Evaluating theories underlying the written disclosure paradigm', Sloan and Marx note that the expressive writing paradigm sparked enthusiasm from researchers for two reasons: its ease of use and its potential to be applied to clinical settings (p. 121). They also highlighted the wide variety of participants who benefitted from the expressive writing paradigm in the years since its inception. These include:

> individuals who recently lost their jobs (Spera, Buhrfeind, & Pennebaker, 1994), prison inmates (Richards, Beal, Seagal, & Pennebaker, 2000), individuals diagnosed with either asthma or rheumatoid arthritis (Smyth, Stone, Hurewitz, & Kaell, 1999), individuals diagnosed with cancer (de Moor et al., 2002; Stanton et al., 2002; Walker, Nail, & Croyle, 1999), individuals taking an upcoming graduate entrance exam (Lepore, 1997), and individuals with a history of traumatic experiences (Batten, Follette, Hall, & Palm, 2002; Gidron, Peri, Connonlly, & Shalev, 1996; Schoutrop, Lange, Hane-wald, Duurland, & Bermond, 1997; Schoutrop, Lange, Hanewald, Davidovich, & Salomon, 2002; Sloan & Marx, 2004). (p.121)

This wide range of studies and participants suggests that Pennebaker and Beall's (1986) characterization of trauma simply as the result of any 'major upheaval' in participant's lives continues to be used. Most expressive writing studies leave the term trauma completely undefined, perhaps to capture the widest possible range of participant experiences. According to Ruglass and Kendall-Tackett (2014) individuals may 'directly experience a trauma, witness the trauma happen to someone close, or learn about a traumatic event happening to close family members or friends' (Ruglass & Kendall-Tackett, 2014, p. 4). Although nearly every study which encouraged participants to write about traumatic experiences produced a positive outcome, researchers are divided on why the expressive writing paradigm seems to result in physical and psychological improvements.

How Does The Expressive Writing Paradigm Work?

Researchers have put forward three main theories for why studies which use the expressive writing paradigm often yield positive results. These include the inhibition theory, the emotional processing theory, and the cognitive adaptation theory.

Inhibition Theory

Contemporary psychology, in part, is founded on the theory that 'bottling up' emotions, or emotional inhibition, may lead to dysfunction, psychological distress, or mental illness. Most famously, Freud's 'talking cure' was founded on the principle that emotional inhibition could result in psychological illness and, therefore, patients should become less inhibited and talk through their problems (Breuer & Freud, 1957/1895).

Initially, Pennebaker (1989) believed that the positive outcomes associated with expressive writing were as a result of emotional disclosure. More specifically, he speculated that disclosing once-inhibited emotions can lead to physical and psychological improvements. Pennebaker, and his co-researchers, noted that the disinhibition of emotions, specifically, could reduce stress and improve immune function (Pennebaker & Beall, 1986, Pennebaker, 1997a; Pennebaker & Seagal, 1999; Petrie, Booth & Pennebaker, 1998).

Sloan and Marx (2004) conducted a review of related literature in the medical and psychological fields which seemed to confirm Pennebaker's original hypothesis. For instance, the studies Sloan and Marx (2004) reviewed suggested that, compared to emotionally expressive people, those who do not express — or are emotionally inhibited — may be more prone to physical impairments, hypertension, coronary heart disease, cancer onset and a wider variety of other ailments (i.e. Alexander, 1939; Alexander & French, 1946; Freud, 1961, Friedman & Booth-Kewley, 1987; Manuck & Krantz, 1986; Sloan & Marx, 2004, Smith, 1992; Steptoe, 1993, Fawzy et al., 1993; Gross, 1989; Spiegel, Bloom, Kraemer, & Gottheil, 1987). (p. 122).

When applied to the expressive writing paradigm, the inhibition theory has seen mixed reviews. While there are some studies that show that 'letting out' one's emotions through expressive writing can lead to reduced stress and improved immune functioning (Esterling et al, 1994; Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Petrie et al, 1995), others have shown that there is no benefit if emotional expression is the only measure. Sloan and Marx (2004) back this up, stating that there is 'no evidence to support the notion that decreases in inhibition mediates the relationship between writing about stressful/traumatic events and improved health' (p. 125). Another study by Greenberg and Stone (1992) suggest that the level of a participant's emotional inhibition or disinhibition has no bearing on whether they will benefit from expressive writing. The results of their study suggest that those who are openly expressive and talk about their trauma before writing about it show the same beneficial health outcomes as those who have never

spoken about their trauma. If emotional disinhibition was the reason for the positive health outcomes associated with expressive writing, then it would be more likely that those who were openly expressive already would show less positive outcomes and those who never spoke about their trauma (i.e. were emotionally inhibited) would show more positive outcomes following the act of writing. Sloan and Marx (2004) note that a possible explanation for the mutual benefit to both emotionally inhibited and emotionally disinhibited populations, is that there is an 'important distinction between superficially discussing or describing traumatic experiences with others and disclosing deep emotions and thoughts related to these experiences' (p.124). Highlighting this point are findings from Greenberg, Wortman, and Stone's 1996 study, 'Emotional expression and physical health: Revisiting traumatic memories or fostering self-regulation?'. This study suggests that the same positive health benefits can be seen in participants writing about deep emotions related to experienced traumas as participants writing about imagined traumas (Greenberg, Wortman & Stone, 1996). This suggests that 'bottling up' one's emotions in relation to an experienced trauma, and then letting it out during the writing process, may not be the primary reason for the reduction of stress and increased immune functioning found in so many expressive writing studies.

Although emotional disinhibition and release does point to positive health benefits in psychological studies, this theory has received little support when applied to the expressive writing paradigm since 'letting out one's emotions' does not seem to be the only, or primary, explanation for the positive outcomes associated with writing about trauma (Baikie & Wilhelm, 2005; Sloan & Marx 2004).

Emotional Processing Theory

Some researchers believe that the emotional processing theory is the most plausible explanation for the benefits associated with expressive writing. This theory combines two other theory types from the field of psychology: learning theory and cognitive theory. Modern exposure therapies — which ask patients to confront the things which produce anxiety and fear — have their roots in learning

theory (Sloan & Marx, 2004). Grounded in Mowrer's two-factor learning theory (1960), exposure therapies seek to expose patients to stimuli which they perceive as frightening (also called 'unconditioned stimuli') but are in fact not objectively dangerous (Mowrer, 1960). This can be seen in PTSD patients who begin to associate everyday objects (also called 'conditioned stimuli') with danger and therefore become afraid and attempt to avoid these objects (Foa, Steketee, & Rothbaum, 1989; Keane, Zimering, & Caddell, 1985). As a result, behavioural therapists developed therapeutic techniques designed to 'expose the fearful individual to the conditioned stimuli in the absence of the unconditioned stimuli, so that the individual might realize that the conditioned stimuli is no longer threatening and that avoidance is no longer needed' (Sloan & Marx, 2004, p. 124).

In 1986, Foa and Kozak considered this learning theory alongside cognitive theories which state that cognitive changes can impact how fear is reduced during exposure therapy sessions. Their research suggests that exposure techniques reduce fear by simultaneously introducing fear — through the conditioned stimuli — and providing corrective information about that stimuli (i.e. that they are not, in fact, dangerous and do not need to be avoided) (Foa & Kozak, 1986). This process causes patients to reconsider their responses as well as their assumptions about the conditioned stimuli which they previously felt afraid of (Foa & Kozak, 1986).

According to Sloan and Mark (2004), several studies have suggested that the expressive writing paradigm may 'serve as a context that allows an individual to be exposed to aversive stimuli that have previously avoided' (p.124). By asking participants to write repeatedly about a traumatic experience that caused them fear or anxiety, Sloan and Marx (2004) suggest that this:

> may allow for the extinction of UCS-CS associations or, alternatively, it may activate the fear structure and provide corrective information to the individual about the stimuli, responses, and meanings (Bootzin, 1997; Kloss & Lisman, 2002; Lepore, Greenberg, Bruno, & Smyth, 2002; Pennebaker, 1997). (pp. 124-125)

By being asked to write about deep emotions associated with trauma, participants taking part in expressive writing studies are frequently facing the fears they associate with that traumatic experience. This exposure to their fears could, theoretically, give individuals the opportunity to process the aversive memories, emotions and thoughts associated with their traumatic experience and account for some of the positive health benefits seen in expressive writing studies (Hayes et al, 1996; Marx & Sloan, 2002).

There is some evidence to suggest that the emotional processing theory could support the positive outcomes associated with expressive writing, particularly when considering studies like Klein and Boals (2001) and Schoutrop et al (2002) which indicate a reduction in the fear-inducing, intrusive thoughts and images associated with trauma. However, other studies have revealed little or no effect when it comes to reducing intrusive thoughts or avoidance behaviour linked to the trauma being written about (de Moor et al, 2002; Lepore, 1997; Stroebe et al, 2002; Walker et al, 1999). There are even three studies discussed by Sloan and Mark (2004) that reported finding greater avoidance symptoms linked to the trauma experience being written about during expressive writing sessions (Gidron et al, 1996; Greenberg et al, 1996; Smyth et al, 2001). Although, as the emotional processing theory suggests, some participants seem to benefit from being exposed to—and then processing—the fears they associate with their trauma, other participants see no benefit or experience adverse effects to this exposure. This suggests that the emotional processing theory cannot wholly explain the benefits associated with studies using the expressive writing paradigm.

Cognitive Adaptation Theory

While there are several psychological theories which discuss cognitive adaptation to traumatic events, they all share the same main idea: that processing a traumatic experience requires changing existing patterns of thoughts, behaviours, values and/or beliefs (Sloan & Marx, 2004). Sloan and Marx (2004) note that the cognitive adaption theories put forward by Horowitz (1986) and Janoff-Bulman (1992) are valuable to consider in relation to the expressive writing paradigm. Horowitz's 1986

cognitive adaptation theory argues that people attempt to make sense of traumatic experiences by trying to understand them in relation to their existing belief systems. Horowitz (1986) suggests that in order to recover from a traumatic experience, an individual must work to resolve any issues that arise when information acquired from that traumatic experience proves incompatible with their core beliefs. Horowitz (1986) notes that this process, which he calls the 'completion tendency', can result in re-experiencing thoughts and feelings associated with the trauma and/or the changing of core beliefs, if the information gained from the trauma experience does not fit.

Sloan and Marx (2004) provide an effective summary of another cognitive adaption theory presented by Janoff-Bulman (1992) which is valuable to consider alongside the expressive writing paradigm:

> Janoff-Bulman (1992) suggested that all individuals hold three core assumptions: (a) we are invulnerable, (b) the world is meaningful and comprehensible, and (c) we view ourselves in a positive light. Inherent in these assumptions are additional assumptions that others are trustworthy, moral, and compassionate and that misfortunes occur infrequently. Janoff-Bulman noted that these core assumptions are disrupted by a traumatic event, as such an experience is incompatible with these beliefs. Thus, coping with such an experience requires that the individual come to terms with these shattered assumptions. More specifically, such an individual must work to re-establish a conceptual system in which either the experience is assimilated into the old set of assumptions or the core assumptions are changed so that they can accommodate the traumatic experience. (p. 123)

The act of understanding and adapting one's core beliefs following a traumatic event can be stressful and anxiety producing. Several researchers (i.e. Baikie & Wilhelm, 2005; Pennebaker, 1997; Smyth, True, & Souto, 2001) state that by expressing the emotions which arise when trauma challenges existing beliefs can help individuals consider, reassess and adapt. Sloan and Marx (2004) highlight research which suggests 'that writing about a traumatic event may allow an individual to provide structure, organization, and cohesion to the traumatic memory, which may not have been developed initially' (p. 123). This cognitive adaptation and assimilation of traumatic memories may account for the positive

health outcomes seen as a result of expressive writing (Ahmadi et al, 2010; Baikie & Wilhelm, 2005; Pennebaker, 1990; Pennebaker & Beall, 1986; Sloan & Marx, 2004).

In order to test how expressive writing could aid cognitive adaption, Pennbaker and his colleagues developed a computer-based text analysis programme called Linguistic Inquiry and Word Count (LIWC) (Pennebaker & Francis, 1996). The LIWC measures word usage in expressive writing samples in order to assess both cognitive and emotional expression. Neimeyer, Pennebaker and Van Dyke (2009), explain that, using the LIWC, words are:

> coded into 70 different categories related to emotion (positive and negative words such as happy, laugh, sad, angry) and cognition (insight and casual words such as understand, realize, because, reason), which are in turn used as predictors of relevant health and mental health outcomes. Results of the Pennebaker, Mayne, and Francis study show that use of positive and negative emotion words is associated with the frequency of doctor visits. Higher usage of positive emotion words predicted the greatest health improvement, and people who used a moderate amount of negative emotion words evidence better health outcomes than people using very few or very many negative emotion words. (p. 460)

Although Pennebaker & Francis (1996) found positive health outcomes when studying emotional and cognitive expression, there has been inconsistent support in the research for the cognitive adaptation theory. This, in part, could be due to the difficulty in measuring cognitive adaptation and demonstrating that cognitive adaptations — i.e. the reconciliation of trauma-related information with a core belief system — are the key reasons for the benefits seen in expressive writing studies (Sloan & Marx, 2004).

Meaning Making and Story Construction

Although as a context for understanding the benefits of expressive writing the cognitive adaptation theory has had mixed support, the ideas underpinning this theory have led to a wider discussion around the importance of meaning-making and story construction when it comes to writing about trauma. Neimeyer, Pennebaker, and Van Dyke (2009) state that organizing traumatic experiences into a 'coherent narrative allows the person to express and explore emotions and

attitudes surrounding distressing life events, which become more manageable as the writer derives meaning from the story and resolves the psychological conflict associated with it.' (p. 457). They go on to state that people are natural, habitual storytellers and that writing can leverage this by encouraging people to explore and express their traumatic experiences as stories (Neimeyer, Pennebaker, and Van Dyke, 2009).

The cognitive adaptation theory highlights the importance of reconciling what happened during a traumatic event with one's core belief system. Neimeyer, Pennebaker, and Van Dyke (2009) suggest that constructing a coherent narrative 'may be key to integration of emotionally discordant life events, and also that a "search for meaning" may not be necessary when adequate meaning structures into which one assimilates such experiences are not "lost" to begin with' (p. 461). This is because, they suggest, an individual's identity is 'essentially a narrative achievement, as our sense of self is established through the stories that we construct about ourselves and share with others' (Neimeyer, Pennebaker & Van Dyke, 2009, p. 74). Therefore, if a person is able to write coherent, narrative stories about their loss then they are demonstrating an ability to understand the loss and themselves more effectively than if they were writing in a non-narrative way. Kacewicz, Slatcher and Pennebaker (2007) confirm this, stating that studies like the one conducted by Smyth, True and Sotto (2001) demonstrate how:

> writing about an emotional experience in an organized way is healthier than in a chaotic way … Any technique that disrupts the telling of the story or the organization of the story is undoubtedly detrimental. (p. 281)

This is an important point to keep in mind when considering the way in which expressive writing prompts are written — that is, to give participants free reign to write in any way that feels comfortable which, often, can be chaotic. I will explore this point more deeply when I discuss the development of my own writing prompts in Chapter Six.

Neimeyer, Pennebaker, and Van Dyke (2009) believe that writing coherently about trauma can serve as 'a life course correction' (p.279). They note that:

> a central tenant of all insight-oriented therapies is that through psychotherapy people are able to develop a better understanding of their problems and reactions to them (eg. Rogers, 1940). Inherent in this understanding is the ability to stand back and look at oneself from different perspectives … The idea of expressive writing as a life course correction has not been tested empirically [but] … cognitive changes [as a result of writing] allow individuals to begin to think about and use their social worlds differently. (Neimeyer, Pennebaker & Van Dyke, 2009, pp. 278-279)

They state that these perspective shifts can be seen when participants write coherently about their trauma. Words or phrases like 'I now realize that ... ' or 'I understand why ... ' suggest that 'people are able to identify when they have achieved a knowing state about an event' and adapt cognitively (p. 281). Consistent with this, Neimeyer, Pennebaker, and Van Dyke (2009) share that linguistic analyses have found:

> promising effects for changes in insight and causal words over the course of emotional writing (see also Klein & Boals, 2001; Petrie et al., 1998). Specifically, people whose health improves, who get higher grades, and who find jobs after writing go from using relatively few causal and insight words to using a high rate of them by the last day of writing. In reading the essays of people who show this pattern of language use, judges often perceive the construction of a story over time. Building a narrative, then, may be critical in reaching understanding or knowledge. (p. 281)

However, it seems that participants who start an expressive writing study already with a coherent story that explains a past traumatic experience do not tend to benefit from expressive writing (Neimeyer, Pennebaker & Van Dyke, 2009, p. 281). This suggests that asking participants to write coherently about their traumatic experiences can more positively benefit those who have not previously been able to create a meaningful, coherent story out of what happened to them (Neimeyer, Pennebaker & Van Dyke, 2009).

Creative Writing

With research pointing to the possible benefits of story construction when writing about trauma, recent expressive writing studies have begun including 'creative writing' as an option. Unlike expressive writing which can be anything (i.e. stream-of-consciousness, free writes, lists, notes, etc), creative writing falls into more definable categories. For the purposes of this study, I will define 'creative writing' using a definition put forward by Duke University's Creative Writing programme:

> Creative writing, a form of artistic expression, draws on the imagination to convey meaning through the use of imagery, narrative, and drama. This is in contrast to analytic or pragmatic forms of writing. This genre includes poetry, fiction (novels, short stories), scripts, screenplays, and creative non-fiction. (Duke University, *Creative Writing: Writing Studio Handout*, n.d.)

Although there are clear distinctions between the purpose of expressive writing — which is designed to allow individuals to deeply explore their trauma — and creative writing — which is often used as a form of self-expression or is intended for publication and public consumption — most expressive writing studies conflate the two terms. In their article, 'Expressive and creative writing in the therapeutic context: From the different concepts to the development of writing therapy programs', Costa and Abreu (2018) note that most of the studies that use writing as a therapeutic tool employ the terms 'expressive writing', 'creative writing' or both, without much distinction between them. I explore this point more in relation to my own study in Chapter Six.

Arguably, the expressive writing studies that include, or even encourage, creative writing as an option for participants could see more 'meaning-making' as a result (Neimeyer, Pennebaker & Van Dyke, 2009). The benefits of creative writing, as opposed to expressive writing can be seen in studies linked to Poetry Therapy, Scriptotherapy and, in some instances, Bibliotherapy. In his article, 'Scriptotherapy: Therapeutic Writing as a Counseling Adjunct', Riordan (1996) states that the use of written imagery in creating a story, poem, or journal seems to:

> give the writer access to more material, perhaps allowing the unconscious to become conscious. Gladding (1992) noted that imagery is a universal and

> natural modality for helping people change, and that because it is often a picture in the mind of an event or a way of being, it can be made more concrete through writing. (p. 263)

Pennebaker and Chung (2011) state that writing interventions 'using narratives on the part of the client can also contribute to mastery of difficult events' (p.457). In his article, 'Life event and art', Graves (1984) describes how a rape victim was able to 'master the trauma' by writing about the rape as fiction and changing the outcome (p. 363). According to Graves, the woman was able to distance herself from the attack by pretending it happened to someone else, allowing her to safely 'relive' and evaluate the experience more objectively through writing (1984, p. 363).

Although, Neimeyer, Pennebaker, and Van Dyke (2009) regularly point to the power of narrative and storytelling, poetry is often cited as the most widely used creative writing form in counselling and therapy sessions (Brand, 1987; Harrower, 1972; Mazza, 1981; Riordan, 1996; Rothenberg, 1987). Mazza (2016) states that storytelling can regularly be seen in poetry and that the "story" and story-making process 'is consistent with the traditions of poetry therapy' (p. 15). He explains that, like prose writing, poetry writing can also facilitate the construction of narratives and enable participants to engage in 'meaning-making', particularly in 'resolving grief issues' and 'promoting a healthy life transition' (Mazza, 2016, p. 33). Fuchel (1985) notes that, across a variety of studies, participants who write poetry find that 'previously suppressed thoughts and emotions can be written and shared, confronted and reflected on, and that personality integration, tension reduction, and self-understanding are enhanced' (p. 263). Boone (2006) pushes this further, stating that poetry-making, in particular, can help participants 'scrutinize assumptions, learn vicariously, connect with others, and become more aware of personal choices' (p. 2).

Much of the research which explores how and why writing poetry can be uniquely therapeutic revolves around a 'preoccupation with metaphor' (Mcardle & Byrt, 2003). Metaphor, according to Sontag (1989), can be defined as 'saying anything is or is like something-it-is-not.' (Czechmeister, 1994,p. 1226). Philosophical,

rhetorical, psychological and literary research on metaphor points to its unique ability to convey thoughts, emotions and ideas which are 'known at some level but cannot be expressed directly' (Nadeau, 2006 p. 2015). Pennebaker and Chung (2011) recognise this too in their expressive writing research:

> by drawing on the vocabulary of metaphor and imagery, and abandoning a concern with literal logic, poetry can often convey the emotional significance of an event in ways that more expository writing cannot. (p. 464)

Although metaphors can be employed by participants in both prose and poetry writing, Jack and Illingworth (2017) state that metaphor is 'an "essential element" in the process of poetry writing' and claims that using metaphor has a greater therapeutic impact 'than describing an experience or relationship precisely as it happened', something which typically occurs in prose writing (p. 516). In his article, 'The Nuances of Metaphor Theory for Constructivist Psychotherapy', Day (2017) states that metaphors are 'a good example of active meaning making in the constructivist sense. They reflect the organization, communication, and negotiation of understanding in non-objective but viable ways' (p. 166). Given the 'meaning-making' opportunities in metaphor—and metaphors prevalence in poetry writing and poetry therapy —it makes sense that more therapeutic writing studies have begun including poetry (Boone, 2006; Jack and Illingworth, 2017; Mazza, 2016).

Pennebaker and Chung (2011) state that although writing therapy in all forms is still a fairly recent innovation in medical and psychological history, it builds on a 'vast history of literary expression which charts human suffering and trauma across centuries' (p. 466). They note that more research is needed with more populations to determine:

> the range and extent of benefits associated with writing interventions. Among the more promising directions for this research would be the further documentation of the benefits of therapeutic writing for carefully diagnosed groups of patients experiencing complicated and prolonged grief reactions as opposed to more adaptive or resilient responses to bereavement. (Pennebaker & Chung, 2011, p.466)

Writing with Bereaved Populations

Following their argument about the importance of meaning-making, Neimeyer, Pennebaker and Van Dyke (2009) discuss how writing coherent stories can be particularly beneficial for the bereaved. They explain that when something like a bereavement happens in a person's life this can invalidate the 'core themes and assumptions on which the survivor's life story relies' (p. 457). This can, in turn, lead the bereaved person to engage in:

> a profound and protracted search for meaning to accommodate their self-narrative to painful new realities. When successful in this accommodation, the bereaved individual may experience significant posttraumatic growth, reflected in deeper existential or spiritual insights, revised life priorities, great compassion and closeness to others, and life-altering personal growth. However, when unsuccessful, this attempt can result in complicated grief, understood as a crisis in meaning that simultaneously deprives the survivor of a significant past, a comprehensible present and a purposeful future. (p. 457)

As stated here, coming to terms with bereavement can be uniquely challenging. Neimeyer, Pennebaker and Van Dyke (2009) argue that using expressive writing as a way to comprehend losing someone is 'further justified by the burgeoning field of basic research on bereavements … For example, inability to 'make sense' of the loss in existential, spiritual, practical or personal terms is implicated in chronic grief and distress trajectories' (p. 457). According to Range and Kovac (2000), the death of a loved one or family member has been a prominent theme for participants across expressive writing studies, with percentages of participants' writing about their bereavement ranging from 13% (Pennebaker et al, 1988) to 20.5% (Pennebaker et al, 1987). Although many participants write about bereavement when asked to write expressively about trauma, there have been very few studies which work specifically with bereaved populations.

From the few expressive writing studies which have been conducted with bereaved populations, it is clear that expressive writing does not significantly benefit people who have uncomplicated or 'normal' grief reactions. This may be because participants were 'expecting' the death (i.e. if an older parent dies); they

understood, accepted, or have already assigned meaning to the death (i.e. if a loved one dies from an illness); and/or they have the 'social support' they need to manage their grief (Stroebe et al, 2005). That being said, writing does appear to be very beneficial for those who have faced more traumatic grief experiences, such as suicide, murder or accidental death (Stroebe et al, 2002). In particular, two expressive writing studies conducted in 2000 demonstrated positive health benefits for populations dealing with disenfranchised grief. In the first study, 'Does writing about the bereavement lessen grief following sudden, unintentional death?', Range, Kovac and Marion (2000) state that their participants reported 'less grief, less anxiety, and less depression' as a result of writing (p. 129). In the second study, 'Writing projects: lessening undergraduates' unique suicidal bereavement', Range and Kovac (2000) found that participants 'reported less suicidal grief' after writing (p. 57). Wagner et al (2005) also led an important internet-based expressive writing study for participants dealing with complicated or prolonged grief. In this last study, Wagner et al demonstrated that participants who were asked to write narratively about their experiences of bereavement reported 'reduced stress-response symptoms, reduced depression, and reduced emotional intensity associated with imaginary re-experiencing of the death' (2005, p. 425).

Bereaved by Addiction: A New Population

As seen throughout this chapter, research acknowledges that most individuals who take part in expressive writing studies benefit from improved physical and psychological health. Research also suggests that structuring a traumatic experience into a coherent narrative can be particularly beneficial for bereaved populations. According to Neimeyer, Pennebaker and Van Dyke (2009), building a coherent narrative allows bereaved individuals to express and explore emotions associated with their bereavement. As they write, participants are then able to derive meaning from the story of their bereavement which helps them to resolve psychological conflict associated with the bereavement experience (Neimeyer, Pennebaker & Van Dyke, 2009, p. 457). This allows individuals who write about bereavement to create new meaning in their own lives as well as better understand, and come to terms with, the death of their loved one (Neimeyer, 2001; Pennebaker & Seagal, 1999).

Although the use of writing therapy and its benefits are widely documented, no formal research has explored how expressive or creative writing might benefit individuals bereaved by addiction.

Disenfranchised grief, and the stigma associated with bereavement by addiction, can leave survivors emotionally drained and socially isolated. As mentioned in Chapter Two, stigma reduces the role that social support can play in the lives of individuals bereaved by addiction. Those comforting survivors may share unhelpful statements or advice because the social norms surrounding bereavement by addiction are not well established — there is little done to 'teach' people how to interact with those experiencing disenfranchised grief (Calhoun, Abernathy, & Selby, 1986; Lehman, Ellard, & Wortman, 1986). Family and friends of the survivor may not know how to interact with them, which can lead to confusion, uncomfortable encounters and diminished social support (Calhoun et al, 1986). This can cause the bereaved to feel more isolated, which may increase the intensity of their grief. The notion that substance-misuse deaths are preventable may also exacerbate survivors' feelings of regret, self-blame, and guilt for failing to have 'saved' their loved ones (Valentine & Walter, 2015). The grieving period for those bereaved by addiction is often longer and more intense than the grief experienced from 'anticipated' or 'natural' deaths (Corr, 1999; Doka, 1989).

The social isolation and complex emotions often faced by individuals bereaved by addiction suggest that they require more support to help them manage their grief. This study will explore how writing might support these individuals bereaved by addiction. In Part Two I will introduce and contextualize my research questions; describe the methodology and writing prompts used for this study; outline the findings of this study; and make recommendations for further research.

PART TWO: CREATIVE WRITING AND BEREAVEMENT BY ADDICTION—A STUDY

Chapter Four: The Research Questions

As discussed in Part One, the challenging emotions and stigma faced by disenfranchised grievers suggests that they may require more support to manage their grief. This study will explore how creative writing may be able to support a new population of disenfranchised grievers: those bereaved by addiction. In particular, it examines the impact that creative writing has on adults who have accessed, or are currently accessing, services offered by organizations specializing in bereavement or family addiction across England and Wales. This study addresses three research questions:

1. Can creative writing improve the self-awareness of individuals bereaved by addiction?
2. Can creative writing reduce some of the negative effects associated with grief, such as depression, anxiety and fatigue?
3. Can creative writing help individuals bereaved by addiction make healthier choices about their work and personal responsibilities while grieving?

In this chapter, I will provide context for each of these research questions and explore their aims more deeply. This will provide an important foundation for the following Methodology chapter.

A Note on 'Writing' Terms: Expressive versus Creative

Although these research questions specifically use the term 'creative writing', participants will actually have the opportunity to write both expressively and creatively during this study. The reasons for this will be explored more deeply in Chapter Six. For now, it is simply important to make the term distinctions clear.

For the purposes of this study, I will use the term 'writing' to describe the act of writing in general. It can be assumed that when one is engaged in the act of writing they may write expressively, creatively or in another way not described here.

Therefore, the term 'writing' acknowledges the many ways in which an individual might engage in the act of writing and the many styles in which they might write.

For the purposes of this study, I will use the term 'expressive writing' as defined by Lepore and Kliewer (2013):

> Expressive writing is a form of therapy in which individuals write about their thoughts and feelings related to a personally stressful or traumatic life experience. Expressive writing is sometimes referred to as written disclosure, because writers are instructed to disclose personal information, thoughts, and feelings. Unlike communicative forms of writing, expressive writing is personal, free flowing, and informal, often without concern for style, spelling, punctuation, or grammar. (p.46)

This definition effectively sums up 'expressive writing' as introduced by Pennebaker and Beall (1986) and as used in many other expressive writing studies since then (Frattaroli, 2006).

Finally, I will use the term 'creative writing' as defined in Chapter Three. That is, 'creative writing' is an act which 'draws on the imagination to convey meaning through the use of imagery, narrative, and drama' and can be written in the form of 'poetry, fiction (novels, short stories), scripts, screenplays, and creative non-fiction'. (Duke University, *Creative Writing: Writing Studio Handout*, n.d.). Understanding the distinction between these terms will be essential throughout this and subsequent chapters.

Research Question #1

> *Can creative writing improve the self-awareness of individuals bereaved by addiction?*

In her 2016 article, 'Measuring the Effects of Self-Awareness: Construction of the Self-Awareness Outcomes Questionnaire', Sutton explains that self-awareness can be broadly defined as 'the extent to which people are consciously aware of their internal states and their interactions or relationships with others' (p. 646). She explains that self-awareness, as a widespread theoretical concept, has long been

seen by researchers and psychological practitioners 'as both a primary means of alleviating psychological distress and the path of self-development for psychologically healthy individuals' (p. 645).

Grant et al (2002) discuss the benefits of self-awareness in their article, 'The Self-Reflection and Insight Scale: A new measure of private self-consciousness'. In particular, they note that the monitoring and evaluative processing of self-awareness are key contributors to goal-directed behaviour (Grant et al, 2002). Baumeister and Finkel (2010) go further, stating that 'being aware of oneself has many benefits' (p. 92). Most significantly, they state that it 'improves introspection and awareness of inner states', 'intensifies awareness of one's emotional reactions, and 'improves self-regulation' (Baumeister & Finkel, 2010, p. 92). Silvia and O'Brien (2004) state that self-awareness can enable 'perspective-taking, self-control, creative accomplishments and high self-esteem' (p. 478).

As mentioned in Chapter Three, self-awareness — as measured through the appearance of 'insight words' in participants' writing — has been a key consideration in many expressive writing studies (Frattaroli, 2006; Pennebaker & Francis, 1996; Sloan & Marx, 2004). Pennebaker and Francis (1996), and dozens of studies after them, used participants' writing to determine their self-awareness and demonstrate participants' 'search for understanding about the nature of an experience or self' (p. 611). In line with the cognitive adaptation theory discussed in Chapter Three, the more 'insight' words (such as 'realize', 'see' and 'understand') participants used in Pennebaker and Francis' (1996) study, the more their health improved (p. 620). In particular, they found a positive correlation between the amount of insight words used and 'reduced health center visits for illness' (Pennebaker & Francis, 1996, p. 623). According to their research 'words such as these indicate that the students were attempting to understand … the trend over time suggests that they were attempting to construct coherent narratives' (Pennebaker & Francis, 1996, pp. 620-621). Several expressive writing studies suggest that participants who demonstrate self-awareness in their writing, or through self-reporting in questionnaires or interviews, have more positive health

outcomes (i.e. Baikie & Wilhelm, 2005; Pennebaker, 1997; Smyth, True, & Souto, 2001). This can be explained partially through the cognitive adaptation theory as well as the research into meaning-making and story construction, discussed in Chapter Three.

In their 1975 article, 'Public and private self-consciousness: Assessment and theory', Fenigstein et al state that 'increased awareness of the self is both a tool and a goal' (p. 522). Within the context of this study, this is certainly true. First and foremost, this research question suggests that self-awareness is a goal. Given the benefits that increased self-awareness can bring to individuals generally, as well as the positive health outcomes it has led to in past expressive writing studies, I hoped to find out if creative writing could increase the self-awareness of those bereaved by addiction. Like Fenigstein et al (1975), I also believe that self-awareness can be a tool and provide the first step to recognizing negative emotions and behaviours in order to make positive change. According to Thompson and Gauntlett-Gilbert (2008), a greater awareness of 'one's own impulses and thought patterns should result in a decreased emotional reactivity and vulnerability' (p. 396). Therefore, this question aims to discover whether the participants' self-awareness about their grief and emotions, as well as their relationships with others, will increase through writing. If self-awareness does improve and if – as previous research has indicated (Dishon et al, 2017) – improved self-awareness can lead to changes in emotional responses and behaviour, then positive results for this question could also be a positive indicator for the next two research questions.

Research Question #2

> *Can creative writing reduce some of the negative effects associated with grief, such as depression, anxiety and fatigue?*

As discussed in Chapter One, scholars and medical professionals have characterized grief as a group of emotional and physical symptoms of which depression, anxiety and fatigue play a pivotal role (Bugen, 1977; *Coping with bereavement - Live Well - NHS Choice*, 2016; Cowles & Rodgers, 1991). Often considered to be an undesired outcome of grief, these symptoms cross over to individuals experiencing

disenfranchised grief as well and have a negative impact on bereaved individuals' self-esteem, sense of self-worth, motivation and their relationships with others (Doka, 1986; Corr 1999).

Depression

According to Friedman (2012) it is common for anyone who has lost someone they love to 'present with depressive symptoms, such as sadness, tearfulness, and insomnia' (p. 1855). A medical professional would consider these depressive symptoms to be a related to grief and not diagnose a patient with clinical depression if the effects were mild and lasted less than two months (Friedman, 2012, pp. 1855 -1856). Individuals dealing with a 'normal' grief experience, can demonstrate symptoms:

> typical of major depression, such as sadness, tearfulness, insomnia, and decreased appetite. But, as numerous researchers have noted, grief rarely produces the cognitive symptoms of depression, such as low self-esteem or feelings of worthlessness. (Friedman, 2012, p. 1856)

However, people experiencing disenfranchised grief – particularly those bereaved by addiction or suicide – are at risk of developing these cognitive symptoms. Their grief experience tends to be long-term and include experiences of stigmatization, shame, guilt, and a sense of rejection which can lead to major depression (De La Hey, 2009). This major depression, which can be brought on by disenfranchised grief, can also include feelings of hopelessness, worthlessness and even suicidal ideation (Friedman, 2012). For the purposes of this study, participants were given a basic and freely available definition of depression from the Cambridge English Dictionary (Online), defining it as 'feeling very unhappy and without hope for the future'. This short definition could encompass symptoms of mild or major depression and gives participants suffering with depression a common language to talk about it during their interviews and throughout their writing. I discuss this definition in more detail in Chapter Six.

Anxiety

Historically, psychologists have considered grief to be a form of 'separation anxiety' which requires 'the bereaved to relinquish their attachment to a close other in the face of the person's death' (Valentine, Bauld & Walter, 2016, p. 292). According to Boelen et al (2014), adult separation anxiety is characterized by:

> exaggerated fears about separations from, and harm befalling, close attachment figures. It parallels childhood separation anxiety disorder although onset can occur after 18 years of age (Manicavasagar et al., 2010). It is conceivable that at least in some bereaved individuals separation from the deceased loved one elicits fear of additional bond ruptures that is central to separation anxiety disorder. (p. 134)

In the case of bereavement by addiction, there may also be residual anxiety which lingers in place of the relationship. According to Misouridou and Papadatou (2017) families' traumatic exposure to addiction 'leads to intense feelings of anger, guilt, ambivalence, and unresolved grief, as well as overwhelming anxiety caused by the enormous responsibility of preventing death' (p. 1955). Following the death of an addict, this anxiety may remain in the form of general uneasiness within the family or increase, due to the fear of talking to people about the death, preparing for an inquest related to the death, etc. The bereaved may also feel they've lost control over their own lives and that the world makes less sense or is less safe than it once was (Smith, 2019). This can lead to excessive worrying, panic attacks, social anxiety and more (Bui et al, 2013; Smith, 2019). For the purposes of this study, participants were also given a basic and freely available definition of anxiety from the Cambridge English Dictionary (Online), defining it as 'feeling of worry, nervousness, or unease about something with an uncertain outcome'. As with the definition of depression, I discuss this anxiety definition in more detail in Chapter Six.

Fatigue

In 'Mourning and Melancholia' (1957) Freud outlines the challenges individuals face when breaking ties with the deceased and adapting to new life circumstances following a bereavement. Years later, Freud's discussion of these challenges came to be described by researchers as 'grief work' or, in some cases, the 'grief work

theory' (Granek, 2010; Hamilton, 2016; Clewell, 2004) which speaks to the 'work' it takes to deal with a bereavement. Sanders (1992) agrees that dealing with grief 'is exhausting':

> Few people realize that the work of grief takes a tremendous toll on psychic energy. This in turn affects our level of physical energy. If we were to do strenuous physical labor all day, we would reach the extent of effort grief requires. (p. 28)

Fatigue — which is sometimes called 'extreme tiredness' or 'exhaustion' — can be symptomatic of depression and/or anxiety (Stroebe, Schut, & Stroebe, 2007). However, fatigue can also be caused by sleeplessness and insomnia or the physical aches and pains associated with grief such as headaches, backaches, loss of appetite, gastric distress, immune system weakness, etc (Stroebe, Schut, & Stroebe, 2007). For the purposes of this study, fatigue was not defined for participants. Rather they were asked how grief made them *feel* both in their interviews and in their writing prompts, leaving the option open for them to discuss any physical, cognitive or emotional symptoms. This is because people who are grieving can often become anxious about physical ailments, illness and their own deaths and, therefore, I did not want to unnecessarily draw attention to physical symptoms (Bui et al, 2013).

Symptom Alleviation Hypothesis

As mentioned in Chapter Three, participants who took part in expressive writing studies demonstrated positive physical and psychological health outcomes (Frattaroli, 2006). In particular, the study conducted by Range, Kovac and Marion (2000) on individuals bereaved by accidents and homicide demonstrates a significant improvement in the symptoms of depression, anxiety and grief after writing. This suggests that individuals bereaved by addiction may also see some reduction in the negative effects of grief – particularly depression, anxiety and fatigue – following their writing experience.

That being said, if individuals increase their self-awareness (as hypothesized with question one), then there is a chance their depressive symptoms could be made

worse. According to Greenberg and Pyszczynski (1986), depression is 'sometimes marked by getting stuck in a state of self-awareness, especially when the state is unpleasant' (p. 93). They go on to state that:

> in general, one must assume that the capacity for self-awareness is a positive contribution to many uniquely human psychological achievements and capabilities, but it can carry significant costs and drawbacks [for mental health]. (Greenberg & Pyszczynski, 1986, p. 133)

This suggests that if writing increases self-awareness then some participants may, as a result, experience a reduction in the negative psychological and physical symptoms associated with grief as well as, potentially, an increase in these symptoms.

Question #3

> *Can creative writing help individuals bereaved by addiction make healthier choices about their work and personal responsibilities while grieving?*

According to Doka and Martin (2010), grief is 'expressed in a wide range of observable behaviours' (p. 25). Gross (2016) states that these behaviours can take many forms, including:

> crying; illness-related behaviours (e.g. observable symptoms, expressions of illness); outward expression of emotion; observable changes in spiritual behaviours/ expressions; searching behaviours; avoiding or seeking reminders of the deceased; obsessive activity; activities that provide some sense of continued connection to the loss (e.g. visiting the cemetery); physical activities (e.g. exercise, sport, gardening); social withdrawal; absentmindedness; accidents; increases in the use of alcohol, smoking, and other substances. (p. 14)

Some of these behaviours like crying, illness and — to some extent — other outward expressions of emotion like anger are 'automatic' and do not represent choices that the bereaved individual is making (Gross, 2016). However, other behaviours such as physical activity and an increase in the use of substances may represent a 'conscious' choice on the part of the bereaved individual (Gross, 2016).

Following a 'life-altering' event such as bereavement by addiction, 'marital problems can occur with increased friction, arguments, hostility, and breakdown in communication' (Price & Jones, 2015, p. 229). According to Mayer, Rosenfeld and Gilbert (2013) 'the days, months, and years after the death [of a family member] is a time of great change; change that is both unwanted and unplanned' (p. 172). For instance, as a result of their disenfranchised grief, individuals bereaved by suicide and addiction are at a greater risk of dying from suicide (De Groot et al, 2010) and/or developing addiction (Simon et al, 2005; Wilcox et al, 2010).

Like the previous research question, this question will likely be influenced by whether or not there is an increase in self-awareness. According to Baumeister and Finkel (2010):

> a landmark step in the development of self-regulation theory was Carver and Scheier's (1981, 1982) assertion that self-awareness is essentially for the sake of self-regulation … It is no mere coincidence that loss of self-awareness contributes to poor self-regulation. (pp. 103-105)

They also state that many 'negative' behaviour patterns or choices 'including, though not limited to, wishes to stop being aware of self in connection with unpleasant things' is actually as a result of low self-awareness (p. 144). For instance, they state that:

> alcohol use reduces self-awareness and that people often drink alcohol precisely for that effect, to forget their troubles … Binge eating is also associated with loss of self-awareness and may result in an active attempt to lose awareness of self by submerging attention in low-level sensory experiences. (Baumeister & Finkel, 2010, p. 144)

For the purposes of this study, participants were asked to self-report their behaviours following their bereavement during our interviews and throughout their writing. I did not define unhealthy or healthy behaviours or choices for them, rather I hoped to simply listen to their explanations as well as the evaluations they made on their own behaviours and choices both before and after writing. In the following chapter, I will explore the research methodologies I chose to help me answer my three research questions.

Chapter Five: Methodology

To gain an understanding of how creative writing can benefit individuals bereaved by addiction, I designed a mixed-methods study which includes a questionnaire, semi-structured interviews and writing activities based loosely on the expressive writing paradigm (Pennebaker & Beall, 1986). Occasionally referred to as the 'disclosure paradigm' (Stroebe et al, 2006), the model outlined by Pennebaker forms the theoretical basis for the claim that writing, through disclosure, can support participants to reconstruct meaning and produce positive physical and psychological health outcomes after a sudden, traumatic death (Barak & Leichtentritt, 2017; Francis & Pennebaker, 1992; Pennebaker & Beall, 1986; Pennebaker, Colder, & Sharp, 1990).

Selection Process

Although more than two million people attend addiction groups like Narcotics Anonymous and Alcoholics Anonymous in the UK (AA Fact File Introduction, 2017), there is limited support in the UK for family members of addicts or for those who are bereaved by addiction. Research indicates that addiction and bereavement by addiction is stigmatized by society, which means that reaching potential participants willing to talk about their experiences could be difficult (Corr, 1999; Doka, 1989; Feigelman et al, 2012; Valentine & Walter, 2015). Due to the sensitive and challenging nature of this research, I also wanted to ensure that any participants who took part were able to access professional support following our interviews, if required. With this in mind, I decided to partner with organizations specializing in bereavement or family addiction in order to have access to participants who were using or had previously used these professional services. This assured me that volunteers would be in my target group and, as they were accessing or had previously accessed bereavement services, I was confident that they would be able to get additional support, if needed, following our study.

Given the emotional complexity of the research, I decided to focus on adult volunteers (i.e. 18 years old or over) who had been bereaved by addiction in the

last five years. By focussing on bereavements in the last five years, I could work with participants who were newly bereaved as well as those who had had some time to process and work through their grief. By keeping the time frame short, this meant that participants were still likely to have ties to bereavement services and, therefore, access to support if required. Two of the participants were bereaved for longer than five years but were very interested in taking part in the study as a way to help them manage their grief as well as help others through the research. Participants were recruited from both Wales and England. The population – and therefore the number of bereavements related to addiction – of England is significantly higher than Wales, so focussing on these two countries would give me access to a greater number of participants and allow me to gain a more representative sample.

In order to begin recruitment, I researched organizations that provided bereavement or family addiction support (Table 1). I then created a research poster (Appendix A) and sent template emails to each organization (Appendix B) which briefly explained the study and asked if they could send the information out to their clients.

Table 1: Addiction and Bereavement Organizations

LOCATION	***ORGANIZATIONS***
Wales	Tearing Your Hair Out Hannah Meredith Foundation Care for the Families The Living Room
England	DrugFAM Bereavement Through Addiction Action on Addiction Hawkspring BEAD Project Adfam Families Anonymous EDP Engaging People in Positive Change Hetty's The Compassionate Friends Bristol Drugs Project

UK	Al-Anon Re-Solv Cruse

Many organizations did not reply but the ones who did were generally positive. There were a few, like The Compassionate Friends, which were uncertain about this research project at first. It became clear from our email exchanges that they wanted to protect the vulnerable population of people they support. I have included one such email exchange between myself and The Compassionate Friends which demonstrates the importance of clear research aims and ethical clearance in this kind of study (Appendix C). Out of the 19 organizations I contacted, 12 offered to circulate my posters and call for participants via their Facebook, Twitter, and/or organizational newsletter.

Originally, I aimed to interview between five and seven participants, but within the first two weeks of the posters going live from organizations I had emails and calls from over 20 individuals. This suggested to me that there was a clear need for this kind of bereavement research. I created a 'Participant Information Sheet' (Appendix D) which was sent out to each potential participant. At the end of the document, I gave each participant the option to cut off contact if they read the information sheet and no longer wanted to participate. This ensured that the ball was firmly in their court and that they felt no pressure to contact me if they changed their mind.

Once each participant agreed, we spoke via email or phone to arrange a suitable time for the first interview. Participants were given the choice to meet at their homes, if this was where they felt most comfortable, or for me to arrange a neutral location like a library or university building. One Cardiff-based participant opted to come to my home for the interview.

Second interviews were arranged once the participants completed their writing. The research process for both the interviews and writing is discussed in detail later.

Participants

For ease of understanding, I have organised the participants' demographics in the table below:

Table 2: Participant Demographics

Number of Participants	*13**
Participant's Gender	Female: 11 Male: 2
Deceased Individual's Gender	Male: 11 Female: 2
Location	England: 10 Wales: 3
Meeting Place	Home: 6 Neutral Location: 7

**One participant took part in the first interview but due to a horseback riding accident and a subsequent hospitalization, they could not complete the study. Therefore, I have not included this participant in the final numbers.*

For reference, the pseudonyms of the participants and their deceased loved ones are included in the table below:

Table 3: Participant Information

Participant Name	Years Bereaved	Deceased Name	Relationship to Participant	Addiction / Cause of Death
Grace Stevenson	4	Liam Stevenson	Son	Butane / Suicide
Debbie Young	1.5	Walter Young	Father	Heroin / Drinking
Gerald Jones	1	Esther Jones	Daughter	Drinking / Suicide
Sophie Smith	2.5	Patrick Smith	Son	Heroin / Benzodiazepine

Olivia Brown	<1	Josh Brown	Son	Cocaine/ Drowning
Laylah Davies	<1	Ethan Davies	Brother	Heroin / Overdose
Sarah Simpson	3.5	Don Simpson	Son	Alcohol / Alcohol
Louise Douglas	2	Tom Douglas	Husband	Alcohol / Liver Failure
Gary Williams	5.5	Morgan Williams	Father	Alcohol / Alcohol
Maria Arnold	1.5	Dennis Arnold	Son	Heroin / Heart Stopped
Alice Wilson	<1	Robert Wilson	Son	Heroin / Morphine / Benzodiazepine
Jemma Hill	6.5	Dylan Hill	Son	Heroin / Overdose
Charlotte Miller	1.5	Nora Miller	Daughter	Alcohol / Car Accident

Research Process

The participants who took part in this study were asked to do three things:

- fill out a questionnaire about their grief
- take part in two semi-structured interviews
- complete ten creative writing exercises following our initial meeting

Each of these instruments will be outlined in more detail below.

Instruments

Grief Questionnaire

This questionnaire (Appendix E) was developed by combining questions and methods from 'The Reaction to Loss Scale', the 'Traumatic Grief Inventory' as well as the 'Complicated Grief Index' (Boelen & Smid, 2017; Cooley, Toray, & Roscoe, 2010; Prigerson et al, 1995). By combining these scales, I could assess each participant's grief using a total of 35 questions related to their:

- emotional experiences — i.e. 'I feel angry and irritable, in a way I did not before losing this person.'
- cognitive experiences — i.e. 'I feel as though I have "brain fog" and experience disorganised thinking'
- physical experiences — 'My appetite has decreased or increased since losing this person'
- social experiences — i.e. 'My personal relationships are strained because others do not understand my grief.'

Participants responded to each statement or question by selecting 'Always', 'Often', 'Sometimes', 'Rarely' or 'Never'. Originally, I had hoped to use this questionnaire as a way to assess any change in participants' grief experience before and after writing. However, due to a variety of variables – including participants' home environments, work life, support networks and more – I realised that I would not be able to prove that writing was responsible for changes in thoughts, feelings, behaviours or physical symptoms. During the study, participants were encouraged go about their daily activities so a decrease (or increase) in their grief symptoms could not solely be attributed to writing. Therefore, participants were simply asked to complete this questionnaire before each interview to help them think about their grief in concrete terms. This could then help them articulate their grief more easily during their interviews.

Semi-Structured Interviews

Semi-structured interviews were used for this study in order to keep the interviews conversational and non-threatening; this is particularly important given the sensitive nature of the questions. Each interview was recorded and lasted between one and three hours, with the average lasing approximately two hours. Instead of using pre-determined questions, both interviews were based on a variety of themes and possible questions. These themes were labeled for both interviews and are outlined in the table below:

Table 4: Interview Themes

Interview #1 *(Appendix F)*	**Introduction -** introduce the project and build rapport with the interviewee **Interest in the project** - learn about participant's motivations for taking part in the project **Experience of writing** - establish their experience with and interest in creative writing **The person they lost -** establish a picture of the person they lost, their relationship to them and explore the circumstances of their death **Grieving** - establish their past and present experience of grieving and how others react to it **Help-Seeking** - explore how they have already sought help to cope with their grief, and **Anything Else** - provide an opportunity for participants to speak openly about anything else they like
. ***Interview #2*** *(Appendix G)*	**Catch-Up -** introduce the second interview and re-establish rapport with the interviewee; **Experience of writing -** establish their experience with creative writing as part of this project **Grieving** - establish the nature of their grief since beginning this project; **Anything Else** - provide an opportunity for participants to speak openly about anything else they like about their grief experience, the project and/or their future plans.

Creative Writing Pack

Following the first interview, every participant was given a creative writing pack with a set of instructions (Appendix I), ten creative writing prompts (Appendix J), a notebook and a pen. Before asking participants to write on their own, they completed two practice writing exercises with me using one standard prompt and one poetry prompt so they could try out the writing and ask any questions. The practice prompts can be found in Appendix K. Participants then had between two and four weeks to complete all ten prompts and were told to only write to one prompt per day. This means that they could write to all the prompts over ten days or they could spread them out. This allowed participants the flexibility to fit the tasks around their lifestyle and helped them manage their emotional responses. Participants were asked to write to each prompt for 20 minutes. A more detailed description of these prompts, and why they were chosen, can be found in Chapter Six.

Ethics and Confidentiality

> *The ethics proposal for this study was granted full approval by Dr. Andrew Edgar at Cardiff University on March 6th, 2015.*

To ensure the ethical integrity of this study, all potential study volunteers were provided with a 'Participant Information Sheet' which gave them clear details about what the project entailed and gave them the opportunity to opt-out of further contact (Appendix D). Everyone was also asked to sign consent forms, which thoroughly explained the study (Appendix H). Participants were informed that everything that was said would remain confidential but that it was the interviewer's responsibility to report anything which suggested they may harm themselves or others to the bereavement or addiction organization they had or were currently accessing. Participants were also told immediately after beginning each interview that they did not have to answer any questions they found difficult or uncomfortable and were assured that they could stop the interviews or their

writing at any time. This follows the 'Flip Out Rule' as outlined by Pennebaker (2004), which suggests there is a possibility that when people 'confront upsetting issues they may regress into serious mental decline' (p. 282). Pennebaker (2004) states that:

> This "flip out" hypothesis has never been observed in our lab. To bypass this remote possibility, however, we often tell our participants about the 'Flip Out Rule'. Prior to participation, we simply explain the flip out issue. We then note that if they feel as though they might flip out to simply stop writing or to write about another topic. The 'Flip Out Rule' has been effective for many years. (p. 282)

With years of experience working with at-risk and vulnerable people in community environments, I worked hard to effectively respond to the needs of my participants. As Anne Galletta (2013) states in her book, *Mastering the Semi-Structured Interview and Beyond: From Research Design to Analysis and Publication*, guiding the participant with open-ended questions takes some anticipation of the:

> possible routes he or she may travel in responding, and you must ascertain what further inquiry is appropriate and often necessary. It also takes some spontaneity and guesswork, as you come upon junctures in the interview that potentially offer a deeper understanding of the participant's narrative.' (p. 76)

By anticipating, responding to and adapting to the needs and narratives of my participants, I ensured that each interview generated rich and reliable data.

Although some participants revealed upsetting or shocking things in their interviews, my role was to actively listen, display empathy and attempt to respond appropriately whilst remaining objective. This meant that I did not express my own opinions, especially when participants discussed their experiences of managing their loved ones' addiction or their own behaviour (i.e. drinking or attempting suicide).

In order to ensure that the relationship between myself and the participant was reciprocal and non-hierarchical, I decided to share, before the first interview

started, that I was also bereaved by addiction and had lost my father in 2013. Like many researchers, I feel that this self-disclosure helped to 'level the playing field' and allowed me to build rapport, show respect for the participants, validate their experiences and encourage them to open up about their own bereavements (Guillemin & Gillam, 2004; Liamputtong & Ezzy, 2005).

Overall, I ensured this study was ethical by obtaining informed consent from all participants, providing the opportunity for participants to withdraw from the study at any time and ensuring that the participants' names were kept confidential. I have also ensured that the findings in this study were written as objectively as possible and with great care to accurately reflect the experiences of those bereaved by drug or alcohol addiction.

Data Analysis

For ease of understanding, the data analysis process has been broken down into phases and summarized in the table below:

Table 5: Data Analysis Process

Phase	
Transcription	Intelligent transcription of 26 interviews • 12 interview transcriptions by researcher • 14 interview transcriptions by transcription software tool, Trint Edit Trint interviews to ensure an intelligent transcription
Reading	Read 392 pages of interview transcriptions three times over three months
Coding	Complete initial inductive and deductive coding Complete a second inductive and deductive coding two weeks' later Create a full list of codes Organize transcription data into code categories Read transcription quotes in each category
Thematic Analysis	Collapse and combine codes into themes and subthemes Use Mindmup Software to create thematic mindmap Organize transcription data into themes and subthemes

| Complete analysis

Interview Transcription

After each interview was completed the recording was transcribed using the intelligent verbatim transcription method (Bird, 2005; Lapadat & Lindsay, 1999; McLellan, MacQueen, & Neidig, 2003). This method allowed me to omit filler words like 'ums' and 'uhs' as well as pauses and laughter throughout the conversation. It also allowed for light editing to correct grammar and sentence structure as well as delete irrelevant words. There were a total of 26 interviews which led to over 75 hours of recordings. I transcribed twelve of the recordings myself while fourteen of them were transcribed using a transcription software service called Trint. Participants were asked for their permission via email for their interviews to be transcribed using this software. An example of a first and second interview transcription from the same participant, Grace Stevenson, has been included in Appendix L.

Reading and Rereading

Before coding began, a detailed reading of the interview transcriptions was done three times over a three month period. This reading and rereading process is essential for producing accurate and reliable coding. As Christiane Schmidt (2004) states in her chapter, 'The Analysis of Semi-structured Interviews', repeated readings are very time-consuming but necessary so as not to 'relate text passages too hastily to the researcher's own questions and not to overlook text passages in which one does not initially see the connection to the questions' (p. 255).

Coding

In order to organize the data into more manageable sections, I completed a coding process. This involved noticing and labeling patterns in the transcripts with 'codes'. These codes can either be drawn from 'existing theoretical ideas that the researcher brings to the data (deductive coding) or from the raw information itself (inductive coding)' (Joffe & Yardley, p. 59). I used both deductive coding based on

the themes I was exploring in my interviews (i.e. 'grief experience' and 'help seeking') as well as inductive coding which allowed me to code based on the organic themes emerging in the data (i.e. 'rereading' and 'stigma'). There were 106 codes in total.

After the initial coding process, I completed a second code two weeks later on 50 pages of transcription data. By re-coding the same piece of text on two separate occasions, I was able to ensure that the distinctions between codes were clear in my mind. Although the recode was only 93% accurate, one must account for subjective influences, such as mood and tiredness. This test-retest method ensured the codes were reliable (Joffe & Yardley, p. 62).

Following this, the codes were listed in a Word document with all corresponding transcription data. This meant that the transcriptions were no longer broken up by participant; instead their transcribed text was organised by code category. This new, 274 page coded document was then reread to prepare for the thematic analysis.

Thematic Analysis of Participant Interviews

Thematic analysis is the process of identifying themes and patterns across the data set (Aronson, 1994; Boyatzis, 1998; Braun & Clarke, 2006; Evans & Lewis, 2018; Huberman & Miles, 2002; Silverman, 2011). This method allowed the research questions to guide my theme identification but also left room for new themes to emerge. In order to complete this analysis, I reread through all the coded data and made notes of any common or significant themes in the text segments. This led to the identification of seven key themes: 'the study', 'deceased', 'addiction', 'support/help seeking', 'grief experience' and 'writing'. A full list of the themes, subthemes and codes can be found in Appendix M.

I then created a mind map using the Mindmup website which showed how the codes, themes and subthemes interacted. This can be seen in Appendix N. Once the themes were identified, the data was analysed and interpreted. This forms the basis

of Chapter Seven where the findings from these interviews (i.e. self-reports) are discussed.

Narrative Analysis of Participant Writing

According to Phoenix, Smith, and Sparkes (2010) 'narrative' can be defined provisionally as 'discourses with a clear sequential order that connects events in a meaningful way' (p. 2). They state that narratives can be 'big or small' and can offer 'insights about the world and/or people's experiences of it' (Phoenix, Smith & Sparkes, 2010, p. 2). Fundamentally, Riessman and Speedy (2007) state that narrative is a way of 'telling and showing' and that it is distinguished from other forms of discourse through 'sequence' and 'consequence' (p. 430). This means that 'events are selected, organised, connected and evaluated as meaningful' (Riessman & Speedy, 2007, p. 430).

Narrative analysis can be described 'as a technique that seeks to interpret the ways in which people perceive reality, make sense of their worlds, and perform social actions' (Phoenix, Smith, & Sparkes, 2010, p. 4). Hiles and Cermák (2008) state that 'the point is that in narrative analysis we must focus on both the what and the how of the re-telling, upon both the story that is being told as well as the way in which it is being retold' (p. 155). Earthy and Chapter (2008) provide a helpful summary of the narrative analysis method, noting that participants' writing may:

> include the surface content (what happened?, who was present?, how did different parties react?) and the underlying or latent content (what were the motives or intentions of participants?, what might particular items symbolise for the narrator or others?, what is the meaning and importance of this story for the narrator?) In contrast, if we are interested in the form of the narrative, we concentrate on aspects such as how the plot is structured, the sequence of events, and the language used. (p. 434)

Coffey and Atkinson (1996) state that there are:

> no formulae or recipes for the 'best' way to analyse the stories we elicit and collect. Indeed, one of the strengths of thinking about our data as narrative

> is that this opens up the possibilities for a variety of analytic strategies. (p. 80)

In relation to the participants' writing in this study, I was particularly interested in both the 'content' (what was being said) and the 'form' (how it was being said). When reading for 'content', I decided to focus on the narratives participants' shared about their emotions, grief and relationships; this, I hoped, would give me an insight into their bereavement experience. In order to analyze this content, I specifically looked for instances where they used 'I'-statements (i.e. I am lonely) as well as their use of personal pronouns and tense (i.e. past, present and future tense) to try and understand *what* they were saying about their bereavement experience.

In relation to the form of participants' writing, I was interested in their use of prose and poetic forms, poetic devices and creative typography. I hoped that by analyzing these patterns I would get a sense of *how* participants were telling their stories and begin to understand what this might mean. This narrative analysis of content and form, represents a significant part of Chapter Seven where the findings from participants' writing samples are discussed.

A Note on Reflexivity

Research reflexivity is 'a process of constant, self-conscious scrutiny of the self as researcher and of the research process' (Drozdzewski & Dominey-Howes, 2015, p. 18). Although, as a researcher, I wanted to maintain a sense of control and objectivity throughout this study there were times when, as a bereaved person, this was difficult. To manage this, I allowed myself to feel emotional and explore the emotions when required. According to Drozdzewski and Dominey-Howes (2015), for trauma researchers:

> 'being emotional is an access point' to gaining a more nuanced appreciation of the content and place of research and the research process itself. This emotion-led reflexivity was significant because whilst extremely difficult for individual researchers, we concur with Lund's (2012: 94) observation that

> ‘researchers who make themselves vulnerable to emotions not only make research more engaging and intelligible, but also provoke reflection’. We contend that our experiences venturing into traumatic content and places have strengthened our capacity to be reflexive in the research process and recognise that ‘research is a process, not just a product.’ (p. 20)

Jaworski (2007) argues that researchers come with their own ‘situatedness’:

> how I, as the researcher, proceed, not as a disembodied subject but as someone who remains interconnected with the context from which I speak. Being critical about my own reflexivity is precisely what makes speaking on behalf of others possible. (p. 71)

As someone who used writing as a way to rebuild myself after loss, I knew that I was biased when it came to this study. I hoped and expected that writing would help others just as it had helped me. However, it soon became clear that this wasn’t the case for some participants and I knew I needed to resist, as Furman (2004) suggests, ‘the temptation of trying to “look good”’:

> Research is about truth, not impression management. Autobiographical data often contains information about a researcher’s fears, difficult emotions, and vulnerabilities. It is a valuable lesson for researchers to push themselves toward self-revelation. Indeed, how can we expect our research participants to be open to us if we are unwilling to be open ourselves? This need for openness parallels humanistic psychotherapists’ desire for authenticity and transparency in the helping relationship (Jourard, 1968). Such therapists recognize that trust begets trust, and honesty begets honesty. (Furman, 2004, pp. 163-164)

Although I *wanted* to show that writing would benefit those bereaved by addiction, the truth would be more complicated. Accepting this and representing the data accurately, as I do in Chapter Seven, does justice to the participants’ stories and their desire to help others bereaved by addiction.

Chapter Six: Writing Prompts

Like most studies which involve analyzing writing about challenging experiences, I chose to use the expressive writing paradigm as a basis for developing my participants' 'Creative Writing Pack' (Appendix J) and 'Instruction Sheet' (Appendix I). The expressive writing paradigm was put into practice by Pennbaker and Beall in 1986 and, in the first study, involved two groups: one group who were asked to write about their most traumatic or emotional experiences and another 'control' group who were asked to write about superficial topics, such as their most recent holiday. Both groups were asked to write for 15 minutes across four consecutive days. This study was conducted in a laboratory setting and participants were given no feedback on their work. The authors concluded that 'writing about earlier traumatic experience' was associated with short-term increases in emotional and 'physiological arousal' and long-term decreases in 'health problems' (Pennebaker & Beall, 1986, p. 280). The control group, who wrote about trivial or unemotional experiences, did not appear to have these short or long-term benefits (Pennebaker & Beall, 1986, p. 280).

As discussed in Chapter Three, over 200 studies examining the benefits of writing on a variety of populations have been conducted following the development of Pennebaker and Beall's (1986) expressive writing paradigm (i.e. Milkavich & al, 2005; Kacewicz, Slatcher & Pennebaker 2007; Pennebaker, 1994, 1997a , 1997b ; Smyth & Pennebaker, 1999). Although my study design takes is foundation from the expressive writing paradigm, I did not feel it necessary to adhere strictly to its teachings, as evidenced by my approach to participant writing time, writing environment, writing prompts and more.

Writing Time

Most writing studies which ask participants to write about emotional or traumatic experiences require them to write for 15-20 minutes per session across three to

five consecutive or non-consecutive days. In the 'Instruction Sheet' for this study (Appendix I), I asked my participants to write for at least 20 minutes:

> **Please write for 20 minutes on each prompt.** If you get stuck, please take a moment to re-read the prompt and think of other ways you can express your thoughts, feelings or memories associated with the theme or the questions asked. If you would like to write for more than 20 minutes you are welcome to do so (Appendix I).

I also asked participants to write for ten sessions, instead of five. Participants were asked to complete their writing over the course of two to four weeks. They could choose to do this over ten consecutive days or fit the writing in at a time which worked best for their schedule. I hoped that by giving them a longer time to write (20 minutes) across more sessions, participants might find additional benefit from the writing experience. This decision was underpinned by Sloan and Marx's (2004) discussion of the emotional processing theory which I introduced in Chapter Three. Sloan and Marx's (2004) research suggests that negative emotional experiences to trauma and traumatic memories may be reduced when participants are asked to repeatedly write about a topic. For this study, I asked my participants to do just that – write about their thoughts and feelings around a particular bereavement. Sloan and Marx explain how the exposure to feared 'stimuli' (or prompts) can 'lead to the proper processing of emotional material' and suggest that this is 'relevant to the written disclosure paradigm, as it may help attenuate distress by overcoming a person's tendency to avoid or suppress distressing memories, emotions, thoughts, or physiological sensations' (2004, p. 125). According to Smyth's (1998) meta-analysis, the small number of expressive writing studies that allowed three or more weeks to write were associated with a 'higher effect size', or stronger results (p. 183).

Writing Environment and Controls

In addition to determining a specific writing time, most studies which are based on the expressive writing paradigm have been conducted with controls in laboratory environments. However, as the number of studies and populations benefitting from

writing have increased, controls seem to be used less frequently, particularly in qualitative case studies (Baikie & Wilhelm, 2005; Bootzin,1997; Hayes et al, 1996; Kloss & Lisman, 2002; Lepore, Greenberg, Bruno, & Smyth, 2002; Marx & Sloan, 2002). Because my study focuses on a small number of participants (13) — and there are already some studies which indicate that writing about grief, in general, can be beneficial — I decided that neither a laboratory nor control group was necessary. Based on the writing studies conducted with 'normal' grieving populations, I could reasonably hypothesize that my participants would find some benefit out of the writing process. However, I hoped to explore the kinds of benefits that creative writing might bring to this new population: individuals bereaved by addiction.

Writing Location

In addition to being conducted without control groups, expressive writing studies are also increasingly being conducted in participants' homes, with or without the researcher present (Baikie & Wilhelm, 2005; Pennebaker, 2004; Smyth & Helm, 2003). Sheese, Brown and Graziano (2004) found that even email-based writing assignments, using expressive writing paradigm as a foundation, produced positive health outcomes for their participants. Online writing interventions for post-traumatic stress (Lange et al, 2000) and for married couples recovering from one partner's affair (Snyder et al, 2004) also yielded positive results. Frattaroli (2016) notes that writing at home — as opposed to in a research environment — can prove beneficial for participants as it offers them a more private, comfortable setting. This could potentially be combined with 'higher 'doses' of writing; at least three sessions with sessions lasting at least 15 minutes long' (Frattaroli, 2006, p. 825).

With these studies in mind, I encouraged my participants to take their notebook and write in whatever place felt comfortable to them – this could be their home, their garden, their local coffee shop, etc. I did not require them to choose a single location in which to write but encouraged them to write in a place where they felt

comfortable and would not be interrupted. Although it may have been easier for participants to type their responses to the writing prompts, each participant was asked to physically write their responses in their notebook. I knew – according to Brewin and Lennard (1999) – that handwriting could produce a more negative writing experience, but Kacewicz, Slatcher, and Pennebaker (2007) noted that 'writing by hand is slower and encourages individuals to process their thoughts and feelings more deeply' (p. 11). I hoped that physically writing would encourage participants to spend more time thinking and exploring their grief.

Developing Prompts

Developing the ten prompts for this study involved multiple considerations. First, I wanted to ensure that participants had the option to write 'creatively' and not just 'expressively'. As discussed in Chapter Three, 'expressive writing' is a term that was coined by James Pennebaker in the 1980s and refers specifically to writing about traumatic or emotional experiences. Baike and Wilheim (2005) share a good example of a typical expressive writing prompt used by Pennebaker and subsequent writing researchers:

> *For the next 4 days, I would like you to write your very deepest thoughts and feelings about the most traumatic experience of your entire life or an extremely important emotional issue that has affected you and your life. In your writing, I'd like you to really let go and explore your deepest emotions and thoughts. You might tie your topic to your relationships with others, including parents, lovers, friends or relatives; to your past, your present or your future; or to who you have been, who you would like to be or who you are now. You may write about the same general issues or experiences on all days of writing or about different topics each day. All of your writing will be completely confidential. Don't worry about spelling, grammar or sentence structure. The only rule is that once you begin writing, you continue until the time is up.* (p. 339)

As mentioned, there have been several empirical studies which have confirmed the benefits of expressive writing with these sorts of prompts across a variety of populations (i.e. Baum & Rude, 2013; Pennebaker, 1997; Spera, Buhrfeind, & Pennebaker, 1994). To this end, I did adopt a few of the rules laid out in most

expressive writing prompts. For instance, on my 'Instruction Sheet' (Appendix I), participants were requested to:

> **Try to follow the prompts as they are written** but if other, related thoughts or feelings come up as a result of the prompt then feel free to explore these as you are writing.

In their 2007 book, *Expressive Writing: An Alternative to Traditional Methods*, Kacewicz, Slatcher, and Pennebaker recommend that 'writing researchers and practitioners provide sufficiently open instructions to allow people to deal with whatever important topics they want to write about' (p. 267). They note that:

> traumatic experiences often bring to the fore other important issues in people's lives. As researchers, we assume that, say, the diagnosis of a life-threatening disease is the most important issue for a person to write about in a cancer-related study. However, for many, this can be secondary to a cheating husband, an abusive parent, or some other trauma that may have occurred years earlier. (p. 267)

With this in mind, I wanted to ensure that my prompts were directed enough so that participants could focus squarely on their bereavement if they wanted to, but also make it clear (on the 'Instruction Sheet') that they could explore other related thoughts or feelings that came up as a result of the prompt.

Like most expressive writing instructions, I also stated the following: 'Please do not worry about spelling, grammar, punctuation, etc. The most important thing is just getting the words onto the page' (Appendix I). Within the context of the expressive writing paradigm, this sentence is designed to help the participants feel at ease and circumvent the expected anxieties or concerns that those taking part might feel, particularly if they don't have much experience with writing.

Finally, I also ensured that the participants knew that their writing could remain confidential, even from me. I wanted participants to be able to write completely freely about their feelings without worrying that I, as the researcher, was going to pick their writing apart. In the 'Instruction Sheet' (Appendix I), I included the following lines:

> **The notebook is yours**. After our second meeting, I will ask if you would like to donate your notebook or copies of certain pieces for the project, but this is your choice. You are entitled to privacy and do not need to share any of your writing if you do not want to.

As discussed in Chapter Three, the sense of stigma and social isolation that those bereaved by addiction often experience can cause them to withhold their true feelings about their bereavement, even from friends and family. Individuals who are 'unable to confide in others about extremely upsetting events must work to inhibit their behaviours, thoughts and feelings' which contributes to the disenfranchisement of grief for those bereaved by addiction (Pennebaker & Beall, 1986, p. 274). My hope was that by reassuring participants that they did not need to share their writing, they could 'confide' in their notebooks, let go of any fears they associated with their writing skills or their bereavement experiences, and start to open up honestly about their grief without fear of judgment.

In addition to the consideration about the writing time, tools and environment, I also needed to consider what exactly I wanted to participants to write. Traditionally, expressive writing prompts encourage participants to write about traumatic experiences but do not specify the 'form'. The finished work can represent anything from fragmented lists to stream-of- consciousness prose. An expressive writing piece can also read like a diary entry or a story with a beginning, middle and end. The key is that expressive writing can be whatever the participant wants it to be (Kacewicz, Slatcher, Pennebaker, 2007; Pennebaker, 1994, 1997a , 1997b ; Smyth, True & Souto, 2001). As discussed in Chapter Three, creative writing is different.

In their 2018 article, 'Expressive and creative writing in the therapeutic context: From the different concepts to the development of writing therapy programs', Costa and Abreu noted that they did not find 'studies that define and conceptualize creative writing as a particular therapy or creative writing programs in clinical settings' (p. 73). In the studies they examined, Costa and Abreu found that it is common in therapeutic settings that creative writing is left undefined – or not well

defined – and 'sometimes different writing activities (storytelling, prose, poetry) are included' (2018, p. 73). My study is no different to the ones Costa and Abreu reviewed — I simply wanted to make it explicit that participants could write in any way that felt right to them, including in ways that adhere more closely to the structures of 'creative writing':

> **Write in any style or form that feels right to you.** This means it can be in the form of a journal entry, descriptive piece of writing, a short story, a poem, or anything else that feels comfortable. (Appendix I)

I hoped that this approach would encourage my participants to write expressively (i.e. about their grief, trauma and other upsetting experiences) as well as write creatively (i.e. with attention to the choices they were making). I hoped that by doing this, participants might choose writing styles which helped them build a wider, coherent narrative about their bereavement across their ten sessions. For instance, if a participant felt comfortable writing stories, poems, or letters to/about the person they lost across the ten weeks this may help them form a more cohesive, linked-together narrative of their bereavement, or of the relationship they had with the person they lost. Van der Kolk et al (1996) and Smyth (1998) suggest that completing writing activities which feed into a larger narrative can increase the cognitive processing and understanding of traumatic experiences.

In their 2010 article, 'Does narrative writing instruction enhance the benefits of expressive writing?', Danoff-Burg et al reported findings of a study where they compared two groups: one expressive writing group who were asked to write about challenging emotional experiences and one 'narrative writing' group which were given explicit instructions to write stories with a beginning, middle and end. Danoff-Burg et al (2010) noted that 'greater narrative structure was associated with mental health gains' and that both 'emotional expression and narrative structure may be key factors underlying expressive writing's mental health benefits' (p. 341). Although, ultimately, they noted that 'instruction in narrative formation does not increase the positive effects of expressive writing relative to standard expressive writing instructions' (Danoff-Burg et al, 2010, p. 352), I felt that it was worthwhile

to give participants the option to write in a more creative way. To me, this would allow for the broadest range of possible outcomes and encourage the participants to respond in the way they felt most comfortable with and best represented their bereavement experience.

Prompt Construction

The writing prompts themselves were born out of ten themes which regularly appear in disenfranchised grief and/or bereavement by addiction literature (Corr, 1999; Doka, 1989; Lynch, 1977; Osterweis & Townsend, 1988; Valentine & Walter, 2015; Werner-Beland 1980; Worden, 2009). These themes include: 'addiction', 'anxiety', 'anger', 'behaviour', 'others', 'sadness', 'loneliness', 'regret', 'memory', and 'grief'. These ten themes represented the range of experiences that were covered in my 'Grief Questionnaire' (Appendix E), including emotional experiences (i.e. 'anger'), cognitive experiences (i.e. 'memory'), physical experiences (i.e. 'behaviour'), and social experiences (i.e. 'others'). I hoped that by including a range of themes from disenfranchised grief literature, as well as experiences found in many grief questionnaires, my participants would be able to relate the prompts directly to their bereavement by addiction experience.

Although traditionally expressive writing prompts are much broader than this — asking participants to simply write about a traumatic experience — an increasing number of studies over the last twenty years have experimented with more focused writing topics. Kacewicz, Slatcher, and Pennebaker (2007) note that, during these studies, individuals:

> diagnosed with breast cancer, lung cancer, or HIV, have been asked to write specifically about their living with the particular disease. Similarly, people who have lost their job have been asked to write about that experience. In each case, however, participants are asked to write about this topic in a very broad way and are encouraged to write about other topics that may be only remotely related. (p. 8)

Although these, and other, expressive writing studies have used 'specific directed writing instructions', Lichtenthal and Cruess (2010), state that:

> prior investigations of bereavement-specific written disclosure have generally not directed the writing focus, despite researchers' suggestions that doing so may result in physical and mental health benefits (King & Miner, 2000; Lepore, Greenberg, Bruno, & Smyth, 2002; Stanton et al., 2002; Ullrich & Lutgendorf, 2002). (p. 478)

With this in mind, I wanted to ensure that my participants' were being asked to write about a specific topic — that is, their thoughts and feelings related to their bereavement as well as to addiction — while still giving space for them to write about related experiences. For instance, 'Creative Writing Prompt #3: Anger' asked participants to:

> Write about a time you were angry with the person you lost. Either before or after they passed away. Describe this time, what made you angry, what did you do? (Appendix J)

This prompt encourages participants to write about anger — an emotion that comes up frequently in relation to disenfranchised grief. Participants were asked to choose any time that they were angry — before or after the person had died. The 'Instruction Sheet' (Appendix I) also reminds them that they can write about any related thoughts or feelings which might come up. Lichtenthal and Cruess (2010) suggest that these kinds of direct prompts might be uniquely beneficial for bereaved individuals as they help to 'focus their writing in ways that help resolve grief and facilitate adjustment' (p. 2).

As mentioned above, each theme selected for the prompts appeared regularly in disenfranchised grief literature. Two of the prompts — 'anxiety' and 'sadness' (which also included the option to write about 'depression') — were linked to feelings which had an attached psychological definition. The prompts themselves, as well the 'Instruction Sheet', highlighted the additional definitions (Appendix I):

> **Some prompts include a definition when a recognised psychological term is used, like 'anxiety' or 'depression'.** The definitions will be indicated by *italics*. These definitions are included so every participant has the opportunity to consider and/or write about these terms with the same definition in mind.

As discussed in Chapter Four, one of my research questions asks if creative writing can reduce some of the negative effects associated with grief, such as depression, fatigue and anxiety. Therefore, it was important to ensure that if participants were using terms such as 'depression' and 'anxiety' in their writing, that I would know they had the same understanding of these terms. In order to ensure the definitions of 'anxiety' and 'depression' were accessible and consistent for all participants, I chose simple ones and stated them clearly underneath each prompt:

> *According to the Cambridge English Dictionary (Online),* ***anxiety*** *is defined as a feeling of worry, nervousness, or unease about something with an uncertain outcome.* (from 'Creative Writing Prompt #2: Anxiety', Appendix J)
>
> *According to the Cambridge English Dictionary (Online),* ***depression*** *is defined the state of feeling very unhappy and without hope for the future.* (from 'Creative Writing Prompt #6: Sadness', Appendix J)

I asked that when participants wrote anything which used these terms that they ensured they understood the definition and used them in keeping with this. I hoped this choice would help me analyze their writing more effectively after the study, allowing me to draw stronger conclusions about my participants' experiences of anxiety or depression.

Standard Prompts

The ten writing prompts for this study were divided into two categories: standard prompts and poetry prompts. There were five of each prompt type. Standard prompts covered the following themes: 'addiction', 'anger', 'others', 'loneliness' and 'grief'. These were semi-directed and each included a title (i.e. 'Grief') as well as a statement and/or question(s) for the participant to respond to. For instance, 'Creative Writing Prompt #7: Loneliness' states:

> Write about a time when you felt lonely or isolated due to dealing with someone's addiction and/or the death of the person you lost. When did you feel lonely and why? What did you do in that situation? (Appendix J).

Unlike expressive writing prompts which are typically very broad, these creative writing prompts encouraged participants to think about a specific time linked to an emotional, cognitive, physical or social experience related to their bereavement. I hoped that by providing semi-directive prompts with clear questions, my participants would be more likely to write a more structured, narrative piece. In their 2010 article, 'Resolving Child and Adolescent Traumatic Grief: Creative Techniques and Interventions', Edgar-Bailey and Kress note that providing prompts with questions can lead participants to 'write a story which has been shown to deepen the reprocessing of the events' and, hopefully, lead to benefits for the participants (p.164). This could allow participants to home in on the experiences typical of those with disenfranchised grief and explore them more deeply than if they were left to write about any traumatic experience related to their bereavement.

Poetry Prompts

Like the standard prompts, poetry prompts also included their own theme as well as a statement and/or question(s) for participants to answer. However, these five prompts — which covered 'anxiety', 'behaviour', 'sadness', 'regret', and 'memory' — also required participants to read a poem first. There were several reasons that the prompts were divided in this way. First, out of the ten prompt themes which emerged from the disenfranchised grief literature, I felt these five were the most complex conceptually. Therefore, I thought adding a poem to the prompt would give the participants another way to see how these experiences were being dealt with by someone else, before they tried to tackle the writing for themselves.

In his seminal work, *Poetry Therapy* (1969), Leedy introduces the concept of the 'isoprinciple' which suggests that poems used for therapeutic purposes (i.e. for positive change in their readers) should be chosen to match the mood and emotional experiences of those reading the poems. Poems selected using the 'isoprinciple' are typically meant for group settings or workshops and are used in the hopes of eliciting agreement or relatable statements like 'I know what that poet

meant' (Gillispie, 2003 p. 100). Although I wasn't going to be writing with my participants in a workshop setting, I did want them to be able to relate to the intellectual or emotional premise of the poems they were reading. Therefore, I aimed to select poems which were both accessible and relatable to my participants.

By the time I began selecting poems for these prompts, I had read thousands of poems related to grief, both to inspire the writing of my own collection and to lead my 'Death Writing' workshop series in Cardiff. After one month of thumbing through these poetry collections again and revisiting Google Drive folders, the poems most relevant to the five poetic prompts had begun to reveal themselves, leading to a shortlist of 30 possible poems. At this stage, the inclusion for this shortlist was based solely on the fact that these poems were linked, in some way, to the themes set out — 'anxiety', 'behaviour', 'sadness', 'regret', and 'memory'.

Once I had this shortlist, I read through the poems again to check for 'accessibility'. To me, this meant that the poem used simple, uncomplicated language and usually included a straightforward narrative or metaphor. I hoped that by choosing clear, narrative poems, my participants — regardless of their literacy level and confidence with reading poetry — would be able to read and have some understanding of the poems. This took my shortlist of 30 poems down to 16.

For the final 16 poems, I began to consider Leery's 'isoprinciple' theory (1969) again, which expresses the importance of participants relating to or resonating with the poems that are shared. In the context of this study, this relatability is important for two reasons. First, it would allow participants to feel less alone in their own grief, by seeing someone else – the poet – writing about a similar experience. Second, as discussed in Chapter Three, this sense of relatability could encourage participants to open up and reduce their inhibition; that is, 'if this person can write about this, so can I'. Poems which relate to some element of the participant's experience of bereavement could give them permission to write about their own thoughts and feelings.

Unfortunately, published poetry written about bereavement by addiction is quite limited and many of the poems which are written about this topic are not immediately accessible. Therefore, I wanted to choose poems that spoke to the themes – 'anxiety', 'behaviour', 'sadness', 'regret', and 'memory' – which my participants were likely to have encountered as part of their own disenfranchised grief. Taking into consideration their accessibility, relatability and how well they spoke to the themes, I selected the following poems for the five poetry prompts:

- 'The Race' by Sharon Olds (anxiety)
- 'After Your Death' by Natasha Trethewey (behaviour)
- 'Sadness' by Kim Dower (sadness)
- 'Another Feeling' by Ruth Stone (regret)
- 'Gorillas' by Shelley Wagner (memory)

Like Hynes and Hynes Berry (1986) suggest in their book, *Biblio/Poetry Therapy - The Interactive Process*, I felt that these five poems, more than the others shortlisted, offered the most comprehensive, relatable and powerful narratives. Each of the poems touches on the concept of death – though not always bereavement or grief – and offers the participants a way in to the theme that they might not have otherwise considered. Please see Appendix J to read each of these poems in full.

Even though I aimed to select accessible poems, I wanted to ensure that participants felt comfortable reading the poems, regardless of their experience with poetry. With this in mind, I included this note in the 'Instruction Sheet':

> **You do not need to completely understand or relate to the poems.** Some of the poems chosen for the poetry prompts will deal with bereavement and others with feelings associated with bereavement. Each poem is meant to evoke a feeling, spark a memory or introduce an idea. However, if you don't feel like the poem does this that is okay – you can simply write to the prompt. (Appendix I)

As I hoped that each poem would 'evoke a feeling, spark a memory or introduce an idea', I wanted to make sure that participants read the poems before they started

considering the prompt or planning their own writing on the attached theme. Therefore, this was added as a rule to the 'Instruction Sheet':

> **For prompts with poems**, **please read the poem first and then the prompt before you begin writing.** You may refer back to the poem or prompt as you are writing if you would like to. (Appendix I)

I hoped that this would allow participants time to read and consider each poem on its own terms, absorbing its meaning and perhaps considering the speaker's experience in relation to their own. I hoped too that, when reading the poetic prompts, participants might also consider writing their own poems or creative work. In her article, 'From destruction to creation, from silence to speech: Poetry therapy principles and practices for working with suicide grief', Stepakoff (2009) states that individuals' desire to:

> put feelings, experiences, and memories into poetic language is evident with regard to many forms of trauma, the experience of mourning is often associated with a particularly strong desire to write poems, perhaps because of the universal need to elegize and memorialize lost loved ones (Berger, 1988; Bowman, Sauers, & Halfacre, 1994; Mazza, 2001; Stepakoff, 2002, 2003). (p. 108).

This means that writing poems—as opposed to stories—could sate participants' desire to elegize or memorialize their loved ones. It could also lead participants to do more 'cognitive processing' of their bereavement which could, in turn, lead to more positive health outcomes (Danoff-Burg et al, 2010; Edgar-Bailey & Kress, 2010).

Prompt Order

The poetry prompts and standard prompts were mixed throughout the 'Creative Writing Pack' (Appendix J). Participants were told that they needed to stick to the prompt order in the 'Instruction Sheet':

> Prompts are labelled 1-10 and each deal(s) with a different theme related to bereavement by addiction. Please complete the prompts in order so that the results will be consistent for each participant. (Appendix I)

This was because I designed the prompts' themes to move in a 'U' shape – easing the participants in with a general prompt on 'addiction', before going deeper into more difficult feelings like 'regret', and then coming up and out the other end with a positive memory. The final prompt, on 'grief' itself, was designed as a concluding prompt where participants could reflect on their grief experience as a whole:

> Write generally about your grief experience of losing someone to an addiction. What does grief mean to you? How has it changed you, if at all? How has it impacted your life? (Appendix J)

I hoped that by asking participants to follow this prompt order they would be more 'safely' guided through the writing tasks. This could also help contribute to the building of their bereavement narrative and, ultimately, lead to more positive outcomes for the study. The following chapter will now turn to these outcomes, discussing the findings from participants' interviews and their writing.

Chapter Seven: Findings — Writing Experience

Using my three research questions as a guide, this chapter aims to present the most relevant findings from my creative writing and bereavement by addiction study. I will attempt to answer each question using two sources of data: what participants have said in their interviews (i.e. self-reporting) as well as what they have written in their notebooks. I will not be relying on data from any of the grief questionnaires as these could not reliably measure changes in participants' thoughts, emotions, behaviours or physical symptoms. As mentioned in Chapter 5, participants were carrying on with normal activities during the study. Some were going to therapy and bereavement support groups while others were speaking to partners or friends about their grief and/or taking part in hobbies which they enjoyed. Because of this, any decrease in grief symptoms reported on the questionnaire could not only be credited to the writing. Therefore, these questionnaires were used only to help participants more easily consider and articulate their bereavement experience.

As explained in Chapter Six, I used thematic analysis (Boyatzis, 1998) to analyse participants' interview transcripts. Using this method, several themes and subthemes emerged. These can be seen in full in Appendices M and N. Throughout this chapter, I will be discussing findings derived from the themes which speak directly to my research questions, including 'Grief Experience', 'Relationships', and 'Writing' (Appendix M).

As participants' writing samples were already organized by specific prompts, a thematic analysis would not have been the most effective way to approach this data. Instead, as explained in Chapter Five, a narrative analysis (Earthy & Chapter, 2008) was used for the writing samples which considered both content and form. By presenting an analysis of relevant self-reported interviews and writing samples, I hope to provide an in-depth account of my participants' experiences of bereavement by addiction and demonstrate how writing about these experiences has impacted them.

Question #1: Self-Awareness

> *Can creative writing improve the self-awareness of individuals bereaved by addiction?*

As discussed in Chapter Four, Sutton's (2016) definition of self-awareness is 'the extent to which people are consciously aware of their internal states and their interactions or relationships with others' (p. 646). Many expressive writing researchers have found that participants who demonstrate self-awareness in their interviews and writing have more positive psychological and physical health outcomes (Baikie & Wilhelm, 2005, Pennebaker, 1997; Smyth, True, & Souto, 2001). The self-awareness question in this study aims to discover whether my participants' self-awareness about their grief, emotions and their relationships with others, will increase through writing. In order to measure this, I asked interview questions which gave me insight into the degree of awareness participants displayed concerning their grief, their feelings and their relationships. For example, when asking participants about their grief experience in the first interview, I would ask something like: 'How would you describe your grief at this moment in time? How does it affect you? Consider how, if at all, it impacts on your daily life or your relationships' (Appendix F). In the second interview, which followed their writing, I then asked questions like: 'How did you feel before, during, and after writing in the journal?' (Appendix G). These types of questions allowed the participants to discuss thoughts and feelings they found relevant and also provided me with an opportunity to see if participants' self-awareness improved after the writing process.

Self-Reports: Writing and Self-Awareness

During the second interview, all 13 participants indicated that writing led to improved self-awareness. Although participants never explicitly mentioned the term 'self-awareness', they all used 'insight' words, such as 'think', 'learned', 'realized', 'reflected' and 'considered', as well as phrases – such as 'hadn't considered before', 'came to understand' and 'hadn't thought of before' – to

indicate that writing offered them a new way of thinking. This new way of thinking, for most participants, related to their grief experience, emotions and/or behaviour as well as their relationship to friends, family and/or the person they lost. As discussed in Chapter Three, these 'insight words' (i.e., 'understand', 'think', 'realize') have been seen in many other expressive writing studies (Frattaroli, 2006; Pennebaker & Francis, 1996; Neimeyer, Pennebaker, & Van Dyke, 2009; Sloan & Marx, 2004). These words often demonstrate that participants are not only self-aware when it comes to their feelings, emotions and relationships but suggest some kind of emotional processing is occurring (Bower et al, 2003; Park & Blumberg, 2002; Ullrich & Lutgendorf, 2002). Although there are many ways to define and consider what it means to 'process' trauma or loss, it seemed that participants in this study were doing two main things following improved self-awareness: making sense and making meaning.

Making Sense

Following improved self-awareness, many participants started to engage in the act of sense-making. According to Castelli Dransart (2013), sense-making is defined as 'the process of developing an account and an explanation of what happened' (p. 323). Participants might be engaged in sense-making when they are 'asking agonising questions [about the death] (Van Dongen, 1990), reflecting on the relationship with the person who died, [or engaging in] a search for reasons' (Castelli Dransart, 2013, p. 318). For instance, Sophie, who lost her son Patrick to a heroin overdose, explained how writing prompted her to engage in the 'sense-making' around her son's addiction:

> When I started it I think that I found it much heavier than I thought it was going to be, because I had I think addressed the loss of Patrick more than I had the addiction, the reasons, the thoughts around that and how he came to be in that position and that kind of thing. And as his Mum, I think I felt a lot of, not guilt in its purest sense, but a lot of kind of associated guilt. Guilt in the way I had to be as a parent. The reasons why he may have started to take drugs in the first place, who he was and so it brought a lot up. But in retrospect, it was very healing, very good for me and I'm so glad that I had the opportunity to do it because it's opened up areas for me that I haven't

> looked in and that, in retrospect, has been fantastic. You know, really liberating. (Sophie)

Here Sophie positions the writing experience as one which 'opens up' the possibility for new thoughts, considerations, feelings and ideas. Although she indicates that, before writing, she did have some self-awareness related to her grief — particularly the loss of Patrick and his absence in her life — the writing itself 'brought a lot up' and encouraged her to think about things she had not previously considered, like the roots of Patrick's addiction as well as her own feelings of guilt as a parent.

Another participant, Laylah, spoke about how writing helped her 'reach conclusions' she may not have otherwise reached:

> A lot of the writing made me quite sad. I think the worst time was the one I did in the morning, didn't have time to process it and then just had to get to work. So in that sense I don't think I really did work through it particularly well even with the writing. But a lot of the time I feel, I'd work through it by carrying on with writing and going through it. And often, I'd kind of reach conclusions that I didn't think I would or I would get to a certain point in the writing and be like, 'oh actually, actually that's okay'. And I feel kind of a little bit lighter afterwards. (Laylah)

Here Laylah talks about the work of 'processing' her thoughts and feelings – not just being aware of them but doing the 'work' to consider, reflect and evaluate them. Both of these participants talked about how the writing process generated emotions and new things to consider and how, by working through them, there was some kind of benefit. It was 'healing', 'good' and 'liberating' for Sophie and left Laylah feeling 'a little bit lighter'. These words indicate that some emotional processing was happening during and after the writing process for both Laylah and Sophie. Just like the participants discussed in Neimeyer et al's 2010 article, 'Grief Therapy and the Reconstruction of Meaning: From Principle to Practice', these participants were focusing on difficult or previously undiscovered parts of their bereavement experience and 'staying with' them through their writing. This process of writing 'through' their experience and 'staying with' their feelings made it possible for them to be 'held with less anguish' something which, according to

Neimeyer et al (2010), 'plays a pivotal part in demonstrably efficacious treatments for complicated grief' (p. 78). Here, both participants improve their self-awareness not only about themselves, their grief, and their emotions but also about how writing facilitated this.

Some participants also found that writing about a variety of emotions served to increase their self-awareness. One bereaved mother, Charlotte, spoke about how writing helped her sort through and understand her 'jumbled up' and 'chaotic' emotions about her daughter's death:

> ***Charlotte***: I think, even though I said all the emotions are jumbled up, and they are. I think in some ways it [writing] helped to separate them a little bit. So, it was almost like wanting to continue with that process. So, well, what's the next emotion, what's all mixed up in there? Can I take it out and examine it separately to make more sense of it. And even though it's got all the others tangled in, like a maze or a whole pile of jumbled up threads. It's like pulling one out and maybe separating it out and make it almost neater or something instead of having the big messed up jumble. Separate them out and examine it a bit more, so it's almost like what's the next emotion that I haven't really looked at.
>
> ***Researcher****:* And what is the benefit of that for you? Why would you want to continue that process? What does it do?
>
> ***Charlotte****:* Yeah, it is a sort of search for trying to make sense of it all. And then I come across this 'oh well, it doesn't make sense, it won't ever make sense'. Some of it is just this searching to try and make some sense out of it all.

Charlotte suggests here that the writing about a range of emotions helped her separate and understand them, which she believes will be of benefit to her in the future. The self-awareness gained here is twofold — on one hand it is about being aware of the individual emotions, and on the other it is about understanding how these fit into a bigger search for 'sense'. According to Park and Ai (2006) sense-making involves 'coming to see or understand the situation in a different way and reviewing and reforming one's beliefs and goals in order to regain consistency among them' (p. 393). Although Charlotte is uncertain of *why* it is important for her to understand each individual emotion, she identifies that being aware of them and

examining them individually may lead to her making more 'sense of it all'. Lichtenthal and Cruess (2010) state that, for a bereaved person, 'making sense of an event through, for example, determining the cause of the event, based assumptions about oneself and the way the world works (Davis et al., 1998) … strongly predicts adjustment within two years of a loss' (p. 477). If Charlotte views writing as a way for her to make sense of her feelings and her bereavement experience then this could contribute to positive health outcomes in the future (Klein & Boals, 2010; Lichtenthal & Cruess, 2010; Park & Ai 2006; Ramirez-Esparza & Pennebaker, 2006).

Like Charlotte, another bereaved mother, Jemma, spoke about the emotional self-awareness she gained through writing specifically about her loneliness:

> ***Jemma***: The anxiety, the anger's interesting … The loneliness actually comes up in a lot of it [the writing]. It's an overwhelming thing you know in my behaviour … Actually it's how I like to disappear. I like that feeling of disappearing. I wonder if that's when I'm going off on my moment. Whether that's like a disappearing. So that was quite interesting … Other people. Yes I think. Actually there's a theme all the way through about the behaviour. I don't go out, I don't see anyone, no one came to visit. Then with the 'Others' no visits, no calls, I saw now one. Then in the 'Sadness'. I withdraw, I retreat, I become silent. There's a real link between them all. So I think the loneliness is in part me, but I also think it was confirmed by others as well … Yeah, I've learned a lot from it. A lot more than I thought. (Jemma)

Here, Jemma is beginning to identify patterns emerging in her writing. Upon reflection, she could see loneliness coming up in her writing about others, about her sadness and about her behaviour. She recognized how 'disappearing' – either physically by retreating, going silent or by having moments when she's 'going off' in her own head – is part of who she is and how she copes with the loss of her son. She talks about liking this feeling and states that embracing the loneliness that comes from bereavement is part of who she is now. In this instance, the writing certainly improved her self-awareness around her 'disappearing' behaviours but it also improved through the act of rereading. It was through rereading and noticing how 'disappearing' and 'loneliness' were reflected in much of her writing, that Jemma was able to recognize how and when she 'disappears'. She notes that she

was also able to 'learn a lot' about the presence of loneliness in her life. According to Bolton (2006), rereading our own writing 'can offer a paced way of exploring areas which might otherwise seem too painful to address' (p. 213). The act of rereading can open up a window to the self which we might not have otherwise reached through writing alone (Holly, 1984). The time between writing and returning to reread – and any additional processing which has happened in between – 'enables a deeper level of insight to take place' (Holly, 1984, p. 4). In Jemma's case it seems as though the writing and the rereading both served to improve her self-awareness around her loneliness and her 'disappearing'.

Rereading and Self-Awareness

Although rereading their writing was not a requirement, or even a suggested element, of this research project, nearly half of the participants spoke about the benefits they found in rereading the work they had written. However, the reasons for *why* rereading is beneficial seem to change from person to person. For instance, Olivia talks about rereading as a way to remember what she was thinking:

> For me the rereading it has been a really kind of positive thing as well because perhaps when I'm forgetting why I thought a certain way or was thinking a certain way I'll go back to it and go oh, yeah, yeah. (Olivia)

For her, the rereading experience seems to act as a comfort and a safeguard against forgetting what or why she was thinking a certain way about her bereavement. In their 2010 article, 'Autobiographical memory specificity and symptoms of complicated grief, depression, and posttraumatic stress disorder following loss', Boelen et al (2010) state that those who have complicated grief — which can present similar symptoms to disenfranchised grief — may suffer from issues like 'over general memory' or 'reduced memory specificity' (p. 331). They argue that the distress which follows memories linked to the death of a loved one 'motivates attempts at affect regulation through reduced memory specificity' (p. 332). One explanation why Olivia may gain some self-awareness about her thinking from rereading her work is that she finds it difficult to remember the specific things she

thinks and feels when they're linked to her bereavement. According to Castelli Dransart (2013), 'memory-building' helps to allow bereaved individuals to 'make sense' of and deal with the legacy of their loss (p. 323).

Maria, who lost her son to a heroin overdose, also talks about the rereading process but in a slightly different way:

> For me I feel it's a good experience reading them again. Because it surprises myself what I'm writing and it's lovely to go back and read them (Maria)

Like Olivia who used the word 'positive' to describe the rereading process, Maria calls it 'good' and 'lovely'. However, she notes that what she gains is an opportunity to 'surprise' herself. One possible explanation for this is that Maria might not be expecting to write what she does and that through writing, and then through rereading, she comes to understand what she is saying, thinking or feeling. This would point to improved self-awareness as it would mean that she is gaining insight into her grief, feelings and/or relationships. The writing and rereading could then be considered a process of self-learning (Holly, 1984).

Gerald, who lost his daughter, as well as Gary, who lost his father, found rereading served a different purpose:

> We all express ourselves in different ways and if we're giving ourselves another tool to use in writing down how we feel and then revisiting it again, because you've got it in black and white, you can see how much you've changed. (Gerald)

> [Rereading] was cathartic in a way to show how far I've come, the people I have around me. You know the happiness I get from my daughters, the happiness I get from my marriage. The closeness I have to my parents - I call them my parents now, my stepfather I call my father because, you know, he's been there since I've been 12. So I've got really strong close relationships and close friendships, doing lots of things. You know my life's not too bad. I do a job I love and hobbies. I really enjoy you know and things like that. So it sort of highlighted that as well as highlighting the difficult stuff I've been through. (Gary)

According to Bolton (2006), written and spoken 'narratives express the values of the narrator; they also develop and create values, as well as sense of self-purpose, in the telling' (p. 206). These stories we tell about our lives, in whatever order and in whatever way, help us learn 'who we are, where we are going, what we believe, what we want, where we belong and how to be' (Bolton, 2006, p. 206). In this instance, Gerald and Gary seem to be expressing the importance of being able to look back and see where they've come from and how they've changed since their bereavements. Here both men seem to recognize the value of awareness, seeing writing as a tool to capture their current feelings and rereading as a tool to reflect on where they have been. This value may find its place in Neimeyer et al's assertion that an individual's identity is 'a narrative achievement' where we establish our 'sense of self' through the construction of stories (2010, p. 73). This means that looking back on where they have come from could help Gerald and Gary both make sense or create meaning out of their grief, facilitate their adjustment to life without their loved ones, improve their self-esteem through the demonstration of growth and/or support them to reassess and reaffirm their identities over time (Lichtenthal & Cruess, 2010; Neimeyer, et al, 2010).

Making Meaning

The improved self-awareness observed in participants seems to have led many of them to engage in an act of meaning making. According to Neimeyer et al (2010), this reflects people's need to 'impose meaning on their life experiences' (p. 71). Castelli Dransart (2013) defines meaning-making well, stating that it is 'the process by which survivors can find existential meaning in the loss' (p. 323). For instance, Louise, who lost her husband Tom to his alcohol addiction, talked about making meaning out of her grief experience:

> At the end, I think I was feeling quite positive because, in the last piece, it was about grief overall. And I started off writing about how, you know, how it's affected me. I mean, you know, how it's this terrible thing that you've got to live with for the rest of your life. But you know I was trying to spin a positive slant on it. So there are things now that I've done or am planning to do that I wouldn't have done before. So, for example, I am taking [our

> daughter] to go skiing over New Year which I never would have done that. So I think writing about those things it does kind of, you know, just force yourself to see that life does go on. And it's not going to be the same but I don't think Tom would have wanted me to just wallow in sadness. So I think just having written about all these uplifting things and trying to live more positively, I think just meant that when I finished I was in a quite uplifting frame of mind. (Louise)

In this instance, writing left Louise feeling 'uplifted' and 'positive'. The prompt provided Louise with an opportunity to increase her self-awareness about her feelings but also consider what grief is and the power it has in her life. In this example, we can see Louise attempting to embrace the reality of the loss. This attempt to accept grief as a 'terrible thing' while putting a 'positive slant on it' demonstrates her desire to accept her position as a bereaved person and recognize that a future without her husband is possible (Janoff Bulman, 1992; Neimeyer, et al, 2010). According to Calhoun and Tedeschi (2006), Louise is also beginning to understand her personal growth and the hidden benefit of this tragic bereavement when she says that her grief has led her to do things which she would never have done before the bereavement. This demonstrates a willingness to 'engage in ''restoration oriented coping'' that entails experimenting with new social roles and identities' (Neimeyer, et al, 2010, p. 76). Although Louise was making these changes before this study, she credits writing with improving her self-awareness by 'forcing' her to see that life does go on and with giving her the opportunity to think more 'positively'.

Like Louise, Gary also used the awareness he gained about his grief experience to make meaning. This can be seen through his identification of personal growth following the loss of his father:

> They say time heals and this is a lie. Time changes I feel in many ways I am still growing for the loss of my father but it has changed into something more positive in the way I live my life. Nearly losing my marriage taught me about what's important, the negative impact that Dad had on me has taught the power we have as parents and I try to be encouraging and lovely and never miss an opportunity to tell [my children] how proud I am of them. The dread of a finite life has become my liberator, we are only here so long so what is it I want to do with my time? It's focused my mind and help me let

> go of unhelpful anxieties and outdated defence mechanisms. It has also made me try and look at the whole person my Dad was, the good and the bad. (Gary)

Here Gary demonstrates the lessons he learned from the loss of his father and positions them as positive outcomes that have made him a better husband, a better father and, arguably, a better man with fewer anxieties. According to Neimeyer et al (2010) Gary seemed to be engaged in the 'meaning-making act of accommodation', whereby he is trying to 'accommodate the loss by reorganizing, deepening, or expanding [his] beliefs and self-narrative to embrace the reality of the loss' (p. 74). This meaning-making process also seems to have improved his relationship which is father, retrospectively. By considering his father as a 'whole person' instead of just an addict, Gary seems to have accommodated (Neimeyer, et al, 2010) his loss in the sense that he can now appreciate the benefits his bereavement experience has brought him (Calhoun & Tedeschi, 2006).

For some participants like Gary, Jemma and Sarah who became counsellors and/or bereavement group leaders, their loss experience changed the course of their life, encouraging them to find a new sense of purpose as well as a new 'social role' and 'social identity' (Stroebe & Schut, 1999). These big changes could be the result of, or the facilitation for, meaning making. According to Neimeyer et al (2010), evidence shows that when the bereaved are successful in finding meaning out of their bereavement experience, they:

> fare better than their counterparts who struggle to make sense of the experience. Studies have reported that finding meaning is related to less intense grief (Schwartzberg and Janoff-Bulman 1991), higher subjective well-being (Stein et al. 1997), and more positive immune system functioning (Bower et al. 2003). In their study of bereaved parents, Murphy et al. (2003) showed that finding meaning was related to lower mental distress, higher marital satisfaction, and better physical health. (p. 73)

Overall, these self-reports from participants are very positive. All participants said that their self-awareness about their emotions, grief and/or relationships improved following the writing process. However, as shown, this self-awareness was

employed differently by participants in their search for sense and meaning. The following section will explore what more the participants' writing reveals about their self-awareness through both its content and form.

Writing Samples: Writing and Self-Awareness

Content

Following the second interview, nine out of 13 participants were happy to provide their full notebooks to be analyzed. Three others provided copies of between two and six writing samples. One participant chose not to supply any part of their notebook. Using narrative analysis (Earthy & Chapter, 2008) I read through all of the writing provided by participants in order to analyze both its content and form. In this section, I will focus on identifying self-awareness through the content of the writing. That is, what the participants said about their grief, their emotions and their relationships through their use of 'I'-statements (i.e. 'I am lonely') as well as through their use of personal pronouns (i.e. 'I', 'you', 'we', 'they', etc) and tense (i.e. past, present and future tense). This analysis led to the emergence of three content-based themes: 'narrative retellings', 'tenses', and 'dialogue'.

Narrative Retellings

According to Neimeyer et al (2010) bereaved people often struggle to meaningfully integrate their loss 'into the story of their lives, while also conserving a modicum of coherence in their experience over time' (p. 73). In his article, 'Re-Storying Loss: Fostering Growth in the Posttraumatic Narrative', Neimeyer (2006) states that, on a personal level:

> people spontaneously segment their experience into identifiable episodes, organizing these to construct stories with intelligible plots, populated by characters with explicit or implicit motives and intentions, enriched by vivid descriptions of relevant settings, exemplifying underlying themes, and targeted toward abstract goals (Neimeyer, 2000). Nowhere is this narrative activity more evident or important than in the formulation of a self-narrative, defined as "an overarching cognitive-affective-behavioral structure that organizes the 'micro-narratives' of everyday life into a 'macro-narrative' that consolidates our self-understanding, establishes our

> characteristic range of emotions and goals, and guides our performance on the stage of the social world." (Neimeyer, 2004a, pp. 53–54) (Neimeyer, 2006, p. 70

Every participant in my study engaged in this act of story-construction by retelling narratives about the person they lost, their experience of losing them or what they have done since the loss occurred. For instance, Sophie retold the 'story' of finding her son, Patrick, dead in her home:

> I found Patrick dead, sitting at the top of the stairs in my little cottage where he lived with the cat he rescued and my daughter's cat too. I find it hard to recall things in sequence. I know my heart kind of 'gripped' 'tightened' and I felt I could go with that feeling or not and I chose not. My partner was there. I cried, held my boy, stroked his beautiful dark curly hair, so shiny, so beautiful. I held his shoulders, looked at him, how he was sitting, where his arms were at his sides, where his feet were placed. I was so shocked, breathless, desperate. Yet I know the real shock, the real pain, comes later. I was hollowed out, mindless, numb, distressed, fraught, frantic yet still. It felt unworldly, impossible … Re-living it now, as I have many, many times, but not for a while, I feel sad, weary, slow, that crazy feeling … That whole time was surreal, looking back I wonder that I could go to therapy and get through that time. I think I made a decision to live when I stopped my heart breaking in half- exploding – stopping – as I found my boy dead. I feel I have one child in Heaven and one on earth. So hard sometimes but I know my daughter needs me here. (Sophie)

Here Sophie retells the 'story' of the night her son died, including many details about how Patrick looked, what she did and how she felt. She repeats 'my boy' and places great emphasis on his body and his 'beautiful dark curly hair', perhaps highlighting the bodily ties and the bonds of a mother-child relationship. She opens with a strong sense of place, noting that she found him 'at the top of the stairs in my little cottage where he lived with the cat he rescued and my daughter's cat too'. This hammers home the surreal experience in her mind: this is a place which holds her family's history, it is where the living live, not where her son was meant to die. She also tries to recall things 'in sequence' so as to get the story-telling right but acknowledges this is 'hard'. She recognizes that this 'story' has been relived 'many, many times' and we can see her inserting her current reflections into the narrative through her acknowledgement that real 'shock' and 'pain' would come after this

night. Towards the end of the extract, Sophie begins analyzing her decision 'to live' and her feelings about having 'one child in Heaven and one on earth'. Through the act of retelling this narrative, Sophie is giving herself an opportunity to remember and reassess her bereavement experience. According to Neimeyer (2006) this act reflects self-awareness and gives her an opportunity reconfirm her 'hard' decision to 'live'.

Another narrative retelling was written by Louise, who lost her husband to alcoholism and liver failure:

> Back to the hospital. I must have driven there but I don't remember. I'm in a waiting room on my own. Waiting to see the doctor who has been working on [my husband]. The hospital is fundraising for the ward. The chair I'm sitting on was donated by friends of the John Radcliff Hospital. The annual coffee morning is next Thursday. Please use handwash when entering and exiting the ward. Please switch mobile phones off. Eventually [the doctor] finds me. We go to a private area of the empty waiting room. He tells [my pregnant belly that] they couldn't stop the bleeding. I ask what his chances of survival are like. 10% chance of survival. My world ends. (Louise)

Unlike Sophie who peppered her story with reflection, Louise retells the story of finding out about her husband's critical condition in the hospital. She includes specific details about the hospital, the chair, the signs which demonstrates her attention to detail and suggest that time slowed down enough for her to look at and absorb these things. Her story is in present tense which gives it a sense of immediacy and may suggest that, even two years after her loss, Louise is still positioning herself in that waiting room, still experiencing the trauma from that night. Unlike Sophie's narrative, there is no reflection and no search for meaning. It's a report of what happened that day and at the end, after hearing the news, Louise says: 'my world ends'. This final line demonstrates how her own self-narrative, what she defined to be her 'world', was profoundly shaken by this 'seismic' life event (Neimeyer, 2005, p. 70). Here Louise is aware of this but is not yet engaging in the sense-making, meaning-making or general reflection that other participants have. This could be because, as she states in her interview, she is very 'private' and doesn't have many people to talk to; because, unlike the other

participants, she was not fully aware of the severity of her husband's condition and did not know that his life was at risk; and/or because she was pregnant at the time of her husband's death and gave birth shortly after, thus delaying her ability to start the meaning-making process.

Out of the 12 participants who submitted writing samples, 11 of them included narrative retellings of experiences with their loved one which happened before they died. Many of these were in response to the 'Memory' prompt (Appendix J) in which participants were asked to write about a positive memory with their loved one. But, three of these pre-bereavement retellings happened in relation to other prompts. For instance, Debbie talks about her father's presence in her life in relation to the 'Anger' prompt (Appendix J):

> The night before my wedding day. My red silk sari hanging by my bed. I was feeling free, away from my family and life constrictions and also with a future ahead of me with a dreamy man. A moment of contentment and happiness, so rare and precious. My father had an extra sense it seems, he could pinpoint these moments and knew how to destroy them. I will always be amazed by his timing and tenacity to be so brilliantly destructive. The wedding day did not materialise. My face the night before had become so tear drenched and my eyes so swollen, that I looked disfigured from distress. I cancelled my wedding as I couldn't cope. I wanted to feel beautiful on my wedding day and ready for the future which lay ahead. Instead my father had managed to come crashing in, even from across the ocean. He made his presence known. (Debbie)

Here Debbie talks about how her father 'knew how to destroy' these happy moments in her life, how he came 'crashing in' to the night before her wedding and 'made his presence known'. This suggests a sense of reoccurrence, a pattern of behaviour that was typical of her alcoholic father. Another participant, Olivia, wrote about trying to find her lost son in the fields behind her home before finding him in hospital. She said this kind of thing happened 'again and again'. These pre-bereavement retellings worked to form part of a larger narrative about the/a participant's relationship with the deceased. They tell a bigger story about the impact of addiction and the challenging nature of the relationships with the people

that were lost. According to Valentine and Walter (2015), those who are bereaved by addiction are likely to:

> suffer disturbing memories related not only to the nature of the death but also the stresses and strains of living with the person's substance use (Orford, Copello, Velleman, & Templeton, 2010), which may hamper developing and taking comfort from a continuing bond. Rather the lack of opportunity to share their story places them in a position of being alone with these experiences, a situation which may well have started prior to death. (p. 312)

These narrative retellings show self-awareness when it comes to the challenging relationships participants had with their loved ones and the difficulty of 'continuing bonds' with them after they have died (Valentine & Walter, 2015, p. 318). According to Castelli Dransart (2013), these 'memory-building' attempts, which represent one story in the whole lifespan of the loved one, 'strongly interact with sense-making: as survivors construct a narrative of social memory, they create a more comprehensive image of the suicidal act [or drug-related death] and enlarge their vision beyond their relationship with the loved one' (p. 323).

Tenses

Both in and outside these narrative retellings, participants used past, present and future tenses in their writing. For most, this worked chronologically with the past, as expected, being anything before the time of writing, the present being the immediate writing time, and the future being anything that might happen after the writing had finished. However, for some participants, time seemed to get mixed up in their writing. For instance, Debbie wrote about the role addiction plays/has played in her life:

> Addiction has always been with my shadow and followed me around. Even after his death it is with me and always will be … Even if it was the part of me that was weighed down, it is something I have always lived with, being in relationship with a person and their addiction and now I am having to reinvent myself or find a new me so I can fit in the world comfortably again. (Debbie)

In this, and many other pieces from Debbie, time seems to jump back and forth and even stand still. Addiction acts as a constant which was with her as a child, is with her in the present and will likely remain with her in the future. She talks about addiction being something she lived with but the 'now' being a time in which she needs to 'reinvent in order to live 'comfortably' in the world again. However, here, she raises questions about the permanence of addiction's influence. She seems to be considering how to move on now that her father has died and his addiction is no longer physically intruding on her life. But, the latent content points to a possible underlying question which is: what does it mean to live a life no longer 'shadowed' by addiction? Debbie suggests that she is trying to 'reinvent' herself as someone who is not 'weighed down' by having an addict as a father. In a way, Debbie is becoming aware of her relationship to addiction and how this relationship might affect her 'reinvention'. She seems to also be considering the two sides of herself: the self before the death in which she had no control over the 'weight' of addiction and the self after the death which promises the possibility for reinvention. However, this writing, in a way, might suggest that time is irrelevant because the repercussions of her relationship with her father (and addiction) will always be with Debbie: in her past, in her present, and in her future.

Two participants also stepped 'out of time' in a way to talk about alternative realities. The first was Louise who discussed this concept in her interview and wrote this piece about it:

> There is a theory that there is an infinite number of alternative realities. In each one things are slightly different. In this theory, it's said if something can happen, if it's possible according to the laws of science, then that alternate reality must exist. So, there must be a reality where [husband] and I are happily married with a beautiful, happy, and healthy [daughter]. When I'm feeling sad, I imagine this alternate reality. I wonder what that happy family would be doing today. What fantastic story did Tom come up with to make his wife laugh. How tight did he hug his daughter. I can see them in my mind's eye. A happy family. They don't know I'm there watching. Like a nature documentary, I can see the minutiae of their lives. See their triumphs and their closeness … (Louise)

In their study, 'Creative Writing after Traumatic Loss: Towards a Generative Writing Approach', Barak and Leichtentritt (2017) state that writing an alternative reality was common amongst their participants as a way to create another type of 'future' for the deceased person. In this instance, Louise knows that her husband's death means that he will never meet their daughter and they will never get to live out the future they had hoped they would have as a family. Here, she imagines what this other life – a life where Tom had not died – would look like. According to Barak and Leichtentritt (2017) this enables writing participants to 'explore new meanings: meanings that could not have been explored against the unbearable background [of absence]' (p. 944). Not only does Louise find comfort from this imagined world — going there when she's 'sad' so that she can find some happiness or peace — but it also fosters continuity following a life cut short. This may serve to help Louise repair her identity as a wife to a husband who is no longer alive and continue the bonds they formed even in the wake of his death (Barak & Leichtentritt, 2017; Valentine & Walter, 2015).

Unlike Louise who created an alternative reality which seemed to exist in the present and future in order to imagine a life with her daughter and living husband, Sophie imagined a 'parallel life' which seemed to be set in the past:

> In another parallel life, I would be aware, better, watch out for my ways, be a better mother to him. I know he is safe. I know he is okay. It is I who must miss him. I who must pay a price for my regrets. But even then it is with a cushion, cushioned by love and understanding from friends and family, cushioned by kindness, cushioned by provision like this writing exercise, allowing me to express these things. (Sophie)

Here Sophie is considering what she would do if she could have her time again — how she might treat her son differently and how she might not repeat the things she regrets. Some parents in the Barak and Leichtentritt (2017) study did this too by creating an 'alternative personal history' which allows parents to 'explore and adopt some of the meanings that could have been generated by these imaginary events' (p. 945). Unusually, Sophie also seems to be speaking in the present — not

just the parallel life where she would be a 'better' mum and where her son would not have died but also the present life where she knows 'he is safe', 'he is okay' and that she is the one who is suffering. Throughout our interviews Sophie brought up her Christian faith a few times which may be hindering her ability to fully imagine a parallel life where her son Patrick didn't die and, therefore, where God would not have been right in his taking of him. Rosenblatt (2000) confirms this in his article, 'Parents talking in the present tense about their dead child', which states that:

> for a parent to continue to have a relationship with the child or to think of the child as existing spiritually after death, the child must have a location in the present. It is culturally and linguistically difficult for a person to exist but not be somewhere. The child might be in heaven, the cemetery, a cremation urn, or the room that was the child's bedroom. (p. 36)

In many ways, the creations of these alternative realities can be reflective of a multi-faceted awareness about the self, what one needs during the grieving process, what one wishes for or would have liked to have had when it comes to the relationship with their loved one and even ones' spirituality or beliefs about life after death.

<u>In Dialogue</u>

Perhaps the most significant indications of self-awareness in participants' writing can be seen through the ways in which they engaged in some type of dialogue with the deceased, other people and even with themselves.

Talking to the Dead

In others studies with bereaved participants, writing letters or poems directly to the deceased person is common (Barak & Leichtentritt, 2017; Hunsaker Hawkins, 1999; Lander & Graham-Pole, 2009; Rosenblatt, 2000; Valentine & Walter, 2015). In the case of my participants, eight out of 13 wrote directly to the deceased individual. Those who did tended to be bereaved for less than two and a half years which may suggest that they felt physically, emotionally, or spiritually closer to their lost loved

one than those who had more time (and more emotional distance) following the death. For instance, Alice who had only lost her son Robert a few months before we met often wrote directly to her son through poetry:

> I ache + yearn for you
> Just one last conversation
> Please don't go
> I need you
> but I never said it
> I did not want you
> To feel obliged
> To make me happy
> at your own expense
> Stay home – don't go. (Alice)

Here Alice speaks directly to her son in the present tense, as though he might be able to listen and follow her request not to 'go'. According to Hedtke and Winslade (2016), those who write to the dead know that the dead do not really 'speak back' and the language used often supports an 'effective alternative to the linguistically binary choice of speaking in either the past or present tense through the use of indicative verbs' (p. 96). This can be seen in Alice's poem where she speaks mostly using present tense verbs like 'ache', 'yearn', and 'need' but switches back to the past (before her son died) when discussing her choices – 'I never said it' and 'I did not want you / to feel obliged'. Within the context of the poem, these past tense lines could be read as her regrets and her present tense lines could be read as her wishes. This piece arguably demonstrates Alice's self-awareness in relation to herself and her emotions (both in the past and present) as well as her desire to maintain a continuing relationship with her son.

Other mothers also wrote often to their children. For instance, in Charlotte's poem 'REMEMBERANCE', she lets her daughter, Nora, know that she will be remembered:

> REMEMBERANCE
>
> In the lonely silence of your abandoned room
> I sit and remember you
> I remember your birth
> Tiny, pink and mewling like an abandoned kitten

> But you were not abandoned
> You were loved
> Even in the midst of a whirlwind
> You were loved
> I spray your perfume into the stillness
> And suddenly, for an instant
> You are here
> Laughing and full of life, the scent invokes you
> And then the smell goes stale
> You are gone again
> I hug your clothes
> Your long-forgotten toys
> Music never to be played again
> And posters on the wall
>
> All that is left of you
> Your essence is not here, I cannot capture it
> But my memory will never grow cold
> I remember you. (Charlotte)

Although this piece employs the 'you' pronoun in a similar way to Alice's piece — suggesting that Charlotte is speaking directly to her daughter — the physical distance between them is palpable. Charlotte uses words like 'silence', 'abandoned', and 'gone' to demonstrate that Nora is no longer there in her room, in her clothes, in her 'long-forgotten toys'. Charlotte repeats the lines 'You were loved' and 'I remember' almost as a way to reassure Nora, and herself, that this distance won't disrupt the relationship they had. Just as in Alice's poem, we can see Charlotte's desire here for a continuing bond with her child which extends from the present into the future in the line: 'But my memory will never grow cold'.

While Alice, Charlotte and other participants wrote pieces which exclusively spoke to the deceased, other participants seemed to slip in and out of addressing the dead within the same pieces of writing. This can be seen in Gerald's prose piece where he begins speaking to himself and then, a few sentences in, begins speaking to his daughter Esther:

> The world feels different … Sometimes I feel the urge to shout and scream but that's no good, there's no one to hear. And what will that achieve. I'm sad that your son will never know you, all we have is pictures and videos but

> what do we say when he asks how did you die. The pain he may feel and the loss we will share all over again. We question ourselves are we going against your wishes in everything we do with him but you're not here to put things right. (Gerald)

Gerald's pronouns progress throughout this piece starting with 'I' (himself), then moving to 'you' (his daughter), and then introducing 'we' (him and his wife) as well as 'him' (his grandson/his daughter's child). According to Neysari et al (2016) relational pronouns are:

> supposed to mirror the relation of the self to the other, vary as a function of adapting perception about the relationships and reveal couple related psychological processes (Pennebaker, Mehl, & Niederhoffer, 2003). "I"-words such as "I", "mine", or "my" stand for expressing own thoughts and feelings and stand for self-focused way of thinking … When individuals are experiencing physical or emotional pain they use more "I"-words, which reflects a switch of attention towards themselves (p. 7).

In Gerald's case we can see a focus on himself in the opening sentences of this sample where he explains his feelings around grief, his sense of isolation (i.e. no one to hear), and his sadness. He then switches to say that his sad feelings are linked to how his daughter's son will never know her. He begins using 'you' words here. According to Neysari et al (2016) the 'use of "You"-words 'such as "you" and "yours" in couple and family conversations has been linked with the notion of separateness, distancing, arguing, and blaming' (p. 7). This can be seen particularly at the end of this sample where he seems to be blaming Esther, saying 'you're not here to put things right' with her son or, perhaps, even with the family. However, in Gerald's case, any blaming or distancing that is occurring might be offset by his use of 'we' which tends to reflect togetherness and community (Neysari et al, 2016; Pennebaker & Lay, 2002; Rude, Gortner & Pennebaker, 2004). Gerald even notes that he and his wife 'share' the pain of this loss and are trying to present a united front when it comes to their grandson, wondering what to tell him together about the death and whether they are following their daughter's wishes. This suggests a close family whose members care for each other. The use of various pronouns in such a short sample provide an insight into Gerald's grief experience, painting a picture of someone who is struggling to come to terms with loss but wants to do

what is best for his family, even though his daughter did not, in his view, do what was best for her or for them.

Talking to Others

Nearly all participants wrote about conversations they had with family members, friends and/or acquaintances. Like those who 'talked to the dead', this reflected their self-awareness when it comes to their relationships with the living. For instance, Grace wrote five short vignettes in response to the 'Others' prompt (Appendix J) about talking to other people following her son Liam's death. This is the first of the set:

> Wandering through ASDA not long after Liam's has left. I got to the pasta isle and had a meltdown. Liam loved pasta!
>
> A lady I used to work with some years previously came up to me and said.
> 'You ok?'
> 'Yeah'
> 'Sure you're okay?'
> 'No not really'
> 'Why, what's the matter?'
> 'Oh, you don't know that my Liam has died?'
> 'Oh' – she turned and walked away.
> NOTHING!! Not a kind word, a hug, some pathetic condolence … (Grace)

Under normal circumstances, the recounting of trauma or grief 'solicits validation of one's experience and provision of social support, both of which can facilitate healing and growth' (Neimeyer, 2006, p. 70). However, when losses are 'disenfranchised' they are often met with 'empathetic failure on the part of intimate and non-intimate others in the family and broader community' (Neimeyer, 2006, p. 70). Grace goes on to discuss in her vignettes the negative impact the media portrayals of Liam and his death had on the community's willingness to support her grief. Here, we can see her frustration at not receiving the support she was hoping for in her time of need.

Gerald also expresses how his expectations were not met when faced with talking to others about his bereavement:

> Others say you'll be fine, she's at peace now. Well I say I wish she was here. They then give the awkward look as if to say, I didn't mean that. I say just say it as it is. They give the awkward look again. Some even avoid us as though we had some disease that was contagious and don't speak or at worse cross the street. Some don't even mention and avoid the subject when it surfaces and change it as soon as they can. It's like the elephant in the room. They ask what have you done with her belongings as though she didn't exist and expect that all has gone. When we say we've not done anything and that is all as it was they give a shocked look as though to say why. (Gerald)

In this piece, Gerald highlights the distance between the 'others' and himself. In the opening sentences the lines oscillate between the 'others', 'they' and 'some' who are responding to his grief and the 'I', indicating that their responses are not helpful. He emphasizes others' discomfort with his grief, describing them as being 'awkward', 'shocked' and/or hoping to 'avoid' the subject of his daughter's death that it is the 'elephant in the room'. His discussion of others avoiding him and his wife as though they had some kind of contagious 'disease' speaks to the idea of stigma by association mentioned in Chapter Two (Bos et al, 2013; Goffman, 1963). At the root of stigma is social interaction and here we can see others avoiding the topic and, in some cases, even crossing the road to avoid speaking to Gerald and his family. Like Grace, Gerald also experienced an inquest after his daughter Esther's death and the news of her death by suicide was in national newspapers. This left him feeling particularly vulnerable to others' negative reactions. Family members' perceptions of stigma by association — as shown in Gerald's case — have been linked to psychological and emotional distress as well as lower self-esteem which can serve to further the effects of disenfranchised grief (Bos et al, 2013; Goffman, 1963; Mak & Kwok, 2010; Struening et al, 2001).

According to Bos et al (2013), people with 'high self-esteem are less vulnerable to the psychological impact of stigma by association' (p. 12). However, those who have experienced bereavement by addiction are often worn out from coping with their loved one's addiction and, over time, this can erode their self-esteem and sense of

self-worth (Valentine & Walter, 2015). Often when addicts are alive, family members may 'encourage that member to hide his or her condition' (Bos et al, 2013, p. 9). When this is the case, the stigma by association can be felt more keenly after the death as the addiction becomes known to others. This was certainly the case for Debbie who lost her father to alcoholism:

> The dark secret was now an open book for everyone to read or given free license to comment. All the services, the police, the coroner, undertakers, registers, etc. All had words they had learnt to sum up for these occasions, such as: "he was obviously a character". My translation in my head was "I feel sorry for you that your father lived and died like this." (Debbie)

After her father died, Debbie knew that people would begin to commenting on her father's addiction and his life. However, unlike Gerald, she found the platitudes and 'rehearsed statements' people were saying comforting:

> During the traumatic ordeal that played out after the death I was so thankful for these rehearsed statements, they were helpful beyond belief. It seemed people knew what to say and do when I felt so lost. (Debbie)

Every participant who wrote about others seemed to be in engaged in an act of translation – considering the differences between what someone said and what they meant. The real, or perceived, stigma they felt caused them to constantly assess what other people meant when they said things about the deceased, like 'at least they are at peace' and 'at least they are no longer suffering'. However, many participants in this small cohort suggested in their interview that if these comforts were given to someone who lost their child to cancer they would 'mean' something different than if they were given to someone who lost their child to addiction, even though the words are the same. This leads to a constant translation happening where those bereaved by addiction filter others' comments and actions through the lens of the stigma they feel by association with their loved one.

How those bereaved by addiction 'talk to others' in their writing is particularly important when considering health outcomes as previous expressive writing research has indicated that the way in which participants use and change pronouns

seems to lead to the biggest health improvements (Bond & Pennebaker, 2012; Campbell & Pennebaker, 2003; Landauer & Foltz, 1998). According to Bond and Pennebaker (2012), participants in previous experience writing studies who:

> fluctuated in their use of first person singular pronouns (e.g., I, me, my) to other personal pronouns (e.g., you, he, she, they) from one writing essay to the next showed much greater health improvements than those who relied on a single pronoun orientation. The authors interpreted the findings as reflecting the ability to change perspectives in writing. That is, use of I-words typically involved writing about how the person felt or viewed themselves whereas essays with high rates of other-pronoun words suggested a more external focus. (p. 1013)

Bond and Pennebaker (2012) suggest the 'improved heath benefits' might arise from the fact that 'word use patterns typically reflect changes in the ways people think about an emotional upheaval' (p. 1018). In an earlier article, 'The Secret Life of Pronouns: Flexibility in Writing Style and Physical Health', Campbell and Pennebaker (2003) ask and answer the question 'why might changes in pronoun use ultimately be beneficial?':

> Translating a traumatic event into language calls on cognitive, emotional, and linguistic processes, among them introducing and describing main characters, contexts, and events (i.e., people, places, and things). Once these components are introduced, their interrelationships need to be described. Pronoun choice communicates this relational information, even though pronouns are generally seen only as placeholders in language, simply referring to components previously introduced (see Muhlhausler & Harre, 1990). Pronoun choice is based on perspective. For example, "us and them" betrays a very different perspective than "you and them" by highlighting whether the author is identified with a group, and which one. (p. 65).

All participants spoke to others in their writing and, through this, seemed to demonstrate self-awareness about these relationships. However, for the most part, those who showed a more changeable pronoun pattern across their writing — as assessed in the nine full notebooks I had access to — had been bereaved three or more years. This may suggest that the more distance participants had from the

death the more likely they were to think and write differently about the people still in their life.

Talking to Self

According to Neysari et al (2016), using 'I'-words demonstrates self-focused thinking and often acts as the primary way of expressing emotions, thoughts or feelings. Perhaps unsurprisingly, 'I' was the primary pronoun used across all participants' writing followed by other first-person singular variants such as 'me', 'my', 'mine', and — less frequently — 'myself'. This is not unique to bereaved individuals as the 'spontaneous use of first-person singular personal pronouns' is common across nearly all populations (Carey et al, 2015, p. e2).

Participants in this study predominately used 'I' statements in their writing to either retell a narrative; write about their feelings, thoughts or experiences with their loved one or others; or to talk to themselves. In most cases when participants 'talked to themselves' they were stating or reassessing how they think or feel about themselves and their reactions to things. However, five participants specifically started asking themselves questions as they wrote. This can be seen in this extract from Sophie's writing in response to the 'Anger' prompt (Appendix J):

> … I wish I'd been less angry in my own life before I had him [my son], less angry when he was young at his father's drinking. Anger – such a destructive thing. Yet I have always turned my anger out and Patrick and his Dad – not sure about his sister – potentially? They turned theirs in on themselves. Is addiction the manifestation of anger turned inwards? I think the people we show our true feelings to are the ones we love. I suppose anger is one of them. But, it has the effect of pushing our loved ones away. (Sophie)

Here Sophie makes 'I' statements throughout, including 'I wish', 'I suppose' and 'I think'. According to Neimeyer, Pennebaker and Van Dyke (2009) these 'insight words' are strong indicators of self-awareness which can lead to a reflective process. However, Sophie asks two questions as well. The first is about herself and whether she turned her anger towards her daughter as well as her son and her ex-husband. This could indicate a search for meaning which, if successful, could help

her understand things about herself and her relationships with her family (Boals, 2012; Park & Ai, 2006; Park, 2010). Her second question – 'Is addiction the manifestation of anger turned inwards?' – seems to be an attempt to make sense of her son's addiction to heroin and her ex-husband's relationship to alcohol (which she mentions previously in her writing and in her interviews). Again this demonstrates a desire to learn and understand more about the nature of their addictions. According to Lichtenthal and Cruess (2010) this kind of sense-making activity (which asks individuals to consider the nature of something which was previously assumed) may help to alleviate any guilt Sophie might be feeling around her son's addiction.

Another mother, Alice, used the most 'I' statements out of any participant. She was the most newly bereaved of all the participants in this study which may suggest that increased self-focus is more prevalent in the early stages of bereavement. Here she writes about her grief experience:

> I am like Alice [in Wonderland] running as fast as I can in order to stay in the same place. Can one ever really outrun it? What is the secret of those who recover? Is it not looking back? Is it having more hands holding you and dragging you forwards? ... My son is gone. Addiction took him from me. When I leave this place I hope I will be more tolerant and less judgemental but I fear I will not leave. There is nowhere to return to, no one to take his place, no thing I wish to do. So for now I shall stay, looking into the blackness and challenging the malevolence to show itself. But addiction works alone and divides and conquers. I am sorry that it won. (Alice)

This piece includes a large variety of 'I' statements — 'I am', 'I can', 'I hope', 'I fear', 'I will not', 'I wish', 'I shall stay' and 'I am sorry'. These statements cover a lot of ground, speaking to who Alice is, her frame of mind and emotional state, where she does and does not want to be, as well as what she can and cannot do. Unlike Sophie who seems to be asking herself a question about what addiction means, the questions Alice poses seem to be addressed outward towards the universe – i.e. 'what is the secret of those who recover?'. These, in a way, could also be read as rhetorical questions as she, herself, seems unsure if grief can ever really be 'outrun'. According to Boals (2012), meaning making can happen on two levels:

when one appraises the situation caused by a stressful event or when one reconsiders their global beliefs and worldviews (p. 395). Alice seems to be attempting to do both here by questioning what it takes to come to terms with the loss of her son (i.e. the stressful event) as well as what it means to live in the world as a bereaved person who she hopes will be 'more tolerant and less judgmental' in the future.

Unlike the questions posed by other participants, Jemma often questioned why she was writing and what benefit this might bring to her. This can be seen in her response to the 'Memory' prompt (Appendix J):

> Good memories and thoughts break my heart and make me think what a waste – why? I don't want to write them down as I torture myself and resent those who had good times. (Jemma)

This prompt represents the fourth (out of ten) that Jemma questioned *why* she was writing and chose not to respond to fully. Here she cuts herself off from pain, seeming to know herself and what writing about good memories would do to her – i.e. 'break' her heart, 'torture' her and make her 'resent' others. According to Park and Blumberg (2002), this suggests no desire to search for meaning which could be the result of low levels of self-awareness. However, Jemma is a counsellor in her professional life and, according to her self-reports, has had counselling about her son's death. So, perhaps this question of 'why?' is more about knowing herself deeply, having achieved high levels of self-awareness already and understanding that writing more about this would not benefit her. There is a precedent for this according to Neimeyer, Pennebaker and Van Dyke (2009) who state that those who have already created a coherent story about their trauma (i.e. made meaning from it) do not tend to benefit as much, if at all, from expressive writing.

Form

As discussed above, the content of participants' writing demonstrates self-awareness in a variety of ways, particularly through the retelling of their narratives,

through the tenses they used and through what they said to and about the dead, other people and themselves. However, the form-related choices that participants made also illuminates their self-awareness in a way that just their content might not have been able to do. This is because the way participants use form can reveal their thoughts, feelings and relationships to others in ways which are not being explicitly said in the content. Through the analysis of participants' writing, three form-related patterns emerged which I will explore in this section. In particular, I will consider how my participants' use of white space, poetic form, and creative typography might reveal more about their self-awareness.

White space

Eleven out of 12 participants who submitted their writing samples used white space in their prose and/or poetry, making it the most common form-related pattern. In the context of this study, I have broken down the term 'white space' to reflect two different ways it can be presented on the page. The first presentation of white space will be called 'indentation' which creates white space between the left side of the page and the text. The second presentation of white space will be called 'isolation' which creates white space to the right side of the text by placing a word, a phrase or a single sentence on its own. Indentation was the most commonly used white space technique. In nearly all cases, indentation occurred when participants were talking about their own thoughts or feelings. This can be seen in this extract from Grace, who lost her son to a Butane addiction:

> Losing you to something I knew nothing about
> Makes me mad
> Makes me mad with life
> Makes me mad with humans
> Makes me mad with the world
> Makes me mad WITH ME
>
> I have so many regrets,
> So many wish I …
> had I …
> should haves … (Grace)

In the first half of this extract Grace seems to use indentation and repetition of 'Makes me' to indicate progression; it's not just that losing her son makes her mad in general but also with life, humans, the word and herself. The listing element — five lines on how mad this loss makes her — also emphasizes the compound nature of her 'mad' feeling. In the second section, her indentation seems less to indicate progression and more to simply illustrate her regrets. Here the 'I' statements move away from each other within the indented text. She begins with a self-focused 'I' statement (Neysari et al, 2016) which indicates self-awareness about her regrets ('I have so many regrets'). The following line is indented with the 'so many' nearly aligned before indenting again on the next line to align the type of regrets (i.e. 'wish I …', 'had I …', 'should haves …'). This indentation and alignment may indicate a desire to make meaning or make sense out of these emotions and thoughts by organizing them visually. Grace used white space regularly throughout her notebook, almost always when using 'I'-statement emotions (i.e. 'I'm guilty', 'I regret', 'I am sad', etc). In rare cases, Grace used white space to discuss how others treated her, the unreal feelings about her son's death and her 'relationship' with Butane. These themes — emotions, others, unreality, and Butane — were repeated across many prompts and her repetition, along with her use of white space, may indicate a desire to understand and make meaning from these emotions and grieving experiences as well as her relationship with others and with the drug that killed her son.

Another participant who used white space regularly was Jemma. However, she very rarely used indentation, instead opting for isolation — that is giving single words or very short sentences their own lines and leaving white space to the right side of the text. This can be seen in the following example written for the prompt on 'Regret' (Appendix J):

> This is terrible to even think about or even write about. I have so many regrets and as I have said before remembering them and worst of all putting them on paper is like cementing them in my memory. I do not wish to do this …
> Regrets
> If only

> Why didn't I do this?
> I cannot change these things if I wanted to. Dwell[ing] on regrets is negative and causes me distress. It's about accepting that I cannot change the past, regrets can't be changed *[large mark across the next page]* (Jemma)

As mentioned in an earlier section, Jemma found it challenging to write pieces linked to several of the prompts. Four out of ten prompts (including this one) she decided not to continue writing. These four responses, and others, included the use of isolation. Here we can see the three lines which have been isolated: 'Regrets', 'If only' , and 'Why didn't I do this?'. Jemma seems to be isolating the things which she doesn't want to write about – in the lines before and after she makes it clear that it is 'terrible' to write about regrets and that 'dwell[ing]' on these cause her distress. Perhaps by isolating these lines and boxing them in with prose she's visually indicating a desire to control or contain her regrets. In other examples, Jemma uses isolation to indicate action – what she does and doesn't do – which this example may also be speaking to. These questions, 'if only' and 'why didn't I do this?', are questions she asks herself but does not want to explore here as they cannot be changed.

Two participants used white space a little more creatively than other participants, particularly within their poetry. This can be seen in the following example from Alice:

> my eyes are filled with tears
> my vision is blurred I can't see you
> Only old memories
> That are already wearing thin
> I can't hear your voice
> I can't feel you in my arms
> Nor ever again
> I did not know you were leaving (Alice)

In the second line, Alice uses white space before her 'I' statement: 'I can't see you'. This may be to emphasize the pain she feels because her son no longer has a physical, see-able presence. This white space could also, perhaps, visually demonstrate the distance that his death is putting between them. In these

examples, we can see how white space can be seen as offering a physical representation of feelings, emotions and relationships on the page, which may indicate participants' self-awareness in a way which has not been explicitly stated.

Poetic Form

I hypothesized in Chapter Six that reading poems, and knowing that 'creative writing' was an option in this study, might lead participants to write poetry. This does seem to be the case with seven out of 12 participants writing one poem or more. One participant, Gary, wrote mostly poetry with eight out of ten prompt responses being poems. When considering poetic form, it is clear that participants favoured free verse with only one participant writing a poem using a recognized poetic form.

Four out of the seven participants who used poetry did so primarily to tell a particular 'story' about an experience or memory. This can be seen in Alice's poem 'After':

After

The hotel in Bangkok told me you
were in hospital
And then would say no-more.
So I went to a local Thai
restaurant.
~~To ask for~~
The manager kindly lent his phone
And his ability to speak the
language.
Then he looked round at me
His tears so visible in the harsh
electric light
flowing freely down his face onto his
apron.
And cold, ice cold water ran through
my veins
Pooling on the floor around my feet
A stillness and no sound was heard
Just the rushing of my blood
behind my ears

I buckled to my knees in front
Of all the diners
who froze ☙☙☙ ☙☙
mid forkful. ☙☙☙☙

Sometimes you don't need an
Interpreter. (Alice)

In this poem, Alice tells the story of how she found out about her son's death. We can see words crossed out with a line through them as well as words which were scribbled out (which I've represented through the '☙' symbols). The white spaces could have been part of the poem's aesthetic or they may represent a running out of room on the page on the right hand side. The poem is narrative and could easily have been written in prose like the narrative retellings I highlighted earlier in the chapter. So, the question is, why was this story told in poetic form? In many of Alice's prose pieces she interjects her own thoughts, feelings and reflections but, here, only the physical actions are emphasized. This 'showing' instead of 'telling', coupled with the final line, has the effect of letting the readers infer what has happened – that something terrible has happened to Alice's loved one, the 'you', in Thailand. In a way, Alice is removing herself as interpreter too – not analyzing, evaluating or reflecting on how she thinks and feels but, instead, simply showing it as it was. This is a marked difference between this poem and Alice's prose and may suggest that she wants to take back control over that day or that analyzing might not be as valuable to her when it comes to the experience discussed in the poem.

Like many of the other participants, Gary predominately used poetry to tell stories about a particular incident or memory. However, one of his poems, on 'Regret', did not follow a particular narrative but instead was a place where he could list many of his regrets:

Dad, I regret so much.
I regret not speaking for that year.
I regret slamming the table
when we both drank wine
and storming away from Pentrych
I regret not showing the empathy

I showed to strangers in truck loads
I regret taking my hand away
when you reached out for help … (Gary)

Here Gary speaks directly to his father, opening with 'Dad' and then repeats the words 'I regret' throughout the poem, which goes on for two pages. The regrets cover a range of things — from the way Gary acted in anger or without compassion towards his father to how Gary regrets things he had no ownership over, such as his father's choices and even that his father 'stopped breathing'. The final line of the poem is simply: 'I regret'. Although this poem is speaking directly to Gary's father, the use of 'I'-words and the distance of the third person pronoun, demonstrates that Gary was 'self-focused' here (Neysari et al, 2016). He lists the regrets but does not engage in an analysis of them or attempt to resolve them. There does not seem to be a search for meaning in the poem, an attempt to make sense of *why* any of the things were done, or any sense of forgiveness or coming to terms with the things he listed in the poem. This could indicate that Gary accepts these regrets – he does regret but they cannot be changed – and that he simply wants to communicate these things to his father. The poem itself which uses an address and lots of repetition has the effect of demonstrating Gary's self-awareness when it comes to his emotions linked to these specific incidences of regret.

Unlike the other participants who exclusively used free verse, Sophie used a recognized poetic form in her response to the 'Anger' prompt (Appendix J):

Addiction
Negative
Gone
Energy
Replay (Sophie)

This is an acrostic poem which, according to Stepakoff (2009), is a form of 'constrained writing, in which the first letter of an important word is written vertically down the page, and then each letter is used to begin a line' (p. 110). Sophie's acrostic poem spells out 'ANGER' on the left hand side. Although no acrostic poems were included in the writing pack, many participants are likely to

have been introduced to these in school and, therefore, will be aware of the form. Sophie seems to be attempting to understand anger and its role within addiction and, perhaps, within her life as someone who loved an addict. It's unclear whether the 'ANGER' part of the poem is her anger or anger in general – made up of the words she has included. According to Bolton (1999), writing poetry 'can create order out of mental turmoil or strife; poets have explained this as a reason for choosing such tight poetic forms as sonnet, villanelle or haiku' (p. 121). Stepakoff (2009) states that the acrostic form, specifically, can serve as a 'container for the painful affect associated with the [lost] loved one' (p. 110). Sophie spoke often in our interviews and in her writing about trying to understand her emotions and her relationship to her son's addiction so, perhaps, this acrostic poem works just as Bolton says by representing an attempt from Sophie to pin down 'anger', make sense of how it works and create emotional order.

Creative Typography

Although most participants, as expected, presented their work as standard handwriting, there were four participants out of 12 who used more creative typography in their notebooks. These participants bolded or underlined words and, in some cases used symbols, shapes, colour and different handwriting 'fonts'. For instance, this can be seen in Jemma's last writing exercise:

> Grief is final.
> You cannot change it.
> You have to find some way of learning to live with it. It has changed me forever –
> that sparkle
> that hope – lost forever, replaced by an acceptance,
> ▸ a need to find a new life
> a new way of living
> Anger is no more – replaced by a more passive personality.
> The fire within dampened.
> How I miss the old me.
> She will never return … (Jemma)

Here, Jemma places an arrow next to the line ‘a need to find a new life’. This is particularly significant because she did not discuss her growth or things she needed to do in any of her other writing. Jemma did not respond to four out of the ten prompts, frequently stating ‘I did not like this writing exercise’ or ‘I did not like this poem’, and in many cases she indicated that she didn’t ‘need’ to write about a particular prompted emotion. As a professional counsellor, this may suggest that Jemma has already done the necessary work of making meaning out of her grief experience (Neimeyer et al, 2010). However, by the final prompt emphasizing her need to find a new life is interesting. The writing experience may have made her become more self-aware of this or maybe confirmed an idea that she already had. However, this added emphasis on moving away from her old, missed life — as marked by the arrow — seems significant.

Although Jemma, along with two other participants, also used bolding and underlining in responses to prompts, it was Grace who used the most intricate and creative typography. Grace lost her son four years before our interviews to Butane. Her first poem, called ‘The bag’ reflects on the ‘5p piece of plastic shit’ which her son put over his head on the night of his death. Here, three stanzas in, Grace uses a shift in ‘font’:

> … I can only imagine what happened.
> A smooth, melted mask
> Full of gas, full of death
> Reeled in by expert hands
> Eyes closing, the smell of death
> Breathing shallow,
> The flimsy, but causing
> Shrouding his face
> Intensifying the ‘death’ enveloping his lungs
> The mask moving in and out
> Falling, melting – oblivion, death
>
> How many minutes did this take?
> I hate those bloody things … it helped
>
> <I’m going shopping now. ‘Madame
> would you like a bag they’re 5p?>

KILLERBAG (Grace)

For Grace, this deadly bag still seems to be a looming presence in her life — she is reminded of the plastic bag that killed her son every time she goes shopping. In this poem, she seems to torture herself with images of the night her son died, what he might have looked like, how the bag would have killed him. The final line is so much bigger than everything else, which could indicate blame, anger and, perhaps, the fact that she cannot escape from the image of this bag.

In other poems, Grace uses a variety of creative typography, including shapes, capitalization and underlining to demonstrate persistent, inescapable feelings and experiences. This can be seen in an extract from the poem Grace wrote in response to the 'Behaviour' prompt (Appendix J):

> When you had gone – I then knew …
> I've never spoken to anyone about
> you using Butane.
> I'm consumed with so much guilt
> at my dumbness,
>
> I guess I'm scared someone will say: -
>
> 'You stupid woman – did you not see the signs –
> You may have been able to help your son
> He might not be dead now
> If it wasn't for you'
>
> Actually, I know all of the above, I say it to myself EVERY BLOODY DAY!
>
> I'm cross, I'm angry. I hurt,
>
> <u>I'm guilty</u> (Grace)

Here Grace singles out the intrusive thoughts and feelings using creative typography. Her guilt is emphasised twice using a circle and underline while the thoughts which fuel the guilt (i.e. that perhaps, if she knew her son was using Butane, she could have saved him) are represented in capital letters: she's saying

these thoughts to herself ‘EVERY BLOODY DAY!’ Grace is stating her self-awareness about her guilt explicitly but using creative typography in a way which adds emphasis and highlights the intense nature of this experience.

Finally, Grace also used images and colour in her notebook in a way that no other participants did. The first image below seemed to serve as a way to illustrate her relationship to others:

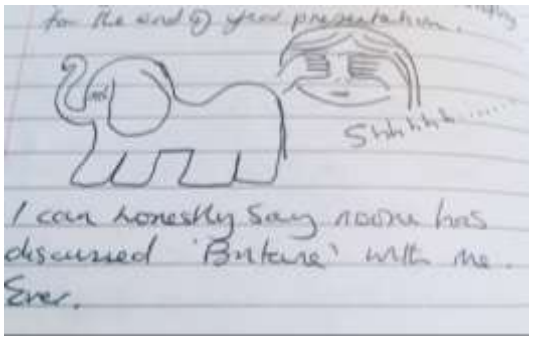

Image 1: Elephant and Shhhh …

In this piece Grace discusses the ‘elephant in the room’ — a common theme among participants. She writes about how she is not meant to acknowledge or speak about her son’s death or addiction. This illustration seems to serve as a way to emphasize her content.

The second image relates to the first time Grace felt someone else understood what she was going through. She went to visit a medium who, towards the end of the reading, showed Grace a picture of her own son who also died:

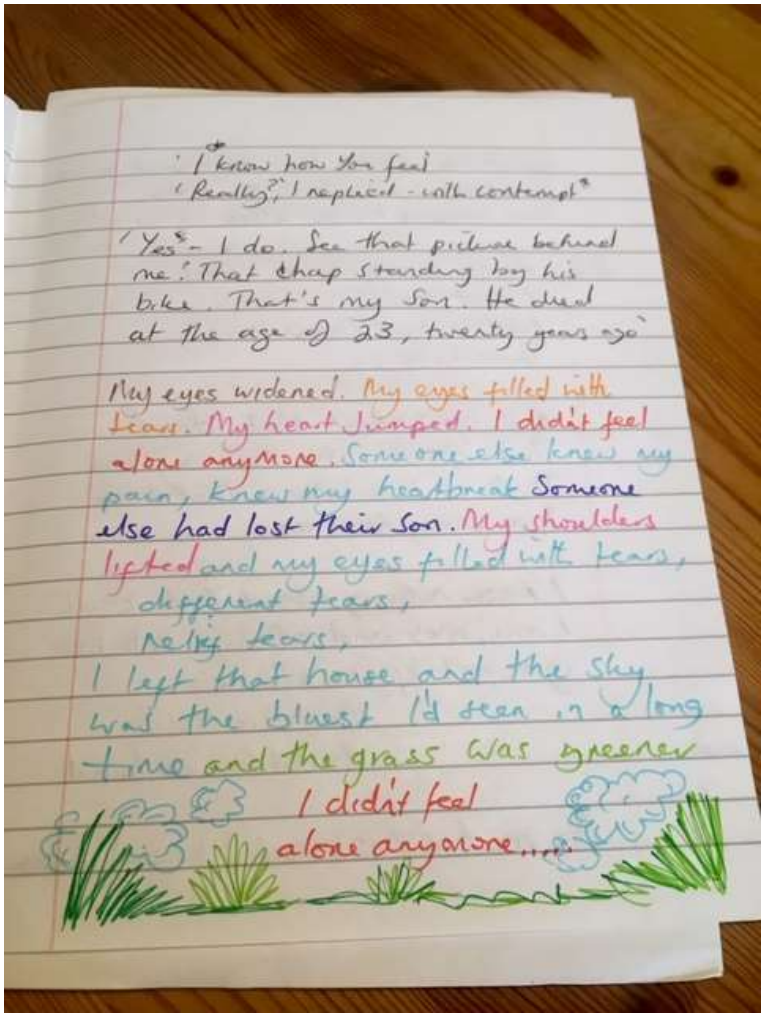

Image 2: Colourful Writing

Here, Grace uses colour to illustrate the revelation she had during this visit and visually demonstrate the realization that she wasn't alone in her grief or in losing her son. Like Image 1, Grace uses her illustration of the 'greener grass' and 'bluer sky' at the end to emphasize what was stated in the content. These images match the words she is writing. However, unlike Image 1, the use of colour here is more conceptual – Grace feels relieved, 'lifted' and 'not alone', and represents this visually through a 'brightening' of the text.

Throughout this section, I have demonstrated how participants showed self-awareness in their writing through both content and form. Through self-reports and writing samples, I showed how every participant felt that they improved their self-awareness as a result of writing and suggested how this could lead to sense-making and meaning-making around their bereavement experience. In the next section, I

will attempt to answer the second research question which asks if creative writing can improve the symptoms of disenfranchised grief.

Question #2: Symptoms

> *Can creative writing reduce some of the negative effects associated with grief, such as depression, anxiety and fatigue?*

As discussed in Chapter Four, depression, anxiety and fatigue are three symptoms which are commonly observed in bereaved individuals (Bugen, 1977; *Coping with bereavement - Live Well - NHS Choice*, 2016; Cowles & Rodgers, 1991; Friedman, 2012). These symptoms can cause negative physical, emotional and psychological effects on those who are bereaved including tearfulness, insomnia, decreased appetite, excessive worry, aches and pains and more (Bugen, 1977; Friedman, 2012). For those who are experiencing disenfranchised grief, the negative effects of depression, anxiety and fatigue are often more intense, last longer and, therefore, can have a more profound impact on the life of the bereaved individual (De La Hey, 2009; Doka, 1986; Corr 1999). This section of the 'Findings' chapter will highlight the effects of depression, anxiety and fatigue on the participants of this study and attempt to discover if writing was able to alleviate or reduce these negative effects. In order to do this, I will continue to use the two sources of data outlined in the beginning of this chapter. That is, what participants have said in their interviews (i.e. self-reporting) as well as what they've expressed in their writing.

Self-Reports: Writing and Symptoms

Depression and its Effects

When asked to talk about their grief during our first interview, all 13 participants identified depression as one of the most consuming emotions – alongside guilt, anger and anxiety. Just as Friedman (2012) states in his studies, the participants highlighted the symptoms of their grief-induced depression using a variety of words such as 'sadness', 'tearful' and, in some cases, feeling 'empty' or 'numb'. Participants often combined their discussion of depression, and the other

symptoms, with insight words — such as 'realized', 'considered' and 'look back' — as well as phrases — such as 'I know now', 'I can see' and 'I have changed'. These insight words not only indicate that participants can identify their grief symptoms — like depression, anxiety and fatigue — but that they can understand the *effects* of these symptoms on their lives. As discussed in the first section of this chapter, this demonstrates self-awareness and suggests that participants are attempting to process the impact of their grief (Frattaroli, 2006; Pennebaker & Francis, 1996; Neimeyer, Pennebaker, & Van Dyke, 2009; Sloan & Marx, 2004).

As discussed in Chapter Four, those grieving for people lost in 'normal' circumstances are often classed by physicians as having 'mild' depression (Friedman, 2012). However, for those experiencing disenfranchised grief, this can escalate to major depression where participants also exhibit feelings of hopelessness, low self-esteem, worthlessness and even suicidal ideation (De La Hey, 2009; Friedman, 2012). All 13 participants in this study talked about one or more of these feelings in relation to their grief during our interviews. The newly bereaved participants talked about feelings of hopelessness, worthlessness, low self-esteem and suicidal ideation much more often than the participants who were bereaved for more than 3 years. However, every participant in the study indicated that they experienced the effects of major depression at some point during their bereavement process. These effects were captured well in a statement by Laylah who lost her brother to a heroin overdose:

> ***Researcher***: What is the worst part of grief for you?
>
> ***Laylah***: I think, um, like the constant sadness. My sleep is really disrupted. I struggle with my appetite and then there's a point where that just actually starts to get scary. Like if I haven't eaten in a week. And, just the feelings of hopelessness. And then like worrying about whether all my friends are like 'alright, just shut up about it now.'

In this short example, Laylah exhibits several signs of grief-induced major depression as discussed by De La Hey (2009), including pervasive sadness, disrupted sleep, loss of appetite and feelings of hopelessness. Although there are many ways

to demonstrate the effects of 'depression' on the other participants, its effects can be seen most easily when they discussed the following three conditions: the act of missing, moving on and suicidal ideation.

The Act of Missing

Out of 13 participants, ten spoke of the pervasiveness of depression in relation to missing the person they lost. Often, participants talked about the act of missing in relation to the 'non-addict', the person they remembered who was not using. For many participants, it seemed that this was the person they were grieving for – not the addict, but the person they loved 'underneath'. This particular act of missing – of missing the 'person', not the 'addict' – seems to afford family members a way to restore their loved ones' 'spoiled identity' (Goffman, 1963). This can be seen when Charlotte spoke about missing her daughter, Nora:

> I'm conscious that I haven't really talked about her as a person because she was so much more than just the alcoholism. She was very kind, caring, good with people, good fun, good company. She was very good with [her son]. I feel sometimes that gets lost if I'm talking about her alcoholism. There was so much more, so much I just miss. So it's not just the grief and all the rest of it, I'm just missing her, things I used to enjoy so much that I did with her that I hate doing now on my own. It makes me so sad. (Charlotte)

Here, Charlotte is 'conscious' of talking about Nora as an alcoholic because it is really Nora, as a person, that she misses. In the first few lines, Charlotte identifies the importance of restoring Nora's 'non-addict', 'normal' or 'unspoiled' identity' (Neale et al, 2011, p. 4) and emphasizes that it is this person – her daughter, the non-addict – that she misses. This act of missing Nora makes Charlotte 'so sad', indicating a link between missing her daughter and her grief-induced depression.

Although nearly all participants talked about the sadness they felt when missing the 'non-addict', one participant seemed to miss her son as he was. Jemma, who had been bereaved for nearly six years (the longest bereavement in the study), said of her grief:

> But what I feel now is immense sadness. I feel not immense grief or sadness - are they the same? I don't think they are actually - I feel immense sadness. I feel so sad. And I just miss him. I just miss him. I miss going for coffee with the cranky old chap in these scruffy clothes. (Jemma)

Here Jemma characterizes her son as a 'cranky old chap' in 'scruffy clothes'. Unlike other participants who spoke about missing their loved ones' 'laugh', 'kindness', 'intelligence', 'thoughtfulness', 'niceness', 'smile', 'hugs' or 'bad jokes', Jemma seems to be missing her son as he was when he died, as an addict. Although Jemma spoke often of her depression throughout our interviews, it is this act of missing her son, the whole of him, that seemed to illicit the most 'immense sadness' during her grieving process.

For ten participants, the act of missing seemed to prompt their most intense depression experiences. The impact of 'missing' for participants led to feelings of 'sadness', 'deep sadness', 'pervasive sadness', 'immense sadness', 'loss', 'emptiness', 'hollowness', 'hopelessness' and 'redundancy'. For most participants, this depression made it difficult for them to sleep, get out of bed, eat, shower, work and/or maintain positive relationships. This can be seen when Charlotte speaks about her lack of self-confidence:

> It was kind of stuff the thought of going back to work that triggered it a lot because I mean, I didn't go back to work, partly because of the need to look after my grandson. But a lot of it was just the feeling that I just couldn't do it anymore. It just felt like I just wouldn't have the confidence to do the job I was doing, I just wouldn't be able to do it anymore. That's kind of what triggered it. I wanted to just hide away. You know everything was too scary to do and I still feel like that quite a lot. A lot of the time I'm almost forcing myself to go and do think. Just like a lack of confidence that I didn't really have before. (Charlotte)

These self-reports suggest that participants are self-aware about their depression and its negative effects, particularly in response to missing the person they love.

Moving On

Out of 13 participants, nine discussed their grief-induced depression as being related, in some way, to the concept of 'moving on'. This idea that we can 'move on' from grief seems present in popular culture, as evidenced in the hundreds of blog and social media posts, Youtube videos, films and TV shows which discuss grief. Although as a concept, 'moving on' from grief is popular there does not seem to be an agreed-upon definition that exists amongst the general population. Does moving on mean you no longer talk about the person you lost? Does moving on mean getting back to 'normal', pre-bereavement life? How long does it take for one to 'move on' when they have lost someone? In her popular Ted Talk, 'We don't "move on" from grief. We move forward with it', Nora McInerny starts to unpick this idea for her audience:

> We need to remember that a grieving person is going to laugh again and smile again. If they're lucky, they'll even find love again. But yes, absolutely, they're going to move forward. But that doesn't mean that they've moved on. (McInerny, 2018)

Here McInerny makes a distinction between 'moving on' and 'moving forward' but does not define either concept or the difference between them. In their article, 'Beyond letting go and moving on: New perspectives on organizational death', Bell and Taylor (2011) state that grief and loss can be defined as a 'functional process' (p. 2). They note that normal mourning ends and the mourner 'moves on' when they 'reach the objective conclusion that the lost object of attachment no longer exists' (Bell & Taylor, 2011, p. 2). Scholars like Kubler-Ross (1969), Bowlby (1980), Parkes (1986), and Walter (1999) popularized psychological theories which state that grief represents a series of stages. Each theory suggests that there is a 'fixed sequence' of feelings and behaviours a bereaved individual must go through in order to 'recover' from their grief (Bell & Taylor, 2011, p. 2). These stage models of grief are commonly used:

> to 'assist' the bereaved to 'progress', based on the assumption that grief entails effort or work. They thereby encourage mastery of loss and suggest

> that the individual must ultimately resolve it by letting go. The final stage involves the survivor severing psychological bonds with the deceased so they can form new relationships. Recovery can only occur when a mourner is able to move on, this being proposed as a universally desirable outcome. (Bell & Taylor, 2011, p. 2)

Nearly all participants in this study saw 'moving on' or reaching some kind of 'acceptance' about the death of their loved one as important. However, in most cases, the concept of moving on was linked to feelings of depression:

> Yeah, again, sometimes I get angry with myself for being so depressed all the time. And I talk to other people, grieving parents, and some of them say 'Oh yeah I can feel better because I think of the good times'. They are moving on. But thinking of the good times doesn't necessarily make me feel better because it's always this thought of there won't be any more of them. And that's always at the back of my mind. And even though they lift me a bit, there is always this background feeling of sadness and grief. (Charlotte)

Here, Charlotte is positioning herself against other people who are trying to move forward by thinking of the 'good times'. Like many other participants, Charlotte is speaking to an expectation from people around her that she should 'think of the good times' and try to move on. Instead, she is noticing her pervasive 'background' sadness. Arguably, this awareness – that others are 'moving on' and she doesn't feel like she is – could make Charlotte feel more isolated and alone in her grief, which is already disenfranchised (Doka, 1986; Corr 1999).

Other participants, like Jemma, spoke about 'moving on' as a kind of 'acceptance' which they resigned themselves to:

> Even if I know why he died, all of that, whatever I find out and discover and learn Dylan is still dead. And at the end of the day I have to accept that. And as painful as it is that's the truth. I can't change it. And it makes me more settled. And, also, I live with a sadness that [is] there all the time. Sometimes it's overwhelming. Sometimes it's not noticeable but it's there, hardly noticeable. (Jemma)

Parkes (1986) suggested that bereaved individuals must go through several states in their grief, including 'yearning', 'pining', 'despair', 'disorganization' and then 'recovery' (p. 27). Here, after six years, Jemma seems to be in a place of intellectual acceptance in relation to her son's death — she knows nothing she does or learns can bring him back to life. However, she indicates that her sadness is still there 'all the time'. Why, if Jemma has reached the 'objective' conclusion after six years that her son is dead and will remain so, has her mourning not ended, as Bell & Taylor (2011) suggest? Understanding this disassociation between intellectual and emotional acceptance in relation to disenfranchised grief would be served well by further research.

Finally, a few participants discussed 'moving on' — and the depression associated with it — not as a state which they needed to reach but as something which was happening around them:

> My grief is more intense when I see people who [are] moving on in life. So each event I attend, when I see my pictures, I ask myself 'How can I laugh and smile?' I was so sad inside of me, you know. It's strange that I can laugh and smile, like I'm doing now, and feel sad at the same time, and the intensity of the sadness is worse, you know? And still I can laugh and smile. And I say, look everybody's moving on and Denis is not part of it. (Maria)

Four participants talked about feeling as though they were 'standing still' as the world passed them by and moved on. Here, Maria explores the sadness she feels when she attends events and experiences new things which her son, Denis, cannot be a part of. This moving on of life after a bereavement seems to force participants to consider how they will 'move on' in their lives by breaking their attachments to the deceased (Bowlby, 1963). This dual responsibility — to 'hold on' to the lost loved one and to 'move on' with the living — can invoke the kind of sadness Maria has discussed. The impact of participants' depression — in relation to 'moving on' — seems to increase their sense of isolation from others who have 'moved on' from their bereavements as well as those who are living 'normal' lives. Participants also found the concept of 'accepting' their loved ones' death and 'moving on' from it difficult as it meant breaking the attachments they held to this person (Bell &

Taylor, 2011; Bowlby, 1979). For those dealing with disenfranchised grief, the sense of isolation and the experience of sadness can be more intense, putting participants in this study at risk of losing friendships and romantic relationships following their bereavement (Doka, 1986; Corr 1999).

Suicidal Ideation

Bereavement, particularly bereavements which lead to complicated or disenfranchised grief, have been shown to be a risk factor for suicide (Szanto et al, 1997; Zisook & Lyons 1989). Five participants in this study discussed their feelings of depression and sadness in relation to their own suicidal thoughts. After his daughter committed suicide, Gerald kept coming back to this idea himself:

> I never anticipated that I would feel as shit and sad as I do at times and there are times that I contemplate doing the unthinkable and doing all that business. There are still times that I think about that. It's when the urge gets hold of you and you just can't cope with anything … It does affect me because there are times at work I don't feel right. 'Why?' they say 'Are you poorly?' 'No', I say, 'I'm not poorly. I just don't feel right, I feel emotional'. You almost double the amount of times at work where I have to compose myself. Big boys don't cry scenario again. So it affects me at work. And it affects me when I go home because I don't want to show that I'm being upset. Because you can see it in each other's faces and, I suppose, I don't want [my grandson] to be affected by a situation or circumstance at home because if he sees us whinging and crying he's going to be affected by it. He's going to be affected in the long term by the circumstances and I don't want that. So we've [my wife and I] got to try and be cheerful around him and be happy and play with him even though we don't want to. So, it affects us and I don't want it to affect him just yet. He's going to get enough when he goes to school. He's going to get it from other children. There is a solution though, we could all go. (Gerald)

Here Gerald talks openly about doing 'the unthinkable', stating that there are times when he's feeling particularly 'upset' or 'emotional' which cause him to think 'about that': suicide. He goes on to unpick the challenges he faces at work and at home where he needs to keep his emotions inside in order to hide them from his colleagues and his grandson. He references an adage that he brings up several times during our interviews: 'big boys don't cry'. Gerald spoke often about the

pressure he felt as an adult, and as a man, to not reveal his sadness to others. This created a difficult situation where he believed a good option for coping with his grief would be that he and his family 'all go'. Whenever Gerald spoke about real sadness and pain, he came back to these suicidal thoughts — sometimes in a serious way and sometimes in a 'joking' way. In Gerald's case, the deep sadness he felt combined with his inability to express his feelings (i.e. emotion inhibition) did seem to lead to psychological distress as theorized by Freud and Breuer (1957/1895).

According to Szanto et al (1997), there are differences between ''active' suicide ideators (who report that they are seriously wishing and or planning to commit suicide), and 'passive' ideators (who communicate a desire to die but also express that they would not kill themselves)' (p. 195). Although Gerald was the only participant to talk openly about the possibility of committing suicide, three other participants talked about suicide more passively, as a desire to no longer be alive:

> When I try to say how I feel ... like I want to be dead too - that does not mean I intend to go out and commit suicide – I just feel like I want to be dead too. And immediately people are 'Oh you musn't feel like that'! Why musn't I? I'm sorry I haven't got control of how I feel at the moment. Normally I do control my feelings quite well but on this occasion I think I am allowed to feel what I feel. And I find that people do jump on it and they don't want you to feel like that. And since they can't change the way they feel, they'd rather deny that you have the feeling. And that's very hard, now particularly. It's very hard because I just want to scream in their face: I'm very sad! (Alice)

Here Alice articulates something that other participants also speak to following their bereavements: the desire to stop living. Other participants frame this in the way they 'didn't want to eat' or 'didn't want to function'. The sadness here can be seen in the lack of action, the lack of motivation to continue with life. According to Szanto et al (1997), both 'active and passive ideators score higher on depression and hopelessness scales than nonideators'. (p. 198).

One participant, Grace, was hospitalized following a suicide attempt and another, Laylah, was told to 'go to A&E' because she was 'suicidal'. One other participant,

Jemma, did explain that early on in bereavement process she took ‘more and more and more sleeping pills’. She stated that she ‘threw herself down the stairs’ and was then hospitalized and had to be on ‘a drip’ because she ‘overdosed’. She was hospitalized for three days but did not mention suicide or characterize this as a suicide attempt. Rather, it was something she did to try to ‘get some sleep’. Like much of the manifestations of major depression, participants who had active or passive suicidal thoughts, seemed at risk of isolation and, in some cases, even physical harm and death.

Writing and the Reduction of Depression

Although every participant was asked to write directly about depression in the ‘Creative Writing Prompt #6: Sadness’ (Appendix J), none of the participants stated in their interviews that writing helped reduce the negative effects of depression. However two participants, Charlotte and Jemma, found that writing about their bereavement for this study actually made them feel more depressed. This speaks to Pyszczynski and Greenberg’s findings which suggest that increased self-awareness — which could be seen in all participants in this study — can lead to an increase in the negative effects of depression (1986, p. 93).

Although both Charlotte and Jemma said they were glad to have taken part in the study, they confessed that the writing highlighted their sadness in a way which was uncomfortable for them. Charlotte, who lost her daughter to alcoholism, said:

> I think writing has shown me how, maybe, still quite depressed I am. In some ways it made me feel worse because I've been skating along a bit. On the surface I’ve been picking up some things a bit more but maybe closing myself off a bit to what I was feeling underneath. So in a way writing kind of brought that up. That sounds awful if I say it was a negative experience but ... But in a way some of it kind of made me feel closer to [my daughter], especially the bit about writing the positive memories. And I did feel uplifted writing about that but then there was this feeling of, okay, it's never going to happen again … I think, I did feel better after having written it. It felt a little bit like it's all in my head but it's all jumbled up. I think a lot of the writing is all jumbled up. In some ways it was quite good to write it down. (Charlotte)

Here, Charlotte states that writing about her experience has 'shown' her how depressed she still is. And, in this moment of self-awareness, she reveals that she thought she was getting better, 'picking up some things a bit more', but, in reality, this was not the case and the writing 'brought this up for her'. The writing process made her face how depressed she really was and, in this instance, seemed to rob her of what little progress she thought she was making in her grief. Charlotte goes on to admit that it 'sounds awful' for her to say that taking part in the study has been a negative experience. She then pauses and mentions some positive things about the writing experience. I suspect that Charlotte was worrying about me as a researcher in this moment. In her article, 'The Qualitative Research Interview: Participants' Responsive Participation in Knowledge Making', Knapik (2006) notes that 'intimate and caring exchanges between participants and researchers are not uncommon' (p. 77). By this point, Charlotte and I had formed a positive relationship and she had shared many hours of intimate details about her bereavement. I had listened and offered a possible tool which could support her (the writing) and I got the sense that she didn't want to let me down and say that it hadn't worked for her.

Jemma also spoke about her depression and how the writing did not help reduce its negative effects:

> ***Researcher:*** So how have the last couple of weeks been for you with the writing?
>
> ***Jemma:*** Yes I was pleased that I took part. I didn't enjoy it. I felt it stirred up things I actually had put to rest. And a lot of it was something I didn't want to, I didn't want to go there again. I've put that down. Yeah I just didn't want to. So it was just stirring emotions I didn't look at … I couldn't see how I would gain from stirring it up.
>
> ***Researcher***: It's really interesting to hear that you didn't enjoy it and I'd like to delve more into that.
>
> ***Jemma***: Yeah okay, I'm not being rude about it the project.

> ***Researcher***: No not at all. This is this is an open study so I genuinely want to learn what people are experiencing when they're writing and why, so please don't worry about that. So just tell me what it was like to write for you.
>
> ***Jemma***: I think it became a bit of a task … Some of it, um, the one about, there was an anger one wasn't there? Made me realise I don't really get angry. And I also realise how flat I was. Throughout that, the emotions made me realize how flat my mood is. Very, um, flat. Like this. Flat … I wouldn't say it was an even mood because an 'even' mood is more comfortable. You know, you're quite happy with your life, an 'even' mood. This is more a flatness, not experiencing joy … I suppose really what the writing has made me do is realise how lost I am. And sad. And isolated.

Here Jemma has demonstrated self-awareness in her use of the key insight word: 'realize' (Pennebaker & Francis, 1996). Much like Charlotte, the process of writing made Jemma realize how 'sad', 'isolated' and 'flat' she still was even six years after losing her son. She was also concerned about my feelings as a researcher as well; she wanted to ensure that I knew she was 'pleased' that she took part in the study and always wanted to make sure I didn't mistake her negative response as 'rude'. Again, we had formed a relationship based on respect, trust and vulnerability and it seemed that Jemma wanted to make sure I knew that she appreciated the work I was doing.

At this stage, it is clear that writing about their grief did not directly help to reduce the negative effects of depression for my participants. And, unfortunately, the writing seemed to increase the negative effects of depression for two participants. These results align with Pennebaker's 1990 study where he found that many participants reported a 'negative mood directly after writing. This negative affect lasted, in some cases, for up to 3 months after the study was completed' (Pennebaker, 1990, p. 56). Although both Charlotte and Jemma said that they were 'happy they took part in the study' and stated that the writing was 'useful' and 'valuable', the experience was still challenging for them. According to Pizarro (2004), the amount of negative emotions experienced during writing 'may discourage individuals from continuing with their treatment. This unintended side effect of writing therapy may, in the end, defeat the potential benefits of the treatment' (p. 6). I hope though, as Smyth (1998) reported, that the two

participants who ‘experienced negative affects while writing, will still derive equal or even greater health benefits and report decreased rumination in the long term’ (1998, p. 182). Both Charlotte and Jemma highlighted the ‘dangers’ associated with writing therapy and suggest that it is best done alongside other forms of support, such as one-to-one counseling. By doing this, participants who struggle to manage the thoughts and feelings which arise from writing are still able to get support and work through any issues in a safe environment.

Anxiety and its Effects

During our interviews, all 13 participants spoke about their anxiety which was made worse following their bereavement. As discussed in Chapter Four, individuals can feel ‘separation anxiety’ (Valentine, Bauld & Walter, 2016) following a bereavement by addiction. According to Misouridou and Papadatou (2017), anxiety can also be ‘residual’ which means that even after an addict dies, the family may still feel the intense feelings associated with trying to prevent a death, like anger, guilt and excessive worry (p. 1955). In the case of participants in this study, their anxiety seemed to fall easily into two categories which I will call: ‘what if’ and ‘worried world’.

<u>‘What If?’</u>

Every participant talked about the challenges they faced dealing with ‘what if?’ questions in relation to their bereavements. All participants discussed how they would replay scenarios in their head from when their loved one was still alive and ask themselves ‘what if’ questions like: ‘What if I had got to their house on time?’, ‘What if he had gone to rehab?’, ‘What if I stayed home from work that day?’ ‘What if she didn’t pick up her keys and drive that night?’ For the purposes of this study, I have considered these questions to be ruminations, which can be defined as ‘thinking repetitively and recurrently about the causes and consequences of one's negative emotions and/or negative life-events’ (Eisma et al, 2015, p. 85). An example of this can be seen from Sarah, who lost her son to alcoholism:

> Don did not want to go to the hospital in the end. I know how ill he was and I knew it was going to be the end but he just didn't want to go. Which, you know, fair enough. It was the hiding in the weeds. And there is always this element of, he wanted to come home, and there is always this element of what if: What if I let him come home? What if? But, what if the sky was orange? I mean, it's not going to change anything. But there is an element of that. What if, what if, what if. (Sarah)

According to Eisma et al (2015) bereavement researchers generally consider rumination after bereavement to be similar to confrontation (p. 85). Since ruminations essentially force the bereaved to look at situations again and again from different angles, researchers like Nolen-Hoeksema (2001) have long considered this to be the opposite of denial and avoidance. However, many researchers now consider bereavement-induced ruminations to be a type of avoidance (Boelen et al, 2006; Stroebe et al, 2007). In 2007, Stroebe et al proposed the 'Rumination as Avoidance Hypothesis (RAH)' which states that 'chronic rumination about the loss-event and associated problems serves as an "excuse" not to face up to the most painful aspects of a loss-experience, such as the reality of the loss' (Eisma et al, 2015, p. 85). This hypothesis can be seen, to some extent, in Alice's explanation of her ruminations after her son's death:

> But because my concentration is gone. I think my brain is deliberately blocking my ability to think itself if you know I mean. Because when you think you, I mean is there the time, I've got this ticker tape running across the back of the head going: *Robert's dead, Robert's dead, Robert's dead, Robert's dead* and, you know, I'm refusing to listen to it. I keep sort of going, I know! Don't keep telling me. But I'm not sure if I do know, but it's there. (Alice)

Alice, who was the most newly bereaved person in the study (four months), also spoke about her 'forgetfulness' and her inability to focus due to these intrusive ruminations. In the beginning of our second interview she stated: 'I've lost so many of my words in the last four months'. She also regularly forgot the questions I was asking and needed them to be repeated. Here we can see her acknowledging the ruminative playback of 'Robert's dead' but engaging in a sort of denial by 'refusing to listen to it'.

In many cases, participants' anxiety was directly related to their own guilt. Parents, in particular, felt a strong sense of responsibility towards 'saving' the child they had lost, which led them to ruminate on all the things they felt they could or should have done; things they wish they had known; and things they said or didn't say to their lost child:

> I think she was still struggling much more than I realised. I should have realised that it was kind of inevitable that she would drink again. I thought she had had enough of a shock from the child services' involvement and everything. I should have realised, I should have been more prepared. I should have had the conversation with [her partner] about what we would do if she would drink again. And maybe if I'd have had that conversation I would have stressed the need to not let her drive. It is just so unnecessary, that is what really gets me. She didn't have to die, she wasn't suffering. I read posts on forums from mothers whose children have died of cancer and things and it's almost like those are inevitable deaths whereas Nora's wasn't. It was so unnecessary, so preventable. (Charlotte)

Charlotte's discussion of her ruminations uses language nearly all the participants used: 'should have'. She repeats this throughout and acknowledges here, as many participants did, that this death was preventable. The inference, arguably then, is that these ruminations are ways in which participants can figure out how they can prevent the death, even after the person has died. Laylah acknowledges the oddness of this practice:

> I think because, um, it was a preventable death. It wasn't like a freak accident, like we should have - not we should have because we tried and we couldn't – but you think we should have been able to prevent it. And everyone else felt really guilty …This doesn't make any sense now that I'm not like hardcore days following the death, but some of Ethan's friends came around and one of them was like 'Oh yeah I was going to meet him that evening but we cancelled'. And I thought oh that's fine then let's just not cancel when he won't die. That's weird though, right? (Laylah)

Regardless of whether rumination is classed as 'confrontation' or 'avoidance', researchers seem to agree that it is intrusive and can negatively impact bereaved individuals by increasing their feelings of anxiety (Eisma et al, 2015). In particular,

Nolen-Hoeksema (2001) state that ruminations have the ability to fuel depression by increasing negative thoughts, disrupting problem solving and positive behaviours and driving away friends and family who might offer support (p. 550).

Worried World

Although every participant asked themselves 'what if' questions and engaged in rumination, only four participants talked about their anxiety about the wider world. As discussed in Chapter Four, losing someone to addiction can lead the bereaved to feel as though they can no longer control their own lives and/or as though the world is less safe than it used to be (Smith, 2019). This can be seen in the way Charlotte talks about her changing worries and her new view of the world following her daughter's death:

> I used to worry about things but there was always a kind of underlying 'oh, it'll be alright' or 'these things don't happen to me', you know that sort of thing. So even if I was really worried about something there was an underlying 'oh, it will work out'. But now I worry and there's no relief to it. I think I'm a lot more obsessive than I used to be. I worry about things not being done. I make long lists of things to do and I have a lot of the time but I don't do them. And then I worry about the fact that I haven't done them, stupid really. Because, as I said, I'm not working, I look after my grandson part of the week and then the rest of the week, I don't really have any pressures like I used to … Life just seems a lot more worrisome and difficult than it used to be … I think it's almost like I don't, how can I explain this, I don't trust the world anymore. I used to travel a lot for work, go into meetings, meet customers all sorts of things, give presentations and never really worried about it too much, even if it didn't go particularly well. But now, small things kind of make me feel quite apprehensive. It's almost like losing confidence in the way the world works and losing confidence that things will work out OK. It's a bit like things will give way underneath me whereas I used to feel like my footing was quite secure. (Charlotte)

Charlotte, and three other participants, stated that they felt the world was 'less inviting', 'less secure' and 'less hopeful'. This seemed to undermine their confidence — as Charlotte demonstrates above — as well as reduce their trust in other people. This could lead them to feel more isolated, alone and anxious.

Writing and the Reduction of Anxiety

Although every participant discussed their anxiety, and the negative impact it had on their life, only six participants claimed that writing about their bereavement led them to feel 'less anxious'. Three of the participants claimed this was because writing about their anxiety made them realise how far they had come in their grief process. For these three participants, writing about their anxiety also seemed to reinforce how unhelpful the 'what if' ruminations were to them. This can be seen well in Sophie's experience of writing to 'Creative Writing Prompt #2: Anxiety' (Appendix J):

> When I was writing, I felt that anxiety I felt when I was trying to save [my son]. I was very hyper anxious. He'd gone off to Tenerife and he hadn't got enough of whatever he was taking and it was a massive race to get him back to the UK. We got him back and even then it just didn't work out that he lived. So I was very anxious at that time and very anxious in the weeks leading up to him dying. So by writing I kind of, I relived that. It was hard, it was hard, but it was also it was also really helpful to me because just after he died I lived and lived and lived that, I kept reliving it. And I kept coming up short because in reliving it, part of me believed I could make a difference, I could do something about it and I would suddenly stop and think 'oh hang on a minute, there's no point in thinking what if, what if, what if'. But, I just couldn't help myself doing it. And actually, almost three years on, it's been very helpful to go back there because I realise I don't have that shock. I know that he's dead. I know it didn't work and I have that with me now to calm the anxiety, to calm the journey of the reliving. So that's good. (Sophie)

Sophie demonstrates how far she has come in her grief: from being 'hyper anxious' before her son died to, three years on, being able to look back and relive those moments with less shock. She felt that 'reliving' this experience in her writing helped to 'calm' her anxiety by making her more self-aware of her progress. This, in some way, could speak to the emotional processing theory laid out in Chapter Three, which suggests that by writing about experiences associated with trauma or loss participants can reduce fear-inducing and intrusive thoughts (Klein & Boals, 2001; Schoutrop et al., 2002).

The other three participants who claimed that writing helped to alleviate the negative effects of anxiety stated that it/the practice offered them a new perspective on their experiences. Laylah demonstrated this when discussing her experience of writing to 'Creative Writing Prompt #2: Anxiety' (Appendix J):

> I wrote about when [my brother] went missing and worrying that he was dead … It wasn't like an immediate anxiety about what's going to happen right now, it was more of like a lingering dread … Yeah, so I was writing that [Sharon Olds, in her poem 'The Race'] was lucky because her anxiety was a useful anxiety that propelled her forwards. Like, she got on that plane. Whereas the anxiety that you have when someone is addicted, like it's got nowhere to go. Like it's not a useful anxiety, it's just this horrible fear. You can do nothing with it, it just exists … Writing this prompted me to think about the different types of anxiety and how they're different which made me reflect more. That fact that the poet's anxiety is so different from mine. I could juxtapose the two in my writing and it kind of illuminated my anxiety, which helped. (Laylah)

It seems that by writing about her anxiety — as well as comparing it to the experience of the speaker in Sharon Olds' poem 'The Race' (Appendix J) — Laylah was able to 'reflect' on the different types of anxiety. She uses the word 'illuminated' to describe what seems to be increased self-awareness of her anxiety and how it works. This 'illumination' seemed to be positive for Laylah, suggesting that learning something about the nature of her anxiety was in some way valuable. Both Laylah and Sophie also spoke about the benefit of 'staying with' their feelings and writing 'through' them in order to reach new conclusions.

Fatigue and its Effects

Although all 13 participants discussed the depression and anxiety which stemmed from their grief, only three participants spoke directly about their experience of fatigue by describing themselves as having very 'low energy', feeling 'depleted', or feeling 'fatigued'. According to Stroebe, Schut and Stroebe (2007) fatigue can be symptomatic of depression and/or anxiety but can also be caused by sleeplessness and insomnia, loss of appetite and immune system weakness (Stroebe, Schut, &

Stroebe, 2007). A further five participants spoke about these indirect sources of fatigue, including insomnia and loss of appetite.

Of the three participants who spoke directly about the impact of fatigue, Olivia brought it up the most often:

> I went for a walk on a mountain recently and I was staggered at just how difficult I found it, you know. I actually felt like my limbs were heavy, that walking was so difficult …Is it any wonder that I'm really struggling physically because my energy levels are depleted. (Olivia)

Throughout the interview process, Olivia talked about how grief had depleted her energy levels and often measured her pre-bereavement energy against her post-bereavement energy. This reflection demonstrates self-awareness when it comes to Olivia's bereavement journey.

A further three participants spoke indirectly about fatigue by highlighting disruptions to their normal eating patterns:

> I remember I wasn't eating and people tried to force feed me all of the time. I think I was kind of in a fog for quite a long time. It was almost worse when the fog started to lift. Some of the time it still doesn't feel real. And the realer it felt the worse it felt. (Charlotte)

> I struggle with my appetite and then there's a point where that just actually starts to get scary. Like if I haven't eaten in a week. (Laylah)

Sleep was also disrupted for several participants, with Jemma and Louise discussing this the most often:

> I don't sleep well. I haven't slept well for a long time. I feel I've not got the go. I really was, even when Dylan was really ill, I was a really kind of sparkly person. And I don't think I've got that spark anymore, you know, I'm tired. (Jemma)

> In the early days, you know, after he died, I read all through the night just so I wouldn't dream. I know if I went to sleep and I was dreaming about him I

> would think he was alive and then I would wake up and realise he wasn't. (Louise)

Both the lack of appetite and the disruption of sleep, arguably, led these participants to feel fatigued even if they did not say this directly in the interviews. In both cases of appetite and sleep disruption, there was a distinction made between what the body wanted and the choices the person was making. For instance, Charlotte says she had to be 'force fed' and Louise said she purposefully stayed up and 'read through the night'. In these cases, participants could arguably be making a choice to override their body's normal functions in an effort to exert some control during a particularly traumatic time.

Although not directly related to fatigue, two participants also mentioned the impact their grief had on their ability to drive:

> One of the things everyone says - well I don't know lots of people anymore - but I drift off a lot [in conversation]. That's something I do. And my driving has been affected. I still drift off to [think of my son]. (Jemma)

> I didn't go [to a support group] for ages because the nearest one was Windsor ... It took me months and months to go because I couldn't even drive down to the road because I was just completely cuckoo and I had no confidence in anything. (Grace)

Although there were eight participants who spoke directly or indirectly about the impact of fatigue in their interviews, only one participant stated that writing helped to reduce the symptoms of fatigue:

> I think probably that writing is definitely helpful … It's interesting how certain themes emerged for me and I found that was really, really helpful. I could kind of see how the way it was feeling, a lot of the physical stuff even … It kind of got me thinking just how much energy it has actually taken over the last few years, just how much energy just to get by. (Olivia)

This realization for Olivia led to a long discussion of the ways in which she spends her energy, the people who are 'worthy' of her energy, and how she hoped to keep

her energy from depleting in the future: by continuing to write, not waste energy 'pretending' or putting on a 'façade' with others, and rest when she needs to. Writing led to real self-awareness with Olivia and, if she follows through with her actions, will likely lead to her being less fatigued and 'low energy' in the future.

'Release' and Symptoms

When asked to talk about their writing experience, all 13 participants said they were glad that they took part in the project and that the writing helped them, in some way, to learn more about themselves as well as the effects of their emotions. Nearly all of the participants described the writing experience as 'cathartic' or as giving them an 'outlet' or opportunity for 'expression' or 'release'. Most explained that, for them, writing was a way to express their feelings and that this expression gave them a sense of 'relief'. This speaks to the emotional inhibition theory discussed in Chapter Three which predicts that talking (or writing, in this case) about emotions that are usually not spoken or written about has a beneficial effect (Sloan & Marx, 2004). Although seemingly beneficial for the participants, it is difficult to know two things for certain within the context of this study: (1) if 'relief' is actually speaking to a reduction in the negative effects linked to depression, anxiety and fatigue; and (2) whether the simple act of expressing something in writing, in and of itself, can lead to 'relief', or whether the directed prompts which encouraged participants to write specifically about elements of their bereavement experience were what was offering the 'relief'.

However, it is worth noting here that one participant talked about the importance not just of letting her feelings out through writing but that this medium offered an opportunity to express and not be judged:

> I think it's excellent, an excellent way to let feelings out. A personal way, I think that this is amazing therapy actually. I think that the written word is very powerful. And also the space to do it is good and the personal aspect that you can actually write anything that you feel without worrying about what anybody else's perspective might be or how they might feel about it. You can offend, you can just be yourself. (Sophie)

Sophie's comments about not 'worrying about anybody else's perspective' and not having to worry about 'offending' anyone else may speak to the stigma discussed in Chapter Two. It seems that Sophie found writing to be a particularly safe means of expression which gave her the opportunity to write more freely and, presumably, explore her feelings more deeply, then she might have done otherwise if she had to speak to a therapist who, she perceived, could potentially judge her. This may have led her to deeper levels of self-awareness and, therefore, a better chance at symptom alleviation than traditional therapy.

Overall, these self-reports from participants are mixed. Although all participants said they experienced depression, none of the participants shared that writing helped reduce the negative effects and two participants claimed the writing actually increased the negative effects of their depression. Every participant also talked about the negative impact of anxiety but only six of them claimed that writing about their bereavement led them to feel 'less anxious'. Finally, eight participants stated, directly or indirectly, that they were affected by grief-induced fatigue but only one participant claimed that writing helped to reduce its negative effects. These findings are modest and limited as there were eleven participants who claimed that writing gave them 'relief'. However, this sense of 'relief' is ill-defined and, therefore, unable to be attributed specifically to a reduction in the negative effects of depression, anxiety and/or fatigue. The following section will explore what more the participants' writing can reveal about their depression, anxiety and/or fatigue through both its content and form.

Writing Samples: Writing and Symptom Alleviation

Content

As discussed earlier, nine out of 13 participants were happy to provide their full notebooks to be analyzed; three provided copies of between two and six writing samples; and one participant chose not to supply any part of their notebook. Using narrative analysis, I read through the writing provided by these 12 participants in

order to analyze both its content and form. In order to answer research question two (*Can creative writing reduce some of the negative effects associated with grief, such as depression, anxiety and fatigue?*), I will focus specifically on highlighting participants' discussions of depression, anxiety and fatigue. To do this, I considered what they said about their symptoms – particularly in their responses to the prompts related to 'Anxiety', 'Sadness' and 'Grief' (Appendix J). This analysis led to the emergence of one significant content-based theme: then and now.

Then and Now

Out of the 12 participants who submitted writing samples, 11 wrote about their sadness and anxiety through comparison. These comparisons seemed to be split into two versions: (1) a comparison between the early-grief and later-grief versions of themselves and (2) a comparison between the person they were before the bereavement and the person they became after the bereavement. This suggested that most participants were often in a state of comparison with themselves, almost as though they were asking: how far have I come in my grief? Am I getting better? This can be seen particularly well in Jemma's response to the 'Sadness' prompt (Appendix J):

> I haven't overcome my sadness. Since the raw grief has passed I have been left with this overwhelming sense of sadness – it has not gave! In many ways, it has grown. I live with depression, popping a pill to help me cope with the days, to stabilise my mood; but the sadness never lifts. Yesterday I woke feeling unsettled as the day progressed the sadness became overwhelming, like a cloud darkening the sky.
> I withdraw
> I retreat
> I become silent!
> No-one understands this sense of sadness after all these years. I don't try and make sense of it and I let it be, washing over me – I don't fight it – I live with it …That is the price of grief. (Jemma)

According to Flatt (1987), 'depression' is a stage all bereaved people will pass through and reliving the 'past' — not only with the person who has been lost but the earlier stages of grief — is critical (p. 145). During this stage, the griever's

emotions may go 'up and down' as they try to 'incorporate the loss into [their] cognitive structure' (1987, p. 145). Although Jemma claims in writing that she doesn't 'try and make sense of it', the use of insight-words indicates that she is reflecting on her sadness — 'I haven't overcome my sadness', 'I withdraw', 'I retreat', 'I become silent!' — and making it clear that her sadness has changed: 'since the raw grief has passed I have been left with this overwhelming sense of sadness'. For Jemma, considering how 'depressed' she was in the past compared to how depressed she is at the time of writing may — contrary to what she states — suggest that she is trying to make sense of the experience as a whole. Rather than 'making sense' of the death (Van Dongen, 1990), as discussed in Chapter Three, Jemma may be trying to make sense of grief itself and, in some way, measure how she is handling it.

Charlotte also compares both her sadness and anxiety at the time of writing to the experiences of these symptoms early on in her grief:

> Sadness is like anxiety in that it is always there. But it is much deeper and wider. It is like a river that never stops flowing – sometimes it ebbs a little, sometimes it is full torrent and sometimes it overflows and drowns everything else … I am trying to think if there has been a time in the last 22 months when I have not been sad but I can't because the sadness is always there. Everything I do reminds me of [my daughter] – even the new things … For a long time, I could not do most of the things we used to do together … I read books and I cry because I can't share them with her…I rarely watch television – certainly not the programmes we used to watch together and talk about … Everything is tinged/tainted with sadness – even things which should make me happy … I am not happy anymore ... Grief has changed my life utterly. I am not the same person I was. (Charlotte)

Charlotte goes one step further in this writing than Jemma did by also considering how her bereavement has changed her. Like many other participants, writing about these symptoms not only speaks to the 'then' and 'now' of bereavement but also the 'then' and 'now' of the person who is writing. Here Charlotte states that she cannot do things she once enjoyed anymore, like reading books or watching television, because of her bereavement. She suggests that, before she lost her daughter, she was able to do these things and share them with Nora but after the

bereavement this has changed. In her final statement — 'I am not happy anymore' — Charlotte is suggesting that her bereavement has changed her from someone who could find happiness to someone who, now, cannot find happiness. This could speak to Berntsen and Rubin's (2007) 'loss-centrality' theory which states that highly emotional memories — including those associated with traumatic bereavements — remain easily accessible for replay and, therefore, end up being linked to our life story, thus becoming more central to our identity (Berntsen, Willert, and Rubin, 2003; Berntsen and Rubin, 2007; Eckholdt et al, 2017). In his article, 'A prospective examination of the association between the centrality of a loss and post loss psychopathology', Boelen (2012) suggests that those whose grief experience leads to a high loss-centrality — that is, the loss has become central to their life story, identity and everyday experiences — are at risk of experiencing higher rates of depression (p. 120).

One participant, Gerald, replied to the 'Anxiety' prompt (Appendix J) by writing in a way which only focused on the 'then', the time before his bereavement:

> I look at the door and see the light is on. Usually I would knock and turn the light off. Only this time I felt something deep down that told me not to open and leave it alone. Whilst watching the news this deep feeling wouldn't go away. It was an uneasy feeling that wouldn't go. I just ignored it. Even whilst driving to the course this feeling wouldn't go in my head – two voices, one saying turn back, something doesn't feel right, a feeling of not really be[ing] in this world as though it was going in slow motion and not being in reality. I received a phone call to return home and the words hit me like a stone, people mulling around not knowing what to say. (Gerald)

In this response, Gerald has left the 'now' — the hindsight — off the page. He writes, initially, in the present tense as if nothing exists beyond the moment of looking at the door and deciding not to open it. However, shortly after he switches into past tense to discuss the feeling which 'wouldn't go away', how he 'ignored it', etc. Gerald seems to be telling this story in a way which points to what he would do now if this situation were to happen again: listen to his gut. In later prompts, and during our interviews, Gerald talks about what might have happened if he had opened the door, if he could have saved his daughter that day. Although not as

explicitly as the other examples, Gerald is demonstrating another way of writing the 'then' and 'now' by replaying and critiquing what he did then (on the day of his daughter's death) and implying what he would do 'now' (if he had the opportunity to act differently on that day).

Although all 12 participants wrote about anxiety and depression, only three participants wrote directly or indirectly about fatigue. Like the other symptoms, fatigue was also written about using the 'then and now' structure. Olivia wrote about how she was a much more 'energetic' person before her bereavement and how her grief had 'drained' her. Alice wrote about how her body was so 'tired' but 'carried on' functioning. Jemma wrote more about fatigue as well but in a way which connected to her other symptoms:

> My grief was physical. I couldn't breathe properly, I could hear my own heart beating in my chest – it was as if I was outside my body. My hair itched as if I had little insects crawling all over my scalp and my legs and body were as heavy as lead. I withdrew because the only way I could manage my grief was to be alone. No one could understand the physical and emotional pain – the sheer intensity of it. Now, my grief has lost that physical, raw, cutting, painful edge and I am left with an emptiness as if something is missing, a huge sadness that no words can describe. (Jemma)

Here Jemma indicates that the physicality of her grief was more prominent in the early stages. In the beginning (then) her grief had many physical symptoms, including breathing issues, heart palpitations, itching and body heaviness/aches. This gave way to the 'now' of her grief which is less physical and more emotional, representing: 'a huge sadness that no words can describe'. Although all the participants seemed very self-aware about their symptoms and how they have changed over time, there was no clear evidence from their writing that would suggest that writing helped to alleviate the negative effects. Their writing, instead, gave them a space to document the effects of their grief which might, later, prove valuable for them as they continue to reread and attempt to evidence their growth and 'make meaning' from their loss (Lichtenthal & Cruess, 2010; Neimeyer, et al, 2010).

Form

As discussed above, the content of participants' writing demonstrated that they were self-aware about the changing effects of their depression, anxiety and fatigue. Participants were engaged in a constant act of comparison whereby they were considering how they were feeling before and after the bereavement as well as how they were feeling in the early stages versus later stages of grief. Although there was no real evidence in their writing samples to suggest that writing about their symptoms helped to reduce the negative effects, participants' form-related choices seem to communicate the impact of depression, anxiety and fatigue in a way that just reading their content might not have been able to do. This is because the way participants use form and poetic devices can reveal the effects of their grief-related symptoms in ways which are not being explicitly said in the content. Through the analysis of participants' writing, form-related patterns emerged which I will explore in this section. In particular, I will consider how my participants' use of poetic devices and poetic experiments might reveal more about their experience of depression, anxiety and fatigue.

<u>Poetic Devices: Metaphors and Similes</u>

All 12 participants who submitted their writing samples used metaphors and similes in their prose and/or poetry specifically to describe the negative effects of their grief symptoms. Participants rarely used metaphors or similes to describe anything other than their emotions, making these poetic devices the most common form-related pattern related to depression, anxiety and fatigue. For instance, when talking about depression, participants' metaphors and similes can be broken down into five categories which illustrate what their depression 'is' (metaphor) or 'is like' (simile):

- something heavy (i.e. 'a heavy weight', 'a rucksack filled with stones', 'a lead cloak', 'a boulder to be carried')
- something dark (i.e. 'a dark cloud', 'a black balloon', 'a dark room')

- something void (i.e. ‘a fucking great big hole’, ‘a suffocating silence’, ‘an emptiness’)
- something cold (i.e. ‘a cold snow’)
- something huge (i.e. ‘a tidal wave’)

Goldberg and Stephenson (2016) state that ‘metaphors and similes are important mediums through which feelings are often communicated, and they can also be used to address the continuum of issues related to loss, ranging from concrete to abstract in nature’ (p. 107). According to Neimeyer (1999), the enormousness of grief and the ‘unique sense of loss’ bereaved people feel makes it difficult to capture in ‘literal words’ or ‘standard descriptions’ (p. 78). He goes on to say that in order to:

> move beyond the constraints of public speech, we need to use words in a more personal way, and draw on terms that are rich in resonance and imagery. Speaking of our loss metaphorically can help us accomplish this, sometimes leading to surprising insights unavailable to us when we think of it only in more conventional, “symptomatic” terms. (Neimeyer, 1999, p. 78)

According to Baldwin et al (2018), when individuals face an experience which they perceive to be ‘unfamiliar, complex, unstable, or obscure’ then this can result in a desire to ‘restore a sense of understanding’ (p. 166). They go on to state that this need to understand will increase individual’s ‘reliance on available metaphor’ to compare their experience to something ‘concrete and structured’ (Baldwin et al, 2018, p. 166). Stott et al (2010) agree with this assertion and go on to state that metaphors act as ‘a cognitive bridge’ for participants, connecting something they find abstract and difficult (e.g. grief) to something familiar and concrete (e.g. ‘a dark room’) (Stott et al, 2010, p. 6). According to Neimeyer (1999), these metaphors of loss can also be taken ‘as bridges into the bereaved person’s world of meaning’, giving others a unique insight into their thoughts, feelings and experiences (p. 79). However, unlike ‘literal language, which tends to fix meanings and give them stable referents (if I am “bereaved” this week, I surely will be next week too), figurative language is far more fluid and protean, changing in its nuances in the very act of speaking’ or, in this case, writing (Neimeyer, 1999, p. 81). For this reason, it’s important not to read participants’ metaphors or similes at face value, rather to

watch how they unfold and read into this progression. For instance, Sophie spoke about her sadness as being 'like snow'. If we take this simile in isolation, one might think that this means her sadness is cold (as I have categorized above). But, as she continues writing, we see the meaning change:

> The sadness now descends sometimes, envelops me, spreads around and covers everything like snow when you wake and it's all around, still, cold, but heavier than snow, solid. (Sophie)

Here Sophie shows that the 'snow' of sadness is not just a feeling of coldness but rather a feeling of entrapment/envelopment. She also states that this feeling can appear unexpectedly (i.e. 'when you wake') and that, unlike snow, it is 'heavier' and more 'solid'. This unfolding of the simile demonstrates Sophie's desire to pin down her emotion which, in turn, will provide her with a greater self-awareness related to her depression experience.

Participants also attributed metaphors and similes to their anxiety in their writing. A clear example of this can be seen from Charlotte:

> The anxiety feels like a snake coiled up inside me – it feels like it is always there. Sometimes it is coiled so tightly that it squeezes everything inside me and I can't eat, or if I have eaten, the food turns to lead inside me. Sometimes it uncoils slowly and moves and then settles deeper inside me. Sometimes it reaches up through my throat like a tape worm and makes it hard for me to breath. Sometimes it slides into my head and fills my thoughts with horrible images. Sometimes it coils around my heart and lives so heavily on it that I fear it will break. (Charlotte)

Charlotte repeats 'sometimes' in a way which suggests that her anxiety manifests in many forms. She says it is like a snake that 'squeezes', 'uncoils slowly', 'moves and then settles deeper', 'reaches up my throat', 'slides into my head', 'coils around my heart'. In the middle of her writing she transforms the snake — often a symbol of evil — into a tape worm — something parasitic which 'takes' from your body. By including this transformation, Charlotte is trying to represent her anxiety as accurately and economically as she can. By using a simile which describes her

anxiety as a snake and a tapeworm, she is saying a great deal about her experience in a non-literal way. This demonstrates real self-awareness and, even, a desire to 'make sense' of her grief experience (Neimeyer, 1999, p. 79).

Although three participants wrote directly or indirectly about fatigue, the metaphors and similes were not explicitly linked to this but, instead, to 'grief' as a whole. According to Goldberg and Stephenson (2016), when participants use metaphors to describe feelings in particular 'there are often opportunities for enhanced insight and meaning making, which are crucial tasks in the grieving process' (p. 108). Although it is difficult to know if using these poetic devices helped to reduce the negative effects of depression, anxiety and/or fatigue, it can be argued that these help participants gain self-awareness when it comes to these experiences which could lead to some symptom alleviation later on (Pennebaker, 1990).

Poetic Experiments

When talking about poetry and self-awareness, seven out of 12 participants who submitted their work wrote one or more poems. Of that seven, four of them wrote poems or non-traditional prose when discussing sadness specifically. Only one person, Grace, chose to write a poem for her anxieties (seen earlier in the self-awareness section: 'KILLERBAG'). None of the participants chose to write about fatigue in poems or non-traditional prose. It was interesting to see participants writing most experimentally about depression. These experiments were with sound (e.g. rhyme), point of view (e.g. second person) and form (e.g. a recipe).

Rhyme

Rhyme can be seen in examples from two participants writing about their depression. For instance, Gary started his poem about sadness with rhyme: 'Sadness at the start was sharp like a syringe / broke skin, stoked the din that screamed' and Sophie included a clear rhyme scheme throughout her 'sadness' poem:

I didn't know what sadness was
until my beautiful boy left
I'd lost a marriage, beloved cats,
I'd cried and mourned – but truly 'bereft'
is deeper, deeper, half my heart
has been ripped out
by my son's depart.
Now sadness lingers in the wings
never gone but sometimes waiting
sometimes I even invite it in
surrender to its' deepest sating
wallow in it, taking pleasure
to love, to grieve in equal measure (Sophie)

Here we can see Sophie employing an unusual rhyme scheme, concluding with a rhyming couplet: ABCB, DEDF, GHG, II. According to Stepakoff (2009) strict rhymes schemes and rhythms can provide 'solace' for the bereaved, particularly with those dealing with stigmatized grief (p. 108). He goes on to suggest that writing in rhyme can have a soothing effect on bereaved participants and notes that, in two studies, writing sonnets in iambic pentameter has been shown to have a 'natural comforting effect because it is similar to the rhythm of the human heartbeat, which infants hear when in proximity to their mothers' (Stepakoff, 2009, p. 108). In his article, 'Formal Wear: Notes on Rhyme, Meter, Stanza & Pattern', George Szirtes states that 'rhyme can be an unexpected salvation, the paper nurse that somehow, against all the odds, helps us stick the world together while all the time drawing attention to its own fabricated nature' (2009, p. 12). Rhyme can 'lull' and 'soothe' too, taking us back to lullabies and nursery rhymes (Szirtes, 2009, p. 12). In Gary and Sophie's case, it is reasonable to think that their rhyme schemes were intentional and, in some way, planned. These samples are unlikely to be a stream-of-consciousness 'splurge', as each participant would have needed to identify their specific rhyming words. This sustained attention given to their sadness may have been a sort of salvation, or as Neimeyer et al (2010) suggest, a way for both Gary and Sophie to 'stay with' and 'process' their feelings. (p. 78).

Point of View

As discussed earlier, the first person point of view was by far the most popular choice by participants. According to Campbell and Pennebaker (2003), the second person pronoun 'you' was the fourth most popular pronoun choice in their expressive writing study, following 'I', 'my', and 'it' (p. 63). In her book, *Personal pronouns in present-day English*, Wales (2006) notes that the 'you' acts most often as an 'interpersonal pronoun' which can be an address to the reader or another person with the 'you' standing in as a more intimate choice than the person's name (p. 51). This was the case for nearly all participants in this study with 'you' most often acting as a way for the writer to address the person they lost. However, when discussing emotions, one participant used the second person to reference the 'self' in her poem, highlighting how sadness has impacted her. I have included the first two stanzas below:

> Cut your arms off!
> What can't you do?
> Knit,
> throw a ball,
> pick your nose.
>
> Take your child away – they've died –
> you don't have a future
> your history is all that remains
> pictures are your only visual
> no more smelling their body
> you can't see in their eyes (Grace)

Here we can see Grace talking abstractly about something that would also be a 'loss' – cutting off your arms – before going on to describe what that 'loss' might cause: the inability to knit, throw a ball or (humorously) pick your nose. She then goes on to describe her 'loss' situation – her child being 'taken' away. The poem suddenly turns from an address to the reader into a reflection of Grace's experience. By the end of the poem, Grace begins to bring herself in by using 'my':

> What is my next chapter

> Do your worst
> Nothing is as bad as
> losing a child. (Grace)

By the end of this piece, we can see how Grace has been using the 'you' in the poem, really, to mean 'I' while at the same time reaching out: encouraging the reader to think about what it would be like to lose *their* child. In a way, Grace also seems to be speaking to the wider universe or, perhaps, even God by asking them: 'What is my next chapter?' She even taunts them in a way – 'Do your worst' – and notes that nothing is a bad as what she's already been through. This might suggest that Grace wants to be 'listened' to by the readers and by the universe but that she also wants the opportunity to reflect on what she's been through and acknowledge her own resilience. Poet Tess Gallagher sums up this use of the 'you' well in her chapter, 'The Poem as Time Machine': 'even if you are speaking to a "you" that will not listen, it is better than no "you" at all. This includes the "you" that is the self, of course' (p. 108).

Form

Similar to Grace's 'Creative Typography' examples in the self-awareness section, one participant responded to the 'sadness' prompt in a creative, non-traditional way. Sophie, who lost her son to a heroin overdose, included a 'recipe' in order to explore her grief:

> I'm finding it therapeutic to look at these feelings, the way I live now, the need to realise and accept and even embrace the feeling of sadness, grief, loss, pain. Somehow writing creatively evokes pertinence – finding the personal word, the description of feelings that are not understood in a general way, though others may share certain [elements] of them. Like a recipe, where people add their own ingredients:
> A cup of regret
> A cup of pain
> Some memories like mixed fruit … bit of this time, taste of that time, a smile, a picture, a thought.
> Some loneliness.
> Some jealously of those unaffected.

> Some negative emotion for those who I feel should be affected and loyalty to my son hurts because they're simply not … (Sophie)

Sophie demonstrates self-awareness in this piece about the writing process, through her use of 'I' statements and insight words. She explains that she finds writing about her feelings to be 'therapeutic' and 'realises' that she needs to 'accept and even embrace the feeling of sadness, grief, loss, pain'. She goes on to say that writing feels relevant or 'pertinent' to her and suggests that the act of finding 'the personal word' is valuable. Sophie also then lists the 'ingredients' of her grief which include 'regret', 'pain', time' and more. In this one writing sample, Sophie shows how she compares who she was before the writing to the way she lives 'now' and explores how a recipe can be considered a metaphor for self-discovery and experience. In their article, 'Analyzing narratives through poetic forms and structures in gerontology: Applying new tools in qualitative research', Furman et al (2010) explore the idea that poems can reflect a 'livedness' which represent a particular person's lived experience (p. 62). Here, it seems that Sophie is trying both to reflect on her lived experience of grief and figure out a new way to manage it through 'acceptance'. Later in her response, Sophie quotes Wordsworth, saying that he wrote of his son:

> I loved the boy with the utmost love of which my soul is capable and he is taken from me. But in the - yet in the agony of my spirit in surrendering such a treasure I feel a thousand times richer than if I had never possessed it. (Sophie, quoting Wordsworth)

By quoting Wordsworth, Sophie seems to be positioning herself alongside other writers who have loved and lost, those who have grieved through writing. Both her own 'recipe' piece as well as this quote suggest that Sophie is more hopeful than many of the participants and that by doing the writing she is finding new ways to manage the negative effects of her sadness and grief.

Although Sophie's writing sample directly suggests that writing is increasing her self-awareness — which can in turn help to alleviate the negative effects of symptoms like depression, anxiety and fatigue — it is very difficult to tell just from

their writing samples if writing has supported others in the same way. While the self-reports showed the writing helped to alleviate the effects of anxiety for six participants and the effects of fatigue for one participant, it seems that writing did not help reduce the negative effects of depression and, in two cases, writing actually made it worse.

Although other writing studies suggest that increased self-awareness, as shown in the first section, can lead to symptom alleviation, it is difficult to measure if participants' symptoms were alleviated during this study from their writing alone (Frattaroli, 2006; Range & Kovac, 2000; Pennebaker, 1990). Like Pennebaker's (1990) participants, those who took part in this study may see a reduction in some of the negative effects associated with grief— such as depression, anxiety and fatigue — three months after completing their writing. However, without a follow-up, it is difficult to tell if the participants in this study will experience any significant reduction in their symptoms. In the following, final section of this chapter I will explore the impact of writing on participants' post-bereavement choices.

Question #3: Healthy Choices

> *Can creative writing help individuals bereaved by addiction make healthier choices about their work and personal responsibilities while grieving?*

As discussed in Chapter Four, grief can be expressed as a range of 'observable behaviours', including crying, physical exercise, compulsive activities and increased emotional expression, among other things (Gross, 2016). Although some behaviours can be considered 'automatic' — such as crying — there are others which can be considered a 'conscious' behaviour, or choice (Gross, 2016). For the purposes of this study, participants were asked to consider their behaviours, and behavioural change, following their bereavement. Several participants identified the increase in behaviours they considered to be 'negative' or 'unhealthy', such as excessive drinking, promiscuity, expressed aggression and self-isolation. This section of the 'Findings' chapter will highlight behaviours participants' identified as 'unhealthy' in relation to their work and personal responsibilities and attempt to

discover if writing helped them to make healthier choices. Just as in the previous sections, I will continue to use the two sources of data outlined in the beginning of this chapter. That is, what participants have said in their interviews (i.e. self-reporting) as well as what they have expressed in their writing.

Self-Reports: Writing and Healthy Choices

All 13 participants identified some 'unhealthy' behaviours and choices they made following their bereavement. Most 'automatic' behaviours (Gross, 2016) — like excessive crying or wailing — seemed to be 'unwelcome' by participants, but were not identified as being 'unhealthy'. Participants often recognized that they 'needed to grieve', even if they found these behaviours difficult to manage. Participants also recognized and discussed the 'conscious behaviours' (Gross, 2016) they considered to be 'unhealthy', like ending relationships, self-isolation, drinking excessively and more. The choices and behaviours considered 'unhealthy' by the participants can be broken down into three categories which I will explore here: relationship breaks, work, and self-destruction.

Relationship Breaks

All 13 participants spoke about the strain that their bereavement and grief put on their relationships. For all participants, the people closest to them felt this strain the most: their spouse or partner, parents or children. Of the 13 participants, seven of them spoke about 'falling out' with one or more of their family members as a result of their bereavement which meant 'severing ties', 'not speaking', 'not talking on the phone', 'not visiting', 'not going round', or 'losing respect for them'. These participants identified their own 'unhealthy' behaviour as causing a negative impact on their relationships, particularly on their marriages or romantic partnerships. For instance, Gary, who lost his father to alcoholism, spoke about this most often in relation to his marriage which, prior to the bereavement, had been 'happy':

> [The loss hit] close to home, as I said, really put a strain on the marriage because I just did go a bit selfish ... I was very blinkered. I was very like: 'Well this happened and that doesn't matter, that doesn't matter'. (Gary)

According to Umberson (1995), a death in the family not only affects the individual but also the 'structure and dynamics' of the family unit (p. 709). She confirms that death in the family can have two outcomes: leading the family to 'increased closeness' or causing a 'strain in relationships among surviving family members.' (Umberson, 1995, p. 709). Due to the effects of stigmatization (Goffman, 1963) as well as the psychological and emotional impact of disenfranchised grief (Doka, 1986; Corr 1999), individuals who are bereaved by addiction can find it difficult to accept support from loved ones. According to Umberson (1995), even attempts by others to:

> provide support may be conducive to distress in some cases; support attempts from others are sometimes viewed by the bereaved as unhelpful or even critical, which may create additional strain for the bereaved individual. (p. 710)

We can see this at work in what Gary has said. He characterized his marriage as a 'happy' one before his bereavement but, afterwards, he states that he became 'selfish' and 'blinkered'. This suggests that Gary turned away from the support or strength his wife may have given him. Instead, we can see some nihilistic beliefs brewing with Gary saying 'this doesn't matter', 'that doesn't matter'. He is suggesting that, in his early bereavement, he couldn't find meaning in anything, not even his once 'happy' marriage. These feelings — that things don't matter or, in fact, that 'life' doesn't matter — seem to come up often in disenfranchised grief research (Stroebe & Schut, 1999; Neimeyer et al, 2010). It seems important therefore that bereaved individuals not only search for and 'make meaning' out of their bereavement, as discussed in Chapter Three, but that they need to also 'find' meaning in their everyday lives and relationships following their loss. Arguably, in order for their relationships to remain unstrained, they need 'to matter' to the bereaved. If the bereaved do not feel like their relationships 'matter' or that,

indeed, ‘nothing matters’, then they seem more likely to make reckless and unhealthy choices concerning their relationships.

Gary, who lost his father to alcoholism, represented the primary griever in his marriage, with his wife acting more in a ‘support’ role (Neimeyer et al, 2010). Similarly, Alice, who lost her son Robert to a drug overdose, talked about her behaviour towards her husband who was not the biological father of her son. As Robert’s mother, Alice represented the primary griever in the marriage which made negotiating her grief and her role as wife very challenging. Alice spoke several times about the impact this bereavement had on her marriage:

> I cried in front of my husband and I bellowed at him because I am quite angry at him. He said a few things that I didn't want to hear. We are struggling at the moment, I'll admit that, we are not having a good time, me and him, at the moment but he'd only known Robert from being 18 and only knew an addict. (Alice)

Alice suggests here that she is ‘quite angry’ at her husband, although she doesn’t unpack the exact reasons for this anger. She points out that her husband only knew her son from the age of 18 and only knew him ‘as an addict’. This suggests that her husband perceives Robert as ‘an addict’ which can lead to ‘empathetic failure’ according to Neimeyer and Jordan (2002). In these cases, Alice may have heard from her spouse that her child was ‘perhaps better off dead because he was already doomed from his lifelong mental illness or drug addiction’ (Feigelman et al, 2011, p. 313). This could have challenged Alice to ‘defend the value’ of her lost son (Feigelman et al, 2011, p. 313). According to Feigelman et al (2011), ‘such statements carry an inference that the child is/was unworthy of being mourned’ (p. 313).

Although Alice was aware that her marriage was ‘struggling’, she did not seem to see a way out of the situation. She spoke a few times about the distance between her and her husband and her anger towards him, but seemed unable to evaluate whether this was ‘healthy’ or ‘unhealthy’. This could be because she was the most

newly bereaved person in the study — her son had died just four months prior — and therefore lacked the evaluative ability of some of the other participants.

Unlike Alice, Charlotte and her husband lost their daughter to alcoholism which meant that they were grieving for her together. Charlotte identified the ways in which her grief and her husband's grief differed and how this created a kind of gulf between them:

> And [my husband], he's still working part-time so he works one or two days a week. The rest of the time, he tends to drink in the evenings so he'll start drinking and then he'll fall asleep. So, I feel quite lonely a lot of the time because most evenings he'll drink and then he'll fall asleep and then I'll kind of wake him up for bedtime. Some nights he'll get very upset, some nights he'll be drinking and go on his computer and look at old videos and things like that but less and less now. I hated him doing that because it used to upset me more … It's almost like my grief is hard enough to handle I can't handle their grief as well. So I hate it when that happens because I really, I feel like I don't comfort him. In some ways I'm almost grateful when he falls asleep because I know he won't get into a state. (Charlotte)

Here, Charlotte recognizes her inability to support her husband and his inability to support her. She says that she feels quite 'lonely' and that her grief is 'hard to handle', which isn't made easier by her husband's drinking and despondent behaviour. She also hints at her feelings of guilt because she knows she can't 'comfort him'. Her husband's behaviour upsets her more than just the grief alone and she claims to be 'almost grateful' when he falls asleep. This suggests that their marriage is suffering as a result of losing their daughter with both Charlotte and her husband acting in ways which are 'unhealthy' for their relationship.

According to Weis et al (2019), the deep 'wounds' of grief make it 'physically challenging to participate in meaningful activities and life roles, including the role of a husband or wife and worker' (p. 8). Weis et al (2019) also note that because 'roles provide structure, time orientation, meaning, and purpose to our lives', losing or being incapable of performing a role can lead to 'struggle' (p. 9). Research suggests that spouses who lose a child may have difficulties communicating and/or behave

in a way which makes communication difficult (Alam et al, 2012; Weis et al, 2019). This can certainly be seen in the case of Charlotte and her husband as neither is taking the initiative to communicate their grief or their needs and, as a result, are becoming increasingly isolated from each other.

While all 13 participants spoke about the strain their bereavements put on their family relationships, just two participants ended long-term relationships with their partners. Laylah left her boyfriend of ten years and Olivia left her partner of eight years. Both participants felt their partners could not adapt to the way the bereavement had changed them or give them the support they needed. Olivia spoke about her relationship breakdown as being due, in part, to the 'intolerance' she developed after her bereavement:

> I'm just so intolerant Christina of people who don't put that energy in for me. I literally just go 'get lost'. You know I won't answer the phone to them. I just won't meet them halfway … I've ended a long term relationship. So, I've been with someone for eight years, not living together. But again, for him to expect me to just have the energy to want to be there, go there, do something. It sounds horrible saying it but I felt like I had to put a bit of a facade on and pretend I was okay but how could I be okay? (Oliva)

Here, Olivia shows some self-awareness about her post-bereavement behaviour through her use of 'I-statements': 'I'm just so intolerant', 'I won't answer the phone', 'I just won't meet them halfway'. She recognizes here, and later on in our interview, that she doesn't have the energy to 'deal with people' who expect things from her and so she doesn't. For Olivia, this led to several breakdowns in relationships, not only with her partner but also with friends. During our first interview, Olivia was not necessarily evaluating her behaviour, but was simply reporting that her priorities had changed. This can be seen in Breen and O'Conner's 2011 study, 'Family and social networks after bereavement: experiences of support, change and isolation', where their participants' priorities:

> altered completely following the deaths of their loved ones – they were significantly less interested in maintaining a busy social calendar and instead

> wanted to spend more time with their families. They also described that, following the loss of their loved ones, they were able to slowly identify those in their circle of friends who were supportive (that is, the 'real' friends) and those who were not. (p. 112).

While some might consider this change in priorities, and actions to align with these priorities (i.e. cutting out people who were unsupportive) as positive, Feigelman et al (2011) note that some bereaved individuals can create 'impressions of unavailability or disinterest in maintaining future associations with significant others after their loss' as a way to protect themselves (p. 313). This suggests that the choice to 'cut people out' may be an unhealthy one as it may not be in the long-term interest of the bereaved to have a dwindling social network.

Olivia severed ties with a partner and several friends as a result of her bereavement. All 13 participants also talked, at some point, about friends they lost after their loved one had died. One participant, Jemma, had a best friend who came to the funeral and whom she never saw again. Others shared their disappointment and surprise about how some friends acted:

> I've had people who were supposedly good friends who have gone to me with a hanky – 'Oh you still upset?' Oh, I swear honestly it's true. And these people now I've just thought – you know what, I can't be bothered with them. They have no idea. It does make me cross, angry and bitter … I have very few friends now. I would say, in four years since Liam gone, I've hosted parties and barbecues to basically say thank you to the people, up until probably last year, to say thank you to people for being so kind and nice to me. I've had zero invites back from anybody. (Grace)

At first, we can see that Grace was attempting to salvage her friendships since the death of her son by hosting 'parties and barbecues'. This is consistent with Breen and O'Conner's (2011) findings where participants did not 'quickly abandon their relationships' but instead tried to maintain them by sharing what they need to be supported, inviting conversation, putting on a 'brave face' and more (p. 111). Despite Grace's attempt she was still left 'cross, angry and bitter' by the way many

of her friends treated her and by the fact that she had 'zero invites' to social occasions from other people.

Writing and Healthier Choices about Personal Responsibilities

Although participants were not asked directly what they considered to be their 'personal responsibilities', it could be argued from their interviews that these were defined by their roles as spouses, parents and/or friends. All 13 participants spoke about how these roles were tested following their bereavement and explained that their behaviour put a strain on these relationships. Out of 13 participants, two of them stated directly that writing helped them to identify and reflect on their 'unhealthy' behaviours in relation to their personal responsibilities. Olivia, who spoke in our first interview about being 'intolerant', shared how, after writing, she gained compassion for other people:

> I kind of had a look back as well and I realise some things I've done and how my reactions have caused a lot of, perhaps, the alienation from people. It's not so much that they've been, perhaps, you know in the first instance, they're not very good friends, they're not very helpful. But I realize that I have shut down such a lot anyway. But the changes in me have caused a lot of that to happen. It's not necessarily people being cruel or horrible, far from it. It's actually, I probably, I'm so prickly and unapproachable right now to what I used to be like that I think people would be frightened of saying or doing the wrong thing. I can kind of be a little bit more compassionate about that than I was at the outset. It's made me realise that. I think it's made me realize that I pushed a lot of people away. (Olivia)

Here Olivia seems to have demonstrated self-awareness through her use of the insight word 'realize'. After writing she was able to look back and realize that her friends were not being 'cruel or horrible' but actually her behaviour played a role in her 'alienation from people'. She explains that writing helped her recognize how she 'shut down' following her bereavement and became 'prickly and unapproachable'. Olivia also became aware that people might be 'frightened of saying or doing the wrong thing'. The writing experience allowed her to realize that she 'pushed a lot of people away' and encouraged her to be 'a little bit more

compassionate' as a result. In this instance, the writing gave Olivia an opportunity to reflect more objectively on her friendships and what made her 'lose' these. This then positioned her to make a healthier choice about her relationships in the future — that is, to be compassionate towards her friends and people from now on.

Another participant, Grace, who felt 'bitter and angry' towards her friends, spoke about how her anger was reduced after writing:

> I think before the writing I felt quite, not necessarily high levels of stress but quite pent up. I think I would say probably my anger levels were raised. So I did feel quite sort of taut like a rubber band really. Um, prompting and doing the writing, whilst I was doing it, um, it's even making me feel a bit emotional now. Excuse me. When I was writing some of the elements it actually, I cried, really, really cried, you know. Even now it's making me do that … But I found it sort of really helped my emotions. Um, sort of show themselves really to be honest … And the prompts made me assess things differently and write about things that I haven't even sort of kind of considered before. I also wrote a lot about the addiction which I have never ever spoken to anybody before. Never. No … I don't feel as angry at people now. But I do feel quite sensitive. (Grace)

Here Grace explains how, before writing, she was 'angry', 'pent up', and experiencing 'high levels of stress'. She describes herself as being 'taunt like a rubber band'. However, after writing, Grace seems to have been able to explore her emotions and 'be honest'. Grace says the prompts made her 'assess things differently' which led her to feel 'sensitive' but not 'as angry at people now'. Although she doesn't state explicitly that she will make a healthier choice, the reduction of anger and the ability to be more objective about her emotions will, hopefully, lead Grace to make positive choices about her relationships in the future.

Work

Out of 13 participants, seven of them made significant decisions related to their work in the early stages of their bereavement. For instance, all seven participants decided not to go back to work or to reduce to part-time hours. After losing her daughter, Charlotte felt she lacked the 'confidence' to go back into the workplace:

> The thought of going back to work triggered [my grief] a lot because I mean, I didn't go back to work, partly because of the need to look after my grandson. But a lot of it was just the feeling that I just couldn't do it anymore. It just felt like I just wouldn't have the confidence to do the job I was doing, I just wouldn't be able to do it anymore. That's kind of what triggered it. I wanted to just hide away. You know everything was too scary to do and I still feel like that quite a lot. A lot of the time I'm almost forcing myself to go. [I have] just a lack of confidence that I didn't really have before. (Charlotte)

According to Pitman et al (2018), individuals bereaved by suicide or addiction are 80% more likely than 'normal' grievers to leave their job (p. 2). They state that this could be for a number of reasons, including lack of confidence and an increase in anxiety (both discussed by Charlotte above), and/or a feeling of being stigmatized at work (p. 2). In their study of more than 460 adults bereaved by suicide, Pitman et al (2018) note that:

> Many described a loss of self-confidence after the bereavement, becoming more socially withdrawn and finding it harder to work in team or client-facing environments. This seemed to be linked to many of the cognitive and emotional aspects of bereavement described above, such as breaking down when talking about the death, generally crying more, becoming more sensitive or depressed, or losing interest in one's work. (p. 8)

Here, Charlotte confirms Pitman et al's (2018) findings, saying that she just didn't 'have the confidence to do the job I was doing'. She claims she wanted to 'hide away' and that 'everything was too scary'.

Other participants found it 'too painful' to return to jobs where their colleagues knew the person who had died and/or had expectations about their grief:

> I left my job when [my son] died just because I had lots of connections. I'd been there a long time, everybody knew everybody's children. It was just too painful. (Sophie)

> I didn't go back to what I was doing partly because of the stress of the job but partly because something inside me told me that I couldn't be around

> people who knew the old me and who knew aspects of my life before that. I knew that that would be too uncomfortable for me, kind of too, they would know too much almost because they would know the bit about Josh struggling with drugs. And, deep down, I think what I know is that there are some people, not everyone, but some people who because of the way he died think I should be over this already. Like well, he was doing what he was doing, what do you expect? (Olivia)

Both Sophie and Olivia draw a line here between their pre- and post-bereavement life. The idea of returning to work where people knew their children who died was 'too painful' and 'too uncomfortable' to be reminded of these connections. Olivia goes on to talk about the stigmatization that she might feel because her colleagues knew her son was 'struggling with drugs' and that 'some people' will think that she should get over his death 'already'. This, again, shows how 'empathetic failure' of those surrounding the individual bereaved by addiction can impact them (Neimeyer & Jordan, 2002).

Another participant kept his job but retreated from other communities outside of work:

> You know I gave up rugby which wasn't such a good idea. I remember just going 'I can't come down this week' and never went back. And I think, looking back, I think it was a bad idea. Because a rugby club, it's a community, there's a lot of camaraderie and lots of people came out and supported me and its exercise and something to focus on. (Gary)

Although Gary didn't leave his work, he left another important community: his rugby team. According to Pitman et al (2018), those bereaved by suicide or drug addiction can have a particularly difficult time 'team-working' following their bereavement (p. 8). This can be for many reasons, including stigmatization and lack of confidence but also the energy needed to stop the 'disabling effects of grief' – that is, crying and getting emotional (Pitman et al, 2018, p. 8). Although Gary knew that being in a 'community' where there's 'a lot of camaraderie', 'support', 'exercise' and 'something to focus on' was a healthy thing, he decided to give up rugby anyway following his bereavement. On reflection, during his interview, Gary

suggests that this 'wasn't such a good idea' and, for him, could now be perceived as an 'unhealthy' choice.

Writing and Healthier Choices about Work

Out of the seven participants who claimed that their bereavement impacted their work life, only one participant talked about how writing supported them to make a healthier choice. Interestingly, the writing that this participant did was not as a part of this study (when he was more than five years bereaved) but was actually done during the early days of his bereavement:

> My father's death consumed me, it broke down old certainties and took away the possibility of a father. I became short tempered, belligerent. I stopped caring about things I thought unimportant even if it was important to the people I cared about. I was more bullish in work. I became an arsehole but if it was a world seen through some quite scary lenses, ones where the always hoped for relationship would manifest with a sober dad to boot would never come. One where the guilt of how I'd treated him at the end stripped away my self-esteem. One where you replayed old conversations. Those were the really bad parts which changed my behaviour in a way which nearly costed me my friends and family, especially my marriage. It also made me face mortality and start to do the things I was always too nervous/fearful to do. I started writing furiously as a therapeutic exercise – that became something I did daily. I always wanted to help people as a working life but now I wanted to be a counsellor and really try and get to the bottom of why people are struggling. I'm writing this thinking I might come across as a complete prick whose full of himself but it's true my father's death changed my outlook on life which changed my behaviours for the worst in the beginning but improve me in the long run. (Gary)

According to Weis et al (2019), bereaved individuals' roles — in their family and work — can become strained as a result of their bereavement (p. 8). However, some participants in their study found 'new roles in advocacy, which appeared to be a significant coping strategy' (Weis et al, 2019). Here, Gary suggests that writing daily as a 'therapeutic exercise' in the early days of his bereavement helped him cope with the impact of his father's death. He states that writing helped to change his 'outlook on life'. This changed outlook then led to changed behaviours which, later, gave him the ability to 'improve' in the 'long run'. Eventually, Gary did train as

a drug and alcohol counsellor and now works in this field. It is worth nothing that three other participants in my study also trained as counsellors and/or bereavement volunteers following the death of their loved one, suggesting that adopting 'advocacy' roles, as found by Weis et al (2019), is a beneficial way for some people to cope with the impact of grief.

Although none of the participants directly stated that writing during this study helped them make healthier choices in relation to their work, Gary's experience of writing in the early stages of his bereavement seemed to have raised his self-awareness and helped him make healthier choices about his marriage and work life. Since the seven participants who made choices about their jobs did so in the very early stages of their bereavement, it could be argued that more writing research is needed to answer this specific question, focusing specifically on those bereaved for less than six months.

Self-Destruction

Nine out of the 13 participants claimed that they became 'self-destructive' or made 'unhealthy' decisions related their health or personal life following their bereavement. After losing his father, Gary went down a challenging path:

> I went quite self-destructive a little bit afterwards and put a lot strain on my marriage and things like that. I was very - it's a big cliché isn't it but I think it's really true - but I felt really mortal and you know felt real confronted with mortality. And Dad was such a big part of my life and now he wasn't there. It really made me feel like I've just got to do all the things I want to do now … And then things that were important to other people I just shoved them to one side … So yes, directly after, self-destructive started, you know, ironically drinking more. Lots of wine, lots of going out with friends and getting blotto. (Gary)

Increased alcohol consumption has been seen across many bereavement studies, particularly when studying grief reactions in men (Pilling et al, 2012). According to Creighton et al (2016), grief can be particularly challenging for men because:

> expressions of sadness and vulnerability are governed and restrained by dominant ideals of masculinity (Creighton, Oliffe, Butterwick, & Saewyc, 2013; Creighton & Oliffe, 2010). Because these masculine ideals include practices of stoicism and rationality, men who grieve in other ways can feel judged and alienated (Martin & Doka, 2000; Shamir & Travis, 2002). While not all men feel compelled to align with masculine norms (see Creighton et al., 2013, for broader discussion on men and grief identities), some men engaged in risk taking, including alcohol overuse, to mask, control, or justify their grief-related emotions. (p.54).

In their study, Creighton et al (2016) found that the majority of participants got drunk 'in order to anesthetize the pain of the loss' (p. 56). According to Pilling et al (2012), women 'express their feelings more overtly than men, therefore men are more at risk to resort to drink in order to relieve stress' (p. 4). This speaks to the 'emotional inhibition' theory discussed in Chapter Three (Breuer & Freud, 1957/1895) which suggests that those who do not talk about their emotions can experience psychological distress. If this is true, and men more often do feel distress from 'bottling up their emotions', then drinking makes sense within the context of Baumeister and Finkel's (2010) argument that drinking is a way to dull self-awareness (p. 144).

One female participant, Laylah, did talk briefly about an increase in her drinking but quickly redirected our discussion to focus, more generally, on her increased 'reckless' behaviour. Specifically, she said she was 'going out' more and having more sex. She also disclosed that she had been sexually assaulted not long after her bereavement. She explained that her grief impacted the way she reacted to this situation:

> I think if Ethan hadn't died, I would have fought it. Not like the incident but I would have gone to the police and I would have dealt with the consequences. But victims of sexual assault are treated so, so badly. I was like, I can't deal with having to go through that, like not right now. So I think that's probably something that at some point I'm going to regret. But I couldn't have done it. (Laylah)

Laylah identified several of her behaviours as being unhealthy or self-destructive, including drinking, going out 'a lot' and increasing her sexual activity. However, in

this section of her interview, she talks more deeply about how her grief led her to do something she thinks she might 'regret': not reporting a sexual assault. It is difficult to know if she thought this particular choice was 'unhealthy' because, in a way, she was attempting to look after herself by not putting herself through the 'bad' treatment faced by sexual assault victims.

Another participant, Gerald, after losing his daughter, spoke about being escorted out and banned from a local supermarket for 'blowing up' at the clerk. Soon after he got into an altercation with someone who bumped into him at a local shopping centre. Gerald said:

> It took me a while to pluck up the courage to go shopping and then when I went shopping it was empty, you know, I tried to avoid the crowds. So, [the altercation] was kind of shit … I think it's the build-up too, her anniversary has just gone and Christmas is coming, so it's all to do with that in a weird kind of way. (Gerald)

Gerald spoke a few times about his inability to control his anger and cited these two incidents, at the supermarket and in the shopping centre, as examples. In our interviews he stated that he was aware that this behaviour was 'unhealthy' and that it was directly linked to his daughter's death, 'her anniversary' and 'Christmas coming'. He said that going shopping in this particular centre was hard for him as he and his daughter used to go there together, so he was anticipating an emotional experience. This is why he needed to 'pluck up the courage' to go shopping in the first place.

According to Rees et al (2017), anger has 'long been regarded as a core component of the normal grieving process' (p. 2). However, research has suggested that a 'failure to resolve anger associated with a bereavement may contribute to the persistence of the grief reaction, presumably because of strong feelings of grievance and injustice associated with the loss' (p. 2). What Gerald discussed could be considered 'explosive anger' which can express:

> itself as physiological arousal and either verbal or physical aggression, the response characteristically being out of proportion to environmental triggers and experienced as uncontrollable, the subject reacting without immediate thought to the consequences. (Rees et al, 2017, p. 2)

According to Rees et al (2017), this type of anger could lead Gerald to feel alienated from his community, family members and friends and exacerbate feelings of grief by feeding a 'grief-anger' cycle (p. 5).

Other participants said their 'unhealthy' behaviour could be seen, not in anger, but through their response to feelings of depression:

> I did something really embarrassing [in the beginning] - I watched about three series of Pretty Little Liars, teenage TV, because it was just so, you know, real to me … So I didn't really, I just couldn't really function on any level apart from me escaping into TV. I knew it was unhealthy. It's like depression really. (Debbie)

Here Debbie seems to be using TV — a 'sensory experience' — to dull her self-awareness (Baumeister & Finkel, 2010) and give her an 'escape'. Although not as dangerous as drinking or explosive anger, Debbie recognized that this 'escape' was symptomatic of 'depression' and her choice to watch three series of TV was an 'unhealthy' act.

Of the nine participants who claimed they made 'unhealthy' choices about their bereavement, six of them explained that they were not really talking about their grief to many people, some not at all. I had the following discussion with Jemma, who lost her son to a heroin overdose:

> ***Researcher***: Do you talk much when you're struggling?
>
> ***Jemma***: No, I go really quiet. Withdrawal.
>
> ***Researcher***: So you tend to keep things close to your chest?
>
> ***Jemma***: Yeah.

> ***Researcher***: Can we explore that a little bit? Why do you think that is?
>
> ***Jemma***: Well, people don't understand. I think people get fed up with you when you're basically just moaning about the same things and not doing anything about it. It's just easier, otherwise you get rejected. I just think it's easier to trust yourself and not bother people, that kind of thing. I don't think people are interested half the time anyway.

In their article, 'Parental grief after a child's drug death compared to other death causes: Investigating a greatly neglected bereavement population', Feigelman et al (2011) state that bereaved individuals may 'self-stigmatize' by:

> withdrawing from 'contacts with family and friends, who may have been overwhelmed with their own feelings of shame and unworthiness (Dunn & Morish-Vidners, 1987-88) or the numbing and traumatizing nature of their loss. Some survivors may have created impressions of unavailability or disinterest in maintaining future associations with significant others after their loss. (p. 313)

Jemma says she 'withdraws' and goes 'really quiet' which could be seen as 'self-stigmatizing'. She talks about how 'people don't understand' and get 'fed up'. She goes on to say that she feels she'll be 'rejected' and so withdraws so it will be 'easier' for her. This could lead her to feeling socially isolated and unable to manage her feelings of grief.

Writing and Healthier Choices in General

Carver and Scheier (1981) state that increased self-awareness — which all participants demonstrated — can lead to increased 'self-regulation'. Seven out of the 13 participants suggested that writing made them aware of their relationships and behaviours enough that they wanted to make changes by 'reaching out to people', 'talking more' and 'writing more'. Two participants in particular spoke about a desire to continue writing as it helped them to set goals and consider ways that they could make more positive choices in their lives:

> It has been beneficial to write in that it has made me have a few goals. I'm going to carry on writing. I was thinking that I would save my partner by

> writing a journal daily. I love poetry. I thought I might write some more, share it … I do a little creative writing group in a care home but there is only two or three people. The things we've covered that have been powerful for them and I think it is a powerful tool. I want to keep on writing myself anyway, keep on writing on this journey and painting. And I told you I'm a Christian. I hadn't been in a church for a long time, I've found support here and there, but I've decided I must get myself a church family, you know, engage with one. And the horse-riding. (Sophie)

> I think at some point I'm going to take in my book to my counsellor and pick out some things to discuss in a bit more detail. I'll probably write some songs as well. But I'm not actually very musical so we'll see. I'll make [my friend] help me, he's a musician. And, as I said earlier, I'm going to buy some more poetry. (Laylah)

Here both Sophie and Laylah explain how writing helped them to identify healthier choices they could make in their lives following the study. For Sophie, she says that writing helped her to decide that she must get a 'church family' which will help support her. She also states that she wants to get back into 'horse-riding', an activity she mentioned she enjoyed before losing her son. For Laylah, writing made her realize there are things she would like to 'discuss in a bit more detail' with her counsellor. It also seems to have led her to want to 'write some songs' and 'buy some more poetry' as a way to continue the therapeutic benefits she found from writing. Although only two participants said directly that writing could help them make healthier choices, specifically about their personal responsibilities, seven participants claimed that writing made them self-aware about their relationships, behaviour and choices enough to want to 'make changes' in their lives.

Writing Samples: Writing and Healthy Choices

Content

As discussed in the earlier two sections, nine out of 13 participants provided their full notebooks to be analyzed; three provided copies of between two and six writing samples; and one participant chose not to supply any part of their notebook. Using narrative analysis, I read through the writing provided by these 12 participants in order to analyze both the content and form. In order to answer research question three (*Can creative writing help individuals bereaved by addiction make healthier*

choices about their work and personal responsibilities while grieving?), I will focus specifically on highlighting participants' written responses related to their choices and behaviour. To do this, I considered what the participants wrote, primarily, in response to the prompts on 'Behaviours', 'Others' and, in some cases, 'Anger' and 'Loneliness' (Appendix J). This analysis led to the emergence of one significant content-based theme: isolation.

Isolation

All 12 participants who submitted writing samples wrote either directly or indirectly about 'unhealthy' choices they made in relation to isolation. For some participants, like Debbie, this sense of isolation was blamed on addiction itself and the stigma associated with it:

> Addiction isolates people from each other, people from families and families from communities, apart from the worst which is shutting down from oneself. In the same way that an addict can be seen to be 'self-medicating' to protect oneself from pain. As a child of a parent who was an addict, I have learnt to deal with the pain of my relationship with addiction in a similar way. Isolating myself from people by not revealing its true nature … If I talk openly then I am given addiction an unwanted role in my life. Thus, I shut it off from my reality consciously. (Debbie)

Here Debbie compares how the addict uses their addiction (i.e. 'self-medicates') to protect themselves from pain to the way those who love the addict use isolation to protect themselves. Debbie states that by isolating herself and 'shutting off' the pain of her father's addiction, she is protecting herself. She notes that this is a conscious choice and says that she does not want to give 'addiction' a role in her life so, therefore, does not 'talk openly' about it. There seem to be two things happening here. First, Debbie could be experiencing the effects of 'stigma' (Goffman, 1963) or 'stigma by association' (Bos et al, 2013) as discussed in Chapter Twp, and therefore does not feel comfortable talking openly about her father's addiction. By framing this as a choice and decision to not 'give' addiction an 'unwanted role' in her life, Debbie may feel she is able to assert more control and power over this stigma. Baumeister and Finkel (2010) also suggest that people may

want to dull their self-awareness when faced with painful experiences. With this in mind, Debbie may also be choosing to consciously 'shut off', and perhaps even deny, what is happening in order to 'self-medicate' and protect herself from pain.

Another participant, Jemma, wrote openly about her experience of self-isolation as well:

> I still feel no-one understands and that can be a very isolating place. Even when I am with other bereaved parents I feel isolated – I feel guilty when their children died from cancer, a car accident or at a young age when many would say Dylan chose his way of life. I know Dylan hated the way he lived but who do I talk to? Yes, I feel very lonely and isolated in my grief and so I perpetuate the situation more by isolating myself more – to keep myself safe from hurt and judgement. (Jemma)

Here Jemma speaks about the need to keep herself 'safe' from 'hurt and judgement' by isolating herself from others. She does this, it seems, because she feels no one understands and because other bereaved parents have a more 'worthy' form of grief. This idea of a grief hierarchy came up regularly with participants — in both their interviews and their writing. This speaks to what is at the heart of disenfranchised grief: the notion that an addict's death is not worthy of the same level of grief based on societal rules (Attig, 2004; Doka, 1989; Corr 1999).

Although all 12 participants wrote directly or indirectly about their isolation, none of them wrote about things they could do to become less isolated. In fact, four of them demonstrated very clear self-awareness when it came to their isolation and what they 'could' do but demonstrated no initiative to change their situation. This can be seen clearly in Charlotte's response to the 'Loneliness' prompt (Appendix J):

> I am sitting here now, missing [my daughter Nora] so very much, just wanting to hear her voice. I know there are things I could do to distract myself but it feels like too much effort and they will only keep the loneliness at bay for a while. So I am doing nothing about it. I could start going to evening classes, I could do jigsaws. I could knit, I could read. I can't stop [my husband] drinking. I can't talk to Nora. I am afraid of a lonely old age. But I do nothing. (Charlotte)

Whether self-imposed or not, every participant talked about the negative impact of isolation on their relationships with family and friends. Many also spoke about the loneliness they felt as a result of their isolation. However, there was no clear evidence from their writing that would suggest writing helped them to make 'healthier' choices when it came to becoming less isolated. As seen in Charlotte's response, participants were, in some cases, able to identify things they 'could' do to alleviate their loneliness and (re)build their relationships but they didn't do these things — either because they were too depressed or, like Charlotte, felt the results would only temporarily keep the 'loneliness at bay'. Instead, participants' writing gave them an opportunity to explore their behaviours which may, later, prove valuable for them as they reread their writing and reflect on their choices.

Form

As mentioned in the previous sections, seven out of 12 participants who submitted their work wrote one or more poems. Of that seven, four of them wrote poems or non-traditional prose when discussing depression with only one person using a poem to discuss anxiety. In their responses to both the 'Behaviour' and 'Others' prompts (Appendix J), three participants used poetic form to explore their behaviour. Interestingly, all three did this in a similar way which suggests a form-based pattern. For the purposes of this study, I will call this pattern 'accumulation'.

<u>Accumulation</u>

The three participants who wrote about their behaviour and choices did so using poetic form. This allowed them to show the cumulative impact that others' reactions had on them following their bereavement. This 'accumulation' of others' reactions, arguably, influenced these participants' behaviour and their ability to make healthy choices about their relationships and work. For instance, Sophie wrote an eight stanza poem which demonstrated how family and friends reacted to her grief. The first three stanzas introduce her mother and siblings:

My mother wasn't there for me
her own had died when she was born
she lives a life of bravery
too hard for her to stop, to mourn
our relationship is strained
by new perspectives I have gained

My brothers [sic] ways are clear, defined
He doesn't like to probe the mind
(too deeply) one never knows what one might find
I should say goodbye – leave my son behind!
I don't agree – I keep away
I think of my son every day

My sister holds great fear of death
and tried to keep an open view
but the line of least resistance
keeps her closest to the above two.
We've never had a lot in common
just two very different women.

Here we can see Sophie using structure and rhyme to tell the story of her family's reaction to her grief. In each six-line stanza she introduces the family member in the first line (i.e. 'my mother', 'my brother', 'my sister'), explores their character in the next three lines and then sums up her reaction to them in the final two lines. In particular, we can see that her relationship with her mother is 'strained' and that Sophie has decided to 'keep away' from her brother. In the next three stanzas, Sophie introduces her ex (her son's father), her daughter and her partner:

My ex is hurting, drinks to hide
the pain of loss he feels inside
works and plays hard, compensating
keeping down fears of own self hating?
We have cried together, I feel that he
understands the pain in me

My daughter bravely searches on
facing fears and tries to be
alive around the bomb that dropped
helping her dad, helping me
she holds a reason to go on
after losing her beloved bro, my son

My partner is a lovely man
helps, supports as best he can
listens – and he liked my boy
accepts my sadness, tainted joy
we pray together, talk, discuss
it helps to say my boy's name, Patrick.

Here, there is a sense that Sophie has found people who can support her, who she can 'cry' and 'pray' and 'talk' with. She goes on, in the final two stanzas, to speak about her friends and 'addiction':

Friends have gone and been replaced
by new ones, given by God's grace
non-judgemental words and hugs
understanding that the drugs
were an escape from deepest pain,
not a folly! Not a public drain!

Addiction may be like a train
a person may have climbed aboard
escaping deepest inner pain
moving on and on toward …
we may run alongside, trying
to understand, to help relieve
their pain … and then when they are flying
implode … and onward grieve. (Sophie)

These final stanzas suggest that Sophie had to leave some of her friendships behind. She made the choice to 'replace' old friends in favour of 'non-judgemental ones' who 'understand' more about drugs. This suggests that Sophie may have been feeling stigmatized by her 'old' friends and needed to find a community that could understand her. There is a sense of anger in this penultimate stanza as well with the two exclamation points: 'not a folly! Not a public drain!' These lines suggest that Sophie has heard these comments from friends in the past — that drugs are just for fun or that they are a drain on society. In her final stanza, Sophie adds two extra lines and three ellipses which suggest a search for understanding. Here we get a sense that she is still trying to understand addiction and the impact that it leaves on those bereaved by it. As we read through this well-structured

poem we can see the accumulation of views and attitudes from family and friends and get a glimpse into how these impacted Sophie's relationships and choices.

Similarly, Gary used accumulation in his poem about 'Others' to demonstrate how different people reacted to his grief. First, he writes of the 'flood of concern / at the beginning / gratefully received' from friends and work colleagues. Gary then goes on to speak about the policeman who said his father 'was known to them / and then said how sorry he was'. Close to the end of the piece, Gary talks about 'others', never quite defining who they were:

> Others were different
> a look of confusion when I walked up
> an 'it'll be alright' outlook
> an 'he should be over it now'
> and sometimes a 'he should be over it'
> the 'should' cracking like a whip
> I reacted at times
> sinking into the 'should'
> and lack of ability to do so
> my inability to process
> added to some's inability to understand (Gary)

Here Gary illustrates the impact these 'others' had on him. Gary claims he 'reacted' to their assertions that he 'should be over' his grief but never explicitly states his reaction. Instead, he notes that the 'should' cracked 'like a whip' and that he, sometimes, sunk into the 'should'. This poem suggests that Gary felt he wasn't meeting the expectations of those around him, that he wasn't able to 'process' his grief in the way the 'others' expected and this hurt him. By using verbs like 'crack' and 'sinking', and by stating that he 'reacted' to the 'others', Gary may be suggesting that he made some unhealthy choices in response to the expectations placed on him as he was grieving.

Grace also wrote about others' expectations in a series of vignettes. Again, she highlights her experiences with others in a cumulative way, beginning with her family, then friends, then her boss. I've included the first of these vignettes below:

> I followed the coffin, the black box that contained my beautiful boy's body.
> I wept.
> I made my way to the front of the room.
> I sat down.
> Behind me, faces, pale, drawn, the odd smile of encouragement, pity, sadness, congregated.
> The font isle [sic] to the right of me, empty.
> 'Isn't that isle [sic] for family?' I heard someone whisper behind me.
> We waited.
> The service, memorial, whatever it is started.
> The front isle [sic] to the right of me, empty.
> NO FAMILY ARRIVED. NO SISTER. NO AUNTS. NO COUSINS. NO FAMILY ARRIVED.
> I will not forget.
> I will not forgive.
> I do not have family.

Here, Grace explores others' reactions to her grief which led to her severing ties with her family. After none of her family showed up for Liam's funeral she writes: 'I will not forget. / I will not forgive. / I do not have family.' This suggests that her severing ties with her family was as a direct result of their 'empathetic failure' (Neimeyer & Jordan, 2002). This is an important consideration as bereavement research seems to point to reckless or unhealthy behaviours, like social withdrawal, as an expression of grief (Doka and Martin, 2010; Gross, 2016). However, every participant in this study who severed ties from family or friends, or otherwise isolated themselves, seemed to do so in response to others' reactions and/or real or perceived stigmatization. If this is the case, then social withdrawal and isolation does not seem to be simply an 'expression' or 'symptom' of grief (Doka and Martin, 2010) but rather as a result of the breakdown in communication between the bereaved and others.

Out of the three research questions, this one is perhaps the most difficult to measure. It seeks to understand if creative writing can help individuals bereaved by addiction make healthier choices about their work and personal responsibilities while grieving. By the time my study began, several participants had already left

their jobs, cut friendship ties, stopped taking part in healthy activities (i.e. exercise and eating well) and took up some unhealthy activities (i.e. drinking, smoking, getting in fights, etc). Two of the participants had even broken up with long-term partners.

According to self-reports, only two participants felt that writing supported them to make positive choices in relation to their personal relationships. None of the participants spoke about how writing helped them to make healthier choices in relation to their work life. That being said, seven out of the 13 participants suggested that writing made them self-aware when it came to their 'unhealthy' or 'self-destructive' behaviour and prompted them to consider making positive changes in the future.

Although participants' writing reveals the impact of their choices, particularly in relation to isolation, it does not give an insight into whether writing helped them make healthier choices about their work and personal responsibilities. Further research is needed to fully answer this question. Since all participants made the most 'unhealthy' choices early on in their bereavement journey, future expressive and/or creative writing research should consider focusing on individuals who have been bereaved for six months or less.

Chapter Eight: Conclusions

This investigation into how creative writing can impact individuals bereaved by addiction has yielded meaningful findings. Using my research questions as a guide, this chapter will communicate these findings and discuss what they might contribute to the writing therapy fields which encompass expressive, creative and other forms of writing used for therapeutic purposes. I will also assess the suitability of using narrative analysis to interpret participants' creative writing. Finally, I will outline avenues for future research.

Research Findings

> *Question #1: Can creative writing improve the self-awareness of individuals bereaved by addiction?*

The findings from participants' self-reports and writing samples suggest that all 13 of them improved their self-awareness through writing. The 'insight' words used by participants in both their interviews and their notebooks — such as 'learned', 'realized' and 'reflected' — indicated that writing led them to new ways of thinking about their bereavement experience. These findings are consistent with other therapeutic writing studies (e.g. Frattaroli, 2006; Neimeyer, Pennebaker, & Van Dyke, 2009; Pennebaker & Francis, 1996; Sloan & Marx, 2004) and demonstrate that this new population can also increase their self-awareness through writing.

Becoming more self-aware is the first step to improving 'self-control' (Silvia & O'Brien, 2004) and 'self-regulation' (Baumeister & Finkel, 2010). Increased self-awareness is also needed to 'make sense' (Castelli Dransart, 2013) and 'make meaning' (Neimeyer, Pennebaker, & Van Dyke, 2009) out of loss. Although not requested or required for this study, all 13 participants also engaged in the act of sense-making or meaning-making, or both.

Participants in this study most often engaged in 'sense-making' through their writing. They did this by asking questions about the death and/or reconstructing the death of their loved one through narrative retellings. These attempts to 'make

sense' of the death can enable bereaved individuals to 'continue loving the person who died while avoiding blame' (Castelli Dransart, 2013, p. 328). This suggests that those who were most rigourously engaged in the act of sense-making — those who were bereaved for less than three years and/or admitted to having difficulty coping with their grief — were still attempting to reconcile the events of the death and their feelings about it.

Out of the 13 participants, 11 attempted to 'make meaning' out of their loss by considering the ways in which their bereavement experience led to personal growth (Neimeyer, et al, 2010). This could be seen in the evolving questions participants asked, as well as the realizations they shared, in both their self-reports and writing samples. Those who were engaged in meaning-making progressed from asking questions about *why* and *how* the death had happened to asking questions about what the death *meant* for them and their lives. This meaning-making 'opened up new possibilities' for participants by offering new perspectives on their loss and life (Castelli Dransart, 2013, p. 328).

In their second interviews, six participants also revealed that re-reading was a positive tool for increasing self-awareness and facilitating meaning-making. These participants spoke about how re-reading their own writing helped them to remember their feelings, better understand their emotions and chart their personal growth over time. Re-reading was not required or even encouraged in this study, so these six participants decided to do this on their own. All six participants who re-read their work were engaged in an act of meaning-making, trying to understand what this loss meant for their lives. With this in mind, future bereavement writing researchers should consider asking all participants to re-read their work to see if this improves their ability to make meaning from their loss.

Ultimately, findings from this study suggest that writing is an effective tool for increasing self-awareness. It also acts as a useful method for facilitating both sense-making and meaning-making, both of which can lead to an increased sense of well-being (Stein et al, 1997) as well as better physical health (Murphy et al, 2003) and

immune system functioning (Bower et al, 2003). The particular challenges of disenfranchised grief, coupled with the stigma felt by those bereaved by addiction, make meaning-making difficult for this population (Adfam, 2014; Doka, 1989; Neimeyer, Pennebaker & Van Dyke, 2009). Since all participants in this study claimed to have improved their self-awareness through writing, and improved self-awareness is the first step to meaning-making, then writing could be considered a particularly valuable therapeutic intervention for individuals bereaved by addiction.

Question #2: Can creative writing reduce some of the negative effects associated with grief, such as depression, anxiety and fatigue?

Although writing led to increased self-awareness for all participants, findings from this study suggest that writing is not consistent in helping to reduce the negative effects of grief-induced depression, anxiety and fatigue. Out of these three symptoms, the most promising result was in relation to anxiety. All 13 participants discussed the negative impact anxiety had on their life and six of them — nearly half — claimed that writing led them to feel 'less anxious'. These participants claimed that writing specifically about their anxiety helped them realize how unhelpful their ruminations were and how far they had come in their grief process.

Although fatigue is often considered a symptom of disenfranchised grief (Stroebe, Schut, & Stroebe, 2007) only eight out of the 13 participants spoke directly or indirectly about experiencing this. Three participants spoke directly about experiencing 'fatigue' or very 'low energy' while five participants spoke about experiencing fatigue indirectly as a result of insomnia or loss of appetite. Although the negative effects of fatigue were mentioned by eight participants, only one stated that writing helped to reduce its effects. Writing allowed this participant to realize the ways in which she was 'wasting' her energy, thereby giving her the opportunity to conserve her energy (and become less fatigued).

While all 13 participants experienced depression due to their bereavement, nothing in their interviews or notebooks suggested that writing could help to reduce its

negative effects. Unfortunately, for two participants, writing even seemed to increase the negative effects of depression. Although an increase in depressive symptoms can be seen in a small number of participants in other therapeutic writing studies (Frattaroli, 2006), it is difficult to know if depression alleviation is less likely for those bereaved by addiction than for other populations.

In her meta-analysis, Frattaroli (2006) states that writing improved psychological health subcategories like depression, anger and anxiety for some populations dealing with trauma but noted that there was 'insufficient evidence' to conclude that writing had 'any effect on outcomes related to grief/bereavement' (p. 853). Disenfranchised grievers are at great risk of 'major depression' (De La Hey, 2009) which can lead to feelings of hopelessness and 'suicidal ideation' (Friedman, 2012). The findings of this study suggest that writing will not help these individuals reduce their feelings of depression and, in some cases, writing may even pose a mild risk to this population by increasing the effects of depression.

Although Pennebaker (1990) found that some participants who feel worse during the writing process will see improved health outcomes three months later, it is important to note that this is not guaranteed. Researchers should take extra care when using writing therapeutically with those bereaved by addiction, particularly if they are showing symptoms of 'major depression' (De La Hey, 2009). Researchers should also ensure that a follow-up visit is made to participants three months or more after any therapeutic writing to determine if their symptoms have been reduced.

While the symptom alleviation findings were modest, all 13 participants stated in their interviews that they were glad to have taken part in the study. Eleven participants directly stated that writing provided them with some 'relief'. The sense of 'relief' experienced by participants was ill-defined but was used most often when describing writing as an 'outlet' or a way to express feelings. This is interesting to consider in relation to the emotional inhibition theory discussed in Chapter Three

which states that 'letting out' previously 'bottled up' emotions is the reason that writing about trauma can lead to positive health outcomes (Sloan & Marx, 2004).

All eleven participants who spoke about the 'relief' they found in writing seemed to feel this 'relief' regardless of whether or not they were expressing their grief in other ways. For instance, some of these participants claimed to talk openly about their grief outside of the study while others did not speak about it at all. This suggests that the 'relief' participants experienced from writing did not happen as a result of expressing previously undisclosed emotions but, rather, just by expressing the emotions themselves. Further research is needed to determine the reasons why writing participants feel this sense of 'relief' and why having an 'outlet' — particularly if they already have 'outlets' in the form of supportive family members, friends, groups, and/or counsellors — is beneficial, or perceived to be beneficial, for them.

> *Question #3: Can creative writing help individuals bereaved by addiction make healthier choices about their work and personal responsibilities while grieving?*

All 13 participants identified unhealthy choices they made following their bereavement which impacted their personal responsibilities. In particular, every participant spoke about how grief put a strain on their relationships with friends and family. However, just two out of the 13 participants stated that writing helped them identify and reflect on unhealthy choices they made about relationships. Through writing, these two participants were able to see that they had acted 'negatively' and, as a result, had 'driven people away'. Becoming aware of these choices led them to resolve change the way they treated others in the future.

In the early stages of their bereavements, seven out of the 13 participants made decisions to leave their work or reduce to part-time hours. These decisions were not necessarily characterized as 'healthy' or 'unhealthy' though participants often spoke about how they chose to leave or reduce hours at work because they 'couldn't cope', they had 'lost confidence', they 'didn't care' or it was 'too sad' or

‘too hard’ to stay. None of the participants suggested — in their interviews or their notebooks — that writing helped them to make healthier choices about their work. However, one participant did talk about how writing on his own, many years before this study, led him, in part, to become a counsellor. He credits writing with helping to reframe his father’s death and giving him the confidence to pursue a more ‘positive’ career choice.

Although there were limited findings that linked writing directly to healthier decision-making, this does deserve further investigation. First, seven out of the 13 participants suggested that writing made them sufficiently aware of their relationships and behaviours that they *wanted* to make changes. These seven participants stated that they would like to do this by ‘talking more’ and ‘reaching out’ to people. Two participants even said explicitly that they would like to continue writing as it helped them set positive ‘goals’.

Although seven participants demonstrated a *desire* to make healthier decisions, three participants wrote about the healthy things they know they *should* do (i.e. go to counseling, eat more healthily, talk to their friends) but still don’t do. This raises the question: if participants know that they should be making healthier choices, and they know what those choices are, then why are they not making them? This lack of motivation to make healthy choices is an interesting one in the context of bereavement by addiction research. Arguably, the addicts who died were themselves caught in a cycle of knowing what they needed to do to get healthy but not doing it. Further investigation is needed to determine 1) why individuals bereaved by addiction can identify, but still do not choose to make, healthy decisions and 2) to identify what approaches or methods could help participants make healthier decisions while grieving.

Overall, the findings of this study suggest that writing effectively increases self-awareness for those bereaved by addiction. This improved self-awareness regularly led to ‘sense-making’ and ‘meaning-making’, both strong predictors of positive health outcomes in previous studies (Castelli Dransart, 2013, Neimeyer,

Pennebaker, & Van Dyke, 2009). However, the findings suggest that writing is less able to reduce the negative effects of anxiety and fatigue in individuals bereaved by addiction compared to those in other populations (Frattaroli, 2006). It was shown that writing was also unable to reduce the negative effects of depression and, in two cases, made participants' depression worse. While writing helped participants identify unhealthy choices they made following their bereavement, it was inconsistent in helping them to make healthier choices linked to their work and personal responsibilities. Further research is needed to determine if asking participants to write specifically in the early months following their bereavement — when they are most likely to make unhealthy choices — would lead them to make healthier choices about their work and personal responsibilities.

Expressive Writing Theories

Although this study is small, it can still contribute to the ongoing, academic conversation about the therapeutic value of writing. As mentioned in Chapter Six, the prompts for this study have their roots in the expressive writing paradigm (Pennebaker & Beall, 1986) and it is therefore worth considering what my findings can contribute to the theories which attempt to explain the success of this paradigm. In Chapter Three, I outlined the three theories most often credited with the success of this paradigm: the inhibition theory, the emotional processing theory, and the cognitive adaptation theory. Sloan and Marx (2004) reviewed these theories and revealed that 'although there is some data to support each of the theories, there is also contradictory evidence for each theory' (p. 130). This mix of supporting and contradictory evidence can also be seen in this study.

When considering the two most positive findings in this study — increased self-awareness and decreased anxiety — it is clear that no single theory is responsible for the results. For instance, six participants felt that writing about 'bottled up' emotions was a positive way to 'get them out' and 'sort through' them, leading to an increase in self-awareness. As a result, participants felt a sense of 'relief'. This 'relief' following the writing process could be ascribed to the emotional inhibition

theory which suggests disclosing previously undisclosed emotions can lead to 'positive health outcomes' (Sloan & Marx, 2004). However, five participants also said they felt 'relief' from writing even though they talked about their feelings with supportive family members, close friends, or a counsellor. With this in mind, the emotional inhibition theory is insufficient to explain either the sense of 'relief' that participants felt or their increase in self-awareness.

Although six participants felt that writing helped to reduce their anxiety, only two could be linked to the emotional processing theory. As discussed in Chapter Three, this theory suggests that repeated exposure to a traumatic event through the act of writing can help participants manage their fears, reduce their anxieties and process their feelings (Hayes et al, 1996; Marx & Sloan, 2002). Just two participants claimed that 'staying with' their difficult feelings during the 20 minute writing exercises helped reduce their anxiety. This suggests that the other four participants' anxiety was reduced for a reason outside the scope of the three expressive writing theories. Sloan and Marx (2004) do suggest that it is 'possible that an alternative theory not yet explored underlies the effects of the written disclosure paradigm' (p. 130). With this in mind, future research might consider exploring more deeply the impact of writing on those experiencing bereavement-related anxiety.

Arguably, the cognitive adaptation theory has received the most recent attention from researchers and represents the most credible explanation for the positive findings in this study. As discussed in Chapter Three, this theory suggests that in order to process a traumatic experience one must adapt their existing thought patterns, behaviours, beliefs and/or values (Sloan & Marx, 2004). It was this theory that led Pennebaker and Francis (1996) to develop the Linguistic Inquiry and Word Count (LIWC) tool which measured, among other things, the prevalence and increase of insight-words like 'realize' and 'know'. All 13 participants in this study showed an increase in self-awareness and, as a result, engaged in sense-making or meaning-making. These acts demonstrate participants' attempts to 'consider', 'organize' and 'integrate' one's loss (Frattaroli, 2006) and it is these participants,

across expressive writing studies, that often showed the most psychological benefits (Frattaroli, 2006).

Although the cognitive adaptation theory can be applied to the positive findings in this study, it might not be the best theory to explain the outcomes. First, this is because using 'insight-words' as a measure means that I was *looking for* instances which could be perceived as cognitive adaptation (i.e. an increased awareness that leads to a change in beliefs, relationships, symptoms, behaviours or choices). For instance, if my research questions led me to search for 'fear-based' words (i.e. 'afraid', 'scared', or 'anxious') instead of 'insight-words' then it would be reasonable to assume that I would identify instances when writing reduced participants' feelings of fear and anxiety. If this was the case, then it would be reasonable to suggest that the emotional processing theory – which states that 'staying with' and 'feeling' your fears will lead to health benefits – would be credited with the positive outcomes.

At the end of their review, Sloan and Marx (2004) state that a single theory may not be sufficient for explaining the effects of the expressive writing paradigm. Instead, they suggest, that 'a combination of these previously theorized mechanisms underlies the beneficial effects observed' (Sloan & Marx, 2004 p. 130). I agree that a single theory is not sufficient in explaining the benefits of expressive writing, even when measured against findings from only 13 participants. More research needs to be done to fully understand why and how expressive writing works so that its benefits can be more easily predicted and applied.

Although the actual outcomes of this study were mixed, all participants said they were glad to have taken part. Eleven out of the 13 participants shared very positive feelings about the study and all, in one way or another, talked about wanting to continue with their writing. In her large, meta-analysis, Frattaroli (2006) states that participants in expressive writing studies were:

> significantly more likely to have a positive attitude about the intervention and to attempt to process or make sense of the event after the intervention than control participants, as examined in a random effects approach. The fact that participants perceived this activity to be a positive experience and that they believed it to be helpful is important, even aside from any actual benefit the participant received. (p. 854)

This positive attitude, regardless of measurable benefit, further complicates researchers' search for appropriate theories to explain the results yielded by most expressive writing studies. It is worth noting that most other therapeutic writing studies consistently report 'positive outcomes' (Sloan & Marx, 2004, p. 122). This study, arguably, only yielded positive results for self-awareness but inconsistent results for both symptom alleviation and healthier decision-making. This begs the question: does writing lead to fewer positive outcomes for those bereaved by addiction? Further research is needed to assess whether this new population responds less positively to writing than those who have experienced other types of trauma (i.e. prison inmates, PTSD patients, sexual assault victims, etc). Additional comparative research could also be conducted to determine if those bereaved by addiction respond differently to writing than those who are bereaved under more 'normal' circumstances.

Creative Writing versus Expressive Writing

As discussed in Chapter Three, expressive writing and creative writing are distinct in their purpose. Expressive writing has no parameters and is often used to encourage the exploration of trauma. Creative writing, however, employs the imagination as well as, or instead of, memory; has recognisable forms (i.e. poetry, short stories, novellas, etc); and uses literary devices like imagery and metaphor to convey meaning. Despite this clear distinction, studies that use writing as a therapeutic tool often conflate the terms 'expressive writing' and 'creative writing' (Costa and Abreu, 2018).

As explained in earlier chapters, I used the expressive writing paradigm (Pennebaker & Beall, 1986) as a basis for developing the prompts for my 'Creative

Writing Pack' (Appendix J). My participants were encouraged to write what felt 'comfortable' for them including, but not limited to: reporting their own memories, making lists, engaging in stream-of-consciousness writing and more. However, as a researcher, I was particularly interested in the impact of creative writing on individuals bereaved by addiction and, so, tried to design a study which might entice, but not pressure, participants to write in ways which more closely resembled 'creative writing'.

For this reason, my research questions and participant materials used the term 'creative writing' and half the prompts included poems for participants to read and respond to (Appendix J). As discussed in Chapter Three and Chapter Six, I hypothesized that reading poetry would encourage participants to respond creatively to some prompts. I hoped that by engaging in creative writing as well as, or instead of, expressive writing, participants would engage in the process of 'story construction' (Van der Kolk et al, 1996) and 'meaning making' (Smyth, 1998). According to Neimeyer, Pennebaker and Van Dyke (2009) participants who write 'coherent narratives' engage more often in the act of meaning-making than those who write the chaotic and disordered narratives often seen in expressive writing samples (p. 457). This meaning making—derived from the writing of ordered narratives in recognised prose or poetic forms—has been found to lower psychological distress (Mazza, 2016; Neimeyer, Pennebaker & Van Dyke, 2009)

Of the 12 participants who supplied writing samples, all of them engaged in creative writing in response to two or more prompts. Every participant in this study also employed metaphor to talk about their emotions. According to Neimeyer (1999), this step away from 'literal language' to 'figurative language' can allow for a more intuitive exploration of feeling and lead to more instances of meaning-making. Because most studies which use writing as a therapeutic intervention conflate the terms 'expressive' and 'creative', it is difficult to compare whether or not this study encouraged participants to write creatively more often than other studies. However, six participants expressed more positive feelings towards the creative writing process in their interviews than they did towards the writing which they

characterized as 'splurging' or 'unconscious' (i.e. expressive writing). These self-reports suggest that writing 'creatively' led them to engage in an active, decision-making process. This speaks to assertions made by Neimeyer et al (2010) and Pennebaker and Chung (2011) who suggest that making creative choices can lead to a more 'ordered narrative' and 'more opportunities to' engage in meaning-making.

Seven out of the 12 participants also wrote one or more poems. Naidu and Shabangu (2015) state that 'narrative construction' is a lifelong process which involves 'making sense of events and experiences in one's life by constructing personal stories' (p. 77). They acknowledge that narrative construction can happen in a variety of verbal and written forms, including poetry. They note that by 'using tools including imagery, metaphor, rhythm, sound, rhyme and language' poetry:

> arouses deep-seated emotions, provides clarity and integration, encourages and opens up the space for patients to develop an authentic personal voice, often transcending the superficial, that then can be incorporated into the therapeutic dialogue. (Naidu & Shabangu, 2015, pp. 75-76)

It has been also been shown in both poetry therapy and expressive writing studies that using poetic tools like metaphor and imagery allows individuals to more deeply interrogate and express their feelings in a way which often leads to meaning-making (Boone, 2006; Fuchel, 1985; Pennebaker & Chung, 2011).

Participants in this study who wrote more than two poems found the poetry writing process particularly beneficial. In almost every instance these poems came after one of the poetry prompts, suggesting there was a link between the participants' reading and reflecting on a poem and writing one of their own. These participants seemed to confirm these findings by using poetry as a tool to investigate and interrogate their feelings as well as a tool to express and represent them. The seven participants who wrote one or more poems seemed to do so for a variety of reasons, including to:

- tell stories through inference, instead of directly as they had done in prose
- use figurative language and poetic devices such as metaphor and simile to convey meaning
- represent their feelings and experience visually
- attempt to create order through the use a restricted poetic form (i.e. the acrostic) and/or literary devices (i.e. repetition)
- join in wider conversations with the poets they read in the study or, in the case of one participant, other poets (i.e. Wordsworth)

With every participant engaging in creative writing, and seven engaging specifically in poetry writing, it seems that both could have a more prominent place in therapeutic writing research. Through their interviews and writing samples, participants suggested that creative writing offered them something which expressive writing did not; it allowed them to build coherent narratives through narrative retellings and make active, poetic choices which led to more instances of meaning-making.

For participants in this study, creative writing proved to be a useful tool for interrogation and expression. Creative writing could be particularly beneficial for this population since bereavement by addiction is both complicated to understand and, because of its stigma, complicated to express. Future therapeutic writing research with this population might consider exploring more directive, poetry prompts to see what impact, specifically, the writing of poetry could have on those bereaved by addiction.

Writing Submissions and the issue of 'Audience'

According to the meta-analysis done by Frattaroli (2006), most participants in expressive writing studies are required to turn in their writing at the end. Like Levey-Thors (2000) and others, participants in this study could choose to donate their notebooks; it was not required. In my case, only one participant did not donate their notebook or some writing sample, which is in keeping with Frattaroli's findings that usually more than 90% of participants will turn in their writing, even when it is voluntary (2006, p. 830). Pennebaker and Seagal (1999) argue that having

an ‘audience’ — or knowing that someone is going to read the work at the end — should not affect the beneficial outcomes expected for participants’ engaged in expressive writing. However, Frattaroli (2006) disagrees, arguing that if the ‘inhibition of one’s true thoughts and feelings can have negative effects (Pennebaker, 1989) [then] inhibiting for the purposes of self-presentation may reduce or counteract the benefits of disclosure, hence lessening the effect’ (p. 831). I agree with Frattaroli (2006), in particular when it comes to requesting writing from populations who experience stigma.

In this study, only nine out of 13 participants provided their full notebooks to be analyzed. Although I didn’t ask explicitly why they chose to donate their notebooks, those who did were forthcoming about their reasons for taking part in the study; they wanted to use their bereavement experiences to help other people. This desire, for at least four participants, seemed to be more important than ‘protecting’ or ‘not revealing’ their writing. Three participants provided copies of between two and six writing samples. Although one of these participants let me choose ‘a few’ from their book (which I did, at random) the other two made specific choices about the samples they were willing to share. This suggests that they were grateful for the opportunity to share ‘selectively’ and to keep private any writing which may have been too painful or exposing. One participant chose not to supply any part of their notebook. Although I did not get to see their writing, their self-report suggests that writing was beneficial for them in a number of ways. Having the opportunity to write freely without any expectation that it be read may have contributed to the beneficial outcomes this participant reported.

Every participant in this study spoke about the negative impact of ‘stigma’ (Goffman, 1963) and the challenges they had ‘opening up’ about their loved one’s addiction and death. Only 69% shared their full notebooks with the rest either sharing selectively or not at all. Although this is a small sample, the incidents of sharing complete notebooks are lower than the 90% seen by Frattaroli (2006) in her meta-analysis. It is reasonable to assume that those bereaved by addiction, as well as other populations who struggle with ‘stigma’ (Goffman, 1963) and/or ‘stigma by

association' (Bos et al, 2013), find it more difficult to share their writing. With this in mind, researchers who work with stigmatized populations should consider making all writing submissions voluntary. This, as Frattaroli (2006) hypothesizes, gives participants the opportunity to write honestly without fear of having an 'audience' (i.e. the researcher) who might further judge or stigmatize them.

As mentioned in the Methodology chapter, I decided to let participants know that I had lost my father to an addiction. A few participants said this made them feel 'relieved' and two even stated that it made them less 'suspicious' of me. Other participants spoke about how people in their lives acted as 'voyeurs' and were relieved that I was 'one of them' (i.e. someone bereaved by addiction). This self-disclosure helped me to build trust with my participants and may have led some of them to submit their writing samples who, otherwise, might not have. For researchers who deal with stigmatized populations of which they are not a part, this is helpful to keep in mind. Researchers in this category should be aware that stigmatized participants may be suspicious of them and their intentions or even consider them to be 'voyeurs'. Researchers, therefore, should spend additional time building trust with stigmatized populations, including those bereaved by addiction.

Narrative Analysis

According to Pennebaker (2004), self-reports, particularly in the form of interviews and questionnaires, are the 'life blood' of psychological research (p. 130). However, self-reports are limited as they only allow researchers to gain insight into participants' 'self-theories', or what they believe about themselves and their lives (Pennebaker, 2004, p. 130). Although the self-theories which arise from self-reports can be 'amazingly coherent, reliable, and predictably related to other self-reports', according to Pennebaker, self-reports are 'only modestly related to real-world behaviors' (2004, p. 130). This means that researchers who only use self-reports have 'very little knowledge of what is truly happening to people once they leave our labs or offices' (Pennebaker, 2004, p. 130).

In her meta-analysis of 146 expressive writing studies, Frattori (2006) stated that 92% of researchers ask for the writing to be turned in for 'content' analysis (p. 850). This content analysis may be done manually, as it has in this study, or use tools like the Linguistic Inquiry and Word Count (LIWC) programme designed by Pennebaker and Francis (1996). Although Frattori (2006) does not break down the individual methodologies of each study, most seem to analyze 'content' by examining the repetition of words or phrases. Many researchers, like Kovac and Range (2000), do not seem to read the writing itself but, rather, ask participants to rate and talk about their writing. So, in essence, researchers often measure what participants have to say about their writing rather than what the writing, itself, says. When researchers do this they are inviting additional self-reports with the same limitations that Pennebaker (2004) highlights.

In this study, as in most expressive writing studies, I collected the writing of my participants. While I did ask them to talk about their writing experience during our second interview, and analyzed these self-reports, I believed that analyzing the writing, as well, gave me additional insight into their thoughts and feelings. Narrative analysis does not seem to be a particularly common method used among expressive writing researchers and, therefore, I thought it would be valuable to briefly discuss the benefits and drawbacks of using it in this study.

In this study, I was particularly interested in participants' use of 'I'-statements (i.e. 'I am lonely') as well as their use of personal pronouns and tenses. In order to answer my research questions, I also focused on their use of insight words; the way they wrote about their experiences of depression, anxiety and fatigue; and how they described their relationships to others and to their work. This narrative analysis gave me insight into the 'content' of participants' writing. These content findings were consistent with participants' self-reports. So, if a participant told me they were 'very depressed' then their writing also stated this explicitly. However, completing a narrative analysis gave me insight into *how* participants attempted to make sense and make meaning out of their bereavement experiences, particularly

through retelling narratives; ordering and re-ordering of time; creating alternative realities; and talking to the dead, to others and to themselves. This knowledge could allow researchers to reverse engineer writing prompts in order to directly encourage sense- or meaning-making, both predictors for positive health outcomes (Castelli Dransart, 2013; Neimeyer, et al, 2010). For instance, if I now wanted to encourage an individual to make sense of a death from addiction, I might ask them to do a 'narrative retelling' of the days leading up to the death itself. I might even ask for this narrative to be written multiple times or in multiple, alternate versions. Writing and rereading this retelling may facilitate sense-making (Castelli Dransart, 2013) by encouraging participants to answer, or quiet, any lingering questions they have about the death.

Completing a narrative analysis also gave me insight into participants' use of genre and form — that is, their use of poetry versus prose and their presentation of words, visually, on the page. This is something that no other expressive writing studies seemed to have explored. As mentioned in an earlier section, analyzing participants' form allowed me to see the ways in which they used creative writing, rather than expressive writing, to tell stories, convey meaning, attempt to create order and join conversations with other writers. There were many times when participants said something in their self-reports which was more clearly articulated in their form. For instance, the accumulation of Grace's vignettes gave me a better understanding of the 'difficult' experiences she had with other people. Participants' forms helped to 'show' rather than 'tell' their feelings, giving a deeper insight into their experience than their self-reports alone.

Analyzing form patterns was also valuable since it allowed me to see what kinds of things participants were choosing to do to 'represent' their feelings and experience, as opposed to simply stating them. For instance, all participants used metaphors and/or similes to describe their emotions and 11 out of 12 used white space. With this in mind, researchers who are using writing for therapeutic purposes may be able to create prompts which encourage participants to write using metaphors, similes and white space in order to describe their feelings. This is more common in

Poetry Therapy but many participants who used these techniques were writing in prose. Therefore, it seems that their value could be translated into expressive writing studies as well.

Of course, narrative analysis is subjective. I chose to use my research questions as a guide and so I sought out insight-words, I-statements and pronoun usages in my analysis process. If I were guided by different questions, then this would change my reading and, perhaps, lead me to different conclusions. However, I still feel that this method yielded valuable insights. It allowed me to piece together a wider picture of my participants' bereavement experience as well as see *how* they were processing their emotions and their grief through writing. This could lead to the development of new prompts for researchers interested in using writing for therapeutic purposes.

Even though thematic analysis (for participants' interviews) and narrative analysis (for participants' writing) have their benefits, I do not believe that we can only rely on these two approaches to evidence positive outcomes. As Pennebaker (2004) suggests, researchers should consider focusing on what is 'taxable' (p. 141). That is, what could we learn if, after writing for one month, participants were asked to submit 'information about absenteeism, physician and medication use, lab test results, rates of smoking and drinking, and even parking tickets' (p. 141). Pennebaker (2004) suggests that these more objective measures — in addition to self-reports and writing analysis — may help to demonstrate more clearly the impact writing has on participants' health. This, in turn, could lead to more research funding from organizations and government bodies who are always searching for cost-effective ways to increase wellbeing for their employees and citizens (Pennebaker, 2004).

Looking Ahead

In this chapter, I have already encouraged therapeutic writing researchers to incorporate re-reading tasks and design more directive, creative writing prompts

for their studies. I have also pointed out the need for future research in order to explore bereavement-related anxiety and the decision-making processes of those bereaved by addiction. Finally, I have suggested that future researchers who work with stigmatized populations should consider making the submission of participants' writing voluntary.

Although this thesis was primarily interested in answering my three research questions, other themes were repeated in participants' interviews and writing which are worth exploring in the future. For instance, I would like to examine the impact that reading poetry, in particular, had on my participants. All 13 participants spoke about how reading the poems included in the creative writing pack helped them feel 'less alone', 'in company' and gave them a 'starting point' for understanding and expressing their own grief. This suggests that more research could be done to examine the ways in which reading contemporary poetry, particularly contemporary grief poetry, could impact individuals bereaved by addiction.

Although not addressed directly by the participants, I am also interested in the role that editing played in their writing. Nearly all participants crossed or scribbled out words, rewrote sentences, reordered sentences and more. It would be valuable to see if these edits offer any new insights into participants' grief or their experience of stigma.

On a wider level, participants spoke about several issues related to bereavement by addiction which deserve more attention. For instance, every participant talked about the stigma surrounding addiction and bereavement by addiction. This stigma reduced the support they had from friends and family; made it difficult for them to talk openly about their grief; fostered feelings of shame and guilt; and increased their sense of isolation and loneliness. They all suggested that people should 'talk more' about addiction — or bereavement by addiction — to help 'normalize it' and, thereby, reduce the stigma. Some participants called for the media to show a more balanced view of addiction — not just the 'junkies' and 'homeless'. One participant

suggested ‘outing ourselves’ and showing — in school assemblies, through street parades and on TV — that people who have addictions are ‘just people’. She suggested sharing pictures and stories about addicts who have died in order to humanize their actions and create empathy, which could reduce the stigma surrounding addiction. It is clear that the general public needs to be more educated about addiction and how they can support the people, and families, who suffer through it.

Similarly, ten out of the 13 participants highlighted an overlap between mental health issues and addiction. In most cases, participants felt that using drugs was a way for their loved ones to manage their mental ill health. All participants felt that the medical and social service systems were not equipped to deal with this ‘dual diagnosis’, noting that their loved ones were only ‘treated as addicts’ and their mental health issues were not addressed until they could ‘come off the drugs’. But, if the drugs are helping these individuals to manage their mental health then it’s unlikely for them to reduce their drug intake, so the cycle continues. One participant hoped to campaign for mandatory mental health screenings when someone overdoses or when their addiction takes them into hospital. Others suggested that more education is needed on mental health issues, highlighting the development of a drug dependency and addiction being a possible outcome. This suggests that more education is needed for the general public, as well as healthcare professionals, on the relationship between mental health and addiction. This education could not only help participants be diagnosed and treated more effectively but it could serve to reduce the stigma surrounding addiction as well.

Although the bereavement by addiction services being delivered by organizations like The Compassionate Friends and DrugFam are of high quality, participants spoke frequently about the work which needs to be done within the education and healthcare systems to reduce stigma and support those struggling with, or bereaved by, addiction. This study seems to have uncovered a need to develop and deliver effective programmes which educate the general public but also support those who are trying to manage addiction within their family.

Moving On

In Part Two, I explained my research questions and methodology; explored the selection and design of writing prompts for my participants; discussed the findings of this study; drew conclusions about the impact creative writing had on individuals bereaved by addiction; contributed to wider discussions about expressive writing theories and methodologies; and made recommendations for future research.

On the whole, Part Two explored how writing can be used as a tool for therapeutic intervention, linking it to processes and models found in psychology and sociology. Within the context of studies which examine the therapeutic nature of writing, the quality of the writing itself is not considered. Participants may have low literacy levels or have limited experience reading and writing. Participants may not be intentional about the specific words they choose and may not consciously make choices which can reliably lead to meaningful interpretation by others. Therefore, in studies like this one, writing can be seen as a means to an end: a valuable way for participants to express their thoughts and feelings about traumatic or difficult experiences. This means that what they write, and the analysis of that work, is just another way for researchers to understand the nature of trauma — in this case bereavement by addiction — and support participants to manage their experiences.

In Part Three, I will explore writing from a different angle: as art. When someone writes for publication, they are writing with intentionality and purpose. What might initially begin as an exploration of their feelings and emotions will eventually become an exercise in editing and crafting. Professional writers are aware of their audience. They are aware that others will read their work and draw intellectual and emotional meaning from it. This is particularly true of poetry which can communicate literally, figuratively and visually. With this in mind, Part Three will explore how four professional poets, including myself, write about disenfranchised grief and what reading this work can add to the sociological and artistic discussion of this grief experience.

PART THREE: DISENFRANCHISED GRIEF AND POETICS

Chapter Nine: Introduction

As discussed in Chapter One, disenfranchised grief is defined by Doka as 'the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported' (Doka, 1989, p. 4). Although there are many ways in which grief can be disenfranchised, for those bereaved by addiction it often is related to the death and/or the relationship they had with the person they lost. As discussed in Chapter Two, individuals bereaved by addiction are keenly aware of their 'stigma by association' (Bos et al, 2013) based on their relationship to an addict. In some cases, the type of relationship they had to the person who died, particularly if distant or complicated due to addiction, can leave the bereaved feeling unable to openly express their grief.

This inability to express the complexities of disenfranchised grief is mirrored in the lack of published, creative work on this topic. Disenfranchised grief is rarely a focus of traditionally published poetry. With over 100 grief-related poetry collections on my bookshelf, there are only nine which tackle what might be considered disenfranchised grief and, perhaps relevant to my own experience, only one which confronts losing someone to a drug addiction. As Mark Doty states in 'Can Poetry Console a Grieving Public?', all poems of 'public grief are private poems first. If, that is, they are any good, and not merely occasional pieces that serve to mark a moment and reinforce what people already think' (2006). With this in mind, there may be thousands of disenfranchised grief poems left in the drawers of writers. But for those who have chosen to publish, it is important to ask how their work contributes to a wider knowledge of disenfranchised grief and its complexities.

In the following chapter, I will seek to enhance the understanding of disenfranchised grief in relation to its expression through contemporary poetry. To accomplish this, I will highlight the primary ways in which grief can be disenfranchised as outlined by Doka (1989) and Corr (1999) and then explore how

this is embodied in the poetic work of Pascale Petit, Donte Collins and William Brewer. This inquiry will be guided by the following question: How do these poets' grief experiences, as told through their poems, reflect or challenge the concept of disenfranchised grief? To answer this question, I will consider, primarily, the content of Petit, Collins and Brewer's work (i.e. what these poets 'say' about disenfranchised grief) as well as reader engagement with their poems. I will not be engaging in a close textual analysis of their poetry. Responding to the question in this way will help to enrich my own understanding of disenfranchised grief and offer insight into how poets can expose the realities of this bereavement experience through their work. Finally, in Chapter Eleven, I will reflect on the process and therapeutic value of writing my own collection, *More than you were*. I will explore the impact of reader and audience engagement with this collection and consider how my creative choices could help reduce the stigma associated with addiction and bereavement by addiction. By focusing on these areas, rather than a close textual analysis of my own work, I will be able to demonstrate the ways in which *More than you were* can add to the poetic and academic discussions of disenfranchised grief.

A Note on the 'I' and 'Truth'

The descriptions on the back of both Petit's and Collins' collections state, or imply, that the authors are writing about their own journeys of grief. The description of *Autopsy* (2017) leads readers to understand that this book could be read as poetic memoir or autobiographical 'truth':

> Written after the death of his mother, Donte Collins's *Autopsy* establishes the poet as one of the most important voices in the next generation of American poetry. As the book unfolds, the reader journeys alongside the author through grief and healing … In the words of the author, the book is a spring thaw — the new life alongside the old, the good cry and the release after. (Collins, 2017)

While slightly more distant, the description of *The Zoo Father* (2001) can lead readers – particularly those familiar with Petit's family history – to believe that the 'daughter' in the book is, in fact, Petit herself:

> At the dark heart of this unique collection is a daughter's fraught relationship with her dying father, a man whose legacy to her was violence and abandonment. Rich in the imagery of the Amazonian jungle (fire ants, shaman masks, hummingbirds, shrunken heads, jaguars) these poems at once ward off and redeem the father through myriad transformations. These intense, vibrant and fiercely felt poems are sure to evoke strong responses in readers. (Petit, 2001)

Most distant of the three, the description of *I Know Your Kind* (2017) positions Brewer as an empathetic onlooker:

> Selected for the National Poetry Series by Ada Limón, *I Know Your Kind* is a haunting, blistering debut collection about the American opioid epidemic and poverty in rural Appalachia.
>
> In West Virginia, fatal overdoses on opioids have spiked to three times the national average. In these poems, William Brewer demonstrates an immersive, devastating empathy for both the lost and the bereaved, the enabled and the enabler, the addict who knocks late at night and the brother who closes the door. He shows us the high, at once numbing and transcendent: "this warm moment when I forget which part of me / I blamed." He shows us the overdose, when "the poppies on my arms / bruised red petals." And he shows us the mourner, attending his high school reunion: "I guess we were underdressed: / me in my surf shoes / you in an urn." Underneath and among this multiplicity of voices runs the Appalachian landscape—a location, like the experience of drug addiction itself, of stark contrasts: beauty and ruin, nature and industry, love and despair.
>
> Uncanny, heartbreaking, and often surreal, I Know Your Kind is an unforgettable elegy for the people and places that have been lost to opioids. (Brewer, 2017)

In interviews, Brewer talks about the opioid epidemic facing his town and the people who he knew that succumbed to addiction. He also speaks about how he came to write about addiction so 'vividly':

> Some people have asked how I came to describe the effects of the drugs, and the answer to that is when I was in college, I had a bad accident that tore up my leg, and I was administered opioids, beginning with morphine right when I hurt myself and was in the worst pain I could imagine, and the relief they provided was divine. Then I was on prescription pain-killers for a number of months, through surgery and into months of recovery. Luckily, we really heavily monitored my medication, but it gave me an understanding of the kind of deep, almost celestial relief these drugs provide, and how easy it would be to turn to them out of great spiritual pain. If it were offered, I'd be sold. Anyone would be sold. At the same time, I saw how it changed my community. I couldn't escape it. So all these voices came to me. (Christian, 2018)

In interviews, Brewer also speaks about his serious depression and how this uniquely positioned him to write about addiction:

> I've dealt with serious depression my whole life. Depression and substance abuse are often bedfellows. What depression can unleash in someone—hopelessness, dependency, fear, recklessness towards how we feel about our lives, suicidal impulses—can certainly be unleashed by substance use disorders, too, with the volume turned up to 11. (Christian, 2018)

Brewer also speaks often of how he 'brought every bit of myself to every poem' and says that his own work reveals 'terrible truths' about himself, his family and friends, and the State of West Virginia (Natchez, 2018).

The idea of 'truth' in poetry is slippery and the 'I' pronoun these poets employ should be handled with care. Critics often note that the 'I' in poetry, sometimes called the 'lyric I', transformed with the rise of the Confessional movement in the 1950s and 1960s. The term 'confessional' was coined by critic Macha Rosenthal in his 1959 essay 'Poetry as Confession'. This essay reviews, amongst others, Robert Lowell's book *Life Studies*; the first book to earn the title of 'confessional'. In his review, Rosenthal states that 'Lowell removes the mask. His speaker is unequivocally himself, and it is hard not to think of *Life Studies* as a series of personal confidences, rather shameful, that one is honor bound not to reveal' (1959, p. 154). In earlier poetic movements like Romanticism and Modernism, the:

> sources of inspiration for a poem (the psychic wound, the secret trauma, whatever guilt or shame or bliss drove a poet to write) remained at least partially hidden; in *Life Studies*, the source became the poem and nothing remained hermetic or impersonal. (Di Stefano, 2015)

Since Rosenthal's review of *Life Studies*, 'Confessional Poetry', although variously defined, 'remains contingent upon the linkages between personal revelation, private guilt, and public authenticity' (Di Stefano, 2015). However, unlike other poetic movements, Confessionalism never existed as an 'organized school of poetry' and, as Nelson (2013) notes, 'no confessional poet imagined himself or herself to be part of a movement. The poets never congregated as the confessional poets' (p. 32). Although poets do not call themselves 'confessional', critics continue to use this term to describe poetry with certain characteristics.

According to Zucker (2014), being 'confessional' is often seen as having something to do with 'breaking taboos' and claiming that the 'self', or the 'I' of a poem, is not 'a speaker' but actually 'the poet'. In his essay, 'Confessional Poetry and the Artifice of Honesty', David Yezzi (1998) provides a useful working definition of what 'most critics mean' when they use the term confessional poetry:

> What distinguishes confessional poetry's management of autobiography … is the rawness of its address and the incorporation of guilty personal detail for emotional effect …The 'I' of the poem is meant as a direct representation of the flesh-and-blood poet … What makes a poem confessional is not only its subject matter—e.g., family, sex, alcoholism, madness—or the emphasis of the self, but also the directness with which such things are handled. Unflinching and generally extreme in their diction and address … what sets them apart from other poems that incorporate details from life, is their sense of worn-on-the-sleeve self-revelation and their artful simulation of sincerity. By relying on facts, on 'real' situations and relationships, for a poem's emotional authenticity, the poet makes an artifice of honesty.

Here, Yezzi suggests that confessional poets have an acute awareness of their audience, that these writers construct poetry using autobiographical details in an effort to create something which reads as (or, possibly is) sincere and truthful. In an interview for *Medium*, Tony Hoagland states that readers 'want a speaker who is

ultimately going to be sincere' (O'Phillips, 2013). But, how does one measure honesty, sincerity, authenticity or truthfulness in poetry?

Critics like Zucker (2014) claim that 'truthful', autobiographical poetry does not exist because:

> you can never really, fully, and honestly tell the truth about your own life because a) you don't know the truth b) there is no one truth and c) you are always telling, and telling the truth is very different from the truth.

In his online essay for the *Academy of American Poets*, Shepherd (2008) also reminds us not just of the 'many truths' of life but also the 'many selves'. He states that:

> any artistic medium calls forth a self and a world which exist specifically in their relationship to that medium, a self which did not exist prior to that engagement. As Yeats wrote, the self who writes is not the self who sits down to dinner or reads the evening paper.

Traditionally poets have embraced this idea of the separate selves, taking great pains to be seen as separating the 'lyric I', or the 'I' in a poem, from themselves as the author. After all, the poet is one person and the 'I' can be many people and many concepts. The 'I' can, in some poems, even represent ideas and objects. However, Zucker (2014) states that for those who are willingly, or unwillingly, named Confessional poets, the 'I' is something radically different:

> "I" is capitalized because it is not only a name, but because it is also an idea and now, perhaps a movement, like Romanticism. I is the name I call myself, and I is also the idea of self. As such, Confessionalistic poets attempt to engage the public interest, the public truth through material that always involves private experience. (Zucker, 2014)

With this in mind, I have decided to treat Petit, Collins, and Brewer's poems as 'confession' and as 'truth', so far as this can be understood. Although I will refer to the 'I' in the poems as 'the speaker', in my discussions I will connect the experiences of 'the speaker' to the poet's life in order to draw conclusions about

disenfranchised grief. These poetry collections certainly point towards confessionalism, directly or indirectly, and offer an 'I' in their poems which reveals private and, sometimes, taboo experiences. Therefore, I am choosing to read these poems, and the stories they tell, as mostly autobiographical. Whether they are or not, is not particularly relevant. The important thing is that these poems have been written by poets who have experienced disenfranchised grief and who, because of that, are in a position to 'tell the truth' about that experience. When discussing my own work, I will also return to this idea of the 'I' and what it means, in particular, for writing poems which tackle disenfranchised grief.

Chapter Ten: Disenfranchised Grief in Poetry by Pascale Petit, Donte Collins and William Brewer

In Brenda Hillman's *Poetry Foundation* essay, 'Cracks in the Oracle Bone', she states that poetry has an obligation to 'express what cannot be expressed … [including] the confusion of daily life, the impossibilities, the unredeemed moments of spiritual darkness, as well as massive social and political injustices' (2006). When poets are brave and skilled enough their poems can do just this — reveal truths about their experiences which would otherwise go unknown.

This is certainly the case with Pascale Petit and Donte Collins, two contemporary poets who wrote collections about losing an abusive parent. Pascale Petit's collection, *The Zoo Father* (2001), explores the emotionally fraught relationship she had with her dying father. Petit writes about the sexual abuse both she, her mother and her siblings suffered at the hands of her father and the complex experience of visiting him on his deathbed. The tension throughout the collection is palpable and Petit exhibits many of the emotions, including rage and resentment, which characterise disenfranchised grief.

By contrast, Donte Collins' collection, *Autopsy* (2017), chronicles the experience of losing his physically abusive mother. Unlike Petit's poetry, Collins' work primarily demonstrates the dual nature of disenfranchisement, both the love and the hate as well as the regret and the longing for a parent who was deeply flawed and who, if alive, might have a chance at redemption.

Fractured Families and Disenfranchised Grief in The Zoo Father and Autopsy

In both *The Zoo Father* (2001) and *Autopsy* (2017), readers get a clear sense of the complex and challenging relationships these poets had with their parents and the difficulties this caused them in their grief. For instance, the third poem in *The Zoo Father* (2001) lets the reader into a scene where the speaker is visiting her father:

Self-Portrait with Fire Ants

To visit you Father, I wear a mask of fire ants.
When I sit waiting for you to explain

why you abandoned me when I was eight
they file in, their red bodies

massing around my eyes, stinging my pupils white
until I'm blind. Then they attack my mouth.

I try to lick them but they climb down my gullet
until an entire swarm stings my stomach,

while you must become a giant anteater,
push your long sticky tongue down my throat,

as you once did to my baby brother,
French-kissing him while he pretended to sleep.

I can't remember what you did to me, but the ants know. (p. 9)

By representing trauma, and the physical sensations it brings, with stinging fire ants, readers are immediately made aware of the pain that accompanies this visit. Feelings are illustrated through the extended metaphor of the fire ants which follow the physical sensations of discomfort and pain during Petit's visit with her father — moving from face to stomach. By the end we learn that this is how the sexual trauma — what her father did — is manifesting, showing up as these fire-y hits of physical pain and broken memories.

In *The Poem: Lyric, Sign, Metre* (2018), Paterson states that:

> poetic metaphor expresses a desire that *something were otherwise*, and gains its poignancy through the literal impossibility of that desire being realised – while still appearing to hold out the imaginative possibility that it *might* be. (p. 157)

It could be argued that Petit's fire ant metaphor suggests several things she wishes were 'otherwise'. She wishes that she could have stopped the abuse like she tries to

stop the ants from 'climbing down her gullet'; she wishes that she did not have to wear a 'mask of fire ants' in order to visit her father; and, by the end, she wishes she weren't in this circumstance of having to 'wait' for her father to explain as she continues to be hurt. The act of her being in this place with her father at all, suggests too that she is holding on to the 'imaginative possibility' that Paterson mentions; she is wishing that something (whatever she has not remembered) did not happen and imagining a new kind of relationship with her father based on his explanation (Paterson, 2018, p. 157).

Doka (1989) claims that grieving can become disenfranchised when the relationship is not 'close' or when it is not considered traditional by societal standards. Folta and Deck (1976) have noted that 'the underlying assumption is that the "closeness of relationship" exists only among spouses and/or immediate kin' (p. 235). However, if the spouse or family members are estranged or there has been a relationship breakdown due to abuse, then the grief could be considered disenfranchised as friends and family may not be able to understand the response of the bereaved (Doka, 1989).

Although Petit's first person narration can be read as autobiographical, it is important to consider how she uses this point of view to position both herself and the reader. Typically, in her poems 'a voice (the speaker and the narrator, respectively) presents a specific state of affairs, a view of a (supposedly real, imagined, or fictive) world from a limited position and perspective' (Huhn, 1998, p. 220). This draws the reader in, close to the speaker and to the situation. When writing about trauma, this approach can foster readers' empathy with the speaker but also leave the reader feeling too close for comfort. In this case, readers may feel or visualize the ant stings and the uncomfortable terror this brings, thereby mirroring the poetic representation of Petit's experiences. When readers are brought into this household, this encounter, this unsettling memory with the father, it positions them well to understand their complex relationship and the challenging grief experience that is represented later on in Petit's collection.

Like Petit, Donte Collins also had a complicated relationship with a parent, his mother, which he explores throughout his debut collection, *Autopsy* (2017). Readers begin to understand Collins' feelings towards his mother in the definition he proposes of 'Autopsy': 'i.e. they would have found dandelion seeds had they done the autopsy: they would have found a field of burning lavender had they cut her open' (p. 9). Here we get the first hint towards Collins' mother's love of gardening but also a sense of unease, the dandelions seeds speaking to the proliferation of weeds. The burning field of lavender speaks to the death of tranquillity and peace, perhaps a hint towards his mother's destructive nature.

These feelings are followed up in the poem 'The Orphan Performs An Autopsy On The Garden', where, in the 4th stanza, Collins asks:

> why does heat make the body confess what it will not do otherwise?
> drunk on july & nerve you rip handfuls of color from along the fence
> thorns like brief alarms warning your fevered temper of what blood
> will soon stain your teeth. never. ruin. your. mother's. new plants (p. 12).

In this section we see the act of rebellion, the pulling up of his mother's beloved flowers in the lead up to her death. Even in his frenzy, the speaker predicts the violent response, the blood that will soon be spilling from his mouth, 'staining' his teeth, when she finds out. Unlike Petit, Collins places readers in the driver's seat of the poem by using the second person pronoun. Both he and his readers are the 'you' experiencing the mother. This, again, allows the reader an uncomfortable glimpse into a difficult and damaged relationship.

In the poem that follows, 'Thirteen Ways of Looking at Thirteen', Collins recounts the abusive relationship between mother and child. In the second stanza of this sequence, he writes:

> you knew what was coming if you slept past 8 a.m. &
> if it wasn't a cold bucket of water it would
> have been the leather belt she kept soaking in the sink.

> praise the mercy of your mother. praise the water that
> awoke your still body from slumber. the sudden jolt
> of relief in finding your drowning was just a dream
> or, rather, just a moment. praise then, too, every soft
> punishment: the gun-barrel stare, the one-leg-book-bal
> ancing act in the corner, the rice cutting stars in
> to your knees. praise the spatula & the upturned palm
> the basement stairs & stale saltine crackers for dinner.
> hosanna, the overgrown weeds & the tree switch that
> refused to break. remember: this hurts her more than you (p. 14)

In this section we can see all the tools of physical punishment used regularly against the speaker and, by the end, get a strong sense of the emotional manipulation going on in the home. Also, here the hints of the garden come back — the water, the weeds, the tree switch — demonstrating the love and care this mother held for these things, their pragmatic and tender treatment, positioned against the beaten child. Unlike Petit, Collins uses lower case letters throughout his poems, suggesting that there is a passiveness, a sense of being the observer, and perhaps even a belief that everyone in his home was somehow softer than they appeared: a victim.

This poem also enters into a conversation with other poets. At first glance, one might read the piece as speaking to Wallace Stevens' famous poem, 'Thirteen Ways of Looking at a Blackbird' (1954). In this poem, Stevens explores what it really means to know something, showcasing different perspectives of a blackbird with every stanza. In the end there is an exchange and an acknowledgement that the blackbird is man, and the man is blackbird. In an article for *The Explicator*, Nancy Bogen (2004) also speaks to the repetition of the colour black in Stevens' poem, which suggests 'the direct association of black with death in the exhortation' (p. 219). This poem could have informed Collins' piece since he is not only foreshadowing his mother's death but also asking readers to question the relationship between the speaker and the mother and what it means to be the victim and the victimizer.

In addition to calling back to Stevens with the title and themes of his piece, Collins also brings the American poet Patricia Smith into poetic conversation. Both Smith

and Collins have called their poems 'Thirteen Ways of Looking at Thirteen' and both follow the same structural rules: 13 stanzas, 13 lines per stanza, and 13 syllables per line. Both poems are from the perspective of an adolescent and suggest a sense of uncertainty, fear and a longing to understand. Thirteen is often perceived as an 'unlucky' number and there are various moments, in both poems, when the speaker is perceived as unlucky. In Collins' piece, readers are being invited into a violent relationship between mother and son which will become even more complex after the mother's death is revealed later in the collection.

Like Collins, Petit reveals the complexities of the parent/child relationship slowly, pulling readers in as her collection progresses. Readers develop trust and empathy for the speaker as she shares new discoveries about her father. For instance, in 'Self-Portrait as a Warao Violin' we can see the inappropriate relationship between father and daughter — her the object and him the violent player — unveiling itself in the last lines: 'No one but my father can touch me. / When he sleeps / the night breeze blows across my strings / and makes them hum' (p. 21). In her thesis, 'Exile and Ecology: the Poetic Practice of Gwyneth Lewis, Pascale Petit and Deryn Rees-Jones', Zoe Brigley (2007) demonstrates clearly how Petit uses rhythm and stress to enhance the unsettling nature of these lines:

> Irregular rhythm dominates the initial line; the feeling is of uncertainty, yet the stresses that fall on the second syllable of `no one,' the first syllable of `father' and on `touch' emphasise the woman/violin's isolation, the overbearing presence of the `Zoo Father' and his relation with her/it. The consequent curtailed line, with its three long stresses, creates a sense of expectation and the enjambment leads to an act of creation from the previously passive woman/violin. Sets of three long stresses are used in both lines of the next couplet to highlight firstly the active agent, `night breeze blows, 'but also the action, `makes them hum.' (p.173)

This poem is one of a series of self-portraits in *The Zoo Father* (2001), such as 'Self-Portrait as a Were Jaguar' and `Self-Portrait as a Yanomami Daughter'. According to Brigley (2007), the notion of a self-portrait in Petit's poetry 'suggests the reproduction of an authentic self, yet Petit contradicts this idea by investing identity

in inanimate objects, animals and foreigners' (p. 171). This creating of distance between herself and the 'authentic' details of the trauma could offer Petit protection as a writer. According to Jack and Illingworth (2017), 'the use of metaphor enables the writer to discuss difficult situations more easily' while still allowing readers to engage with the dark experiences (p. 516). However, Hawkes (1972) suggests that metaphor actually helps the writer drive into the heart of things: '... metaphor is hardly an amusing embellishment or diversion, an ''escape'' from the harsh realities of life or of language. It is made out of, and it makes those realities' (p. 61). A few pages later, in 'The Ant Glove', we can see Petit using metaphor as gateway, leading to the reveal of her deep-rooted, family history of sexual violence: 'Dear Father, after Mother's death, after I'd read / all your letters to her and her letters to you / and finally understood that I was the fruit of her rape, / I walked into the forest' (p. 24).

Although losing a loving parent is a time for collective mourning from friends and family, losing a parent who is abusive, and whose history with the child is complex and dangerous, can lead to isolation and disenfranchisement. The implication in these instances is that these relationships have not been sufficient or representative of a loving parent-child relationship, and therefore are deemed by society to be 'an inappropriate foundation for grief' (Corr, 1999, p. 3). Both Collins and Petit speak to this disenfranchisement, often writing about feeling 'othered' in their grief by those around them.

Unlike many grief collections which focus on the post-death experience, Petit uses most of her poems in *The Zoo Father* (2001) to explore and understand the situation she is in — visiting her father as he is dying. Through her poems, she works to make sense of their relationship, wonders what will happen when he dies and attempts to prepare for the grieving that may or may not come. This can be seen in her poem, 'Embrace of the Electric Eel', quoted below in full below:

Embrace of the Electric Eel

For thirty-five years, Father, you were a numb-fish,

I couldn't quite remember what it felt like

that last time you hugged me when I was eight,
just before you went away.

But when you summon me to your stagnant pool,
Dad, Papa, whatever I should call the creature

that you are, now you finally ask for my love:
do you think I've become strong as the horses

Humboldt forced into a stream
to test the voltage of Amazonian eels?

He had never witnessed
"such a picturesque spectacle of nature"

as those great eels clamped against the bellies
of his threshing horses, how their eyes

almost popped out and their manes stood on end.
Though the jolt alone did not kill them,

many were so stunned they drowned.
That's how it is, Father, when you open your arms

and press your entire length against my trunk. (p. 8)

In this poem we see how the pain and finality of the father's dying, and asking for forgiveness, brings confusion, fear and uneasiness to the speaker. She knows with certainty her sense of shock at this newfound affection and struggles to align it with the previous violence and abandonment that defined her relationship with her father. Sandra Bloom (2002) speaks to Petit's experience in her chapter, 'Beyond the Beveled Mirror: Mourning and Recovery from Childhood Maltreatment', stating that:

> … Society has yet to recognise the necessity and value of grieving for other kinds of losses besides those associated with death. A common denominator among our now more than seven thousand Sanctuary patients are the "little deaths"—of hope, of innocence, of love, and of joy. For some, the sources of grief constitute the loss of already established assumptions and beliefs about self, home, family and society … Complicating the process of grieving for adult survivors is the

> fact that the losses that accompany child maltreatment are cloaked in silence, lost in the shrouds of history, and largely unrecognised. In general, their grief for losses is unaccepted, rejected, denied and stigmatised. But these "little deaths" remain as unremoved splinters in the survivor's psyche for decades. (p. 139)

In later poems, both in *The Zoo Father* (2001) and her subsequent collection, *Fauverie* (2014), Petit discusses what it is like for her father to finally succumb to his biological death. As seen in the poem 'Lungectomy', Petit represents her grief with a distant objectivity:

> When the surgeon clamps back the flesh
> and saws through your sternum
>
> that's my chance to look,
> to see your heart naked
>
> before the scalpel makes its tearing sound
> through your right lung, where it's
>
> tar-black, colour of a secret night
> I can touch without gloves. (p. 19)

This poem is one of the shortest in the collection and cuts straight to the point. We sense the power that the speaker is reclaiming here in being able to see her father's heart 'naked', in the way he had seen her own body. She speaks of a lung the colour of 'secret night' — those same nights he entered her room — except this time she has control over *his* body.

Unlike Petit, Collins uses his collection primarily to explore his complex experience of grief after his mother's death. Several pieces highlight his complicated feelings towards her, often betraying a love and tenderness, a longing for her to still be alive, but also exhibiting a real sense of fear and bitterness towards the woman she was and how she treated him. This is particularly evident in his poem, 'Five Stages of Grief', where he explores 'denial', 'anger', 'bargaining', 'depression' and 'acceptance'. In the 'anger' section, his grief is clearly exposed:

& i wish there was a soft metaphor
to lower you into this grief, instead

i will say *i didn't kill myself because*
i knew my siblings couldn't afford
another funeral. I will say *each night*
i dreamt of stealing back her body
not a hooked rope naively through toward heaven
not a bandit thieving god's house of what belongs
to me. i mean, i grabbed a shovel. i mean, she's buried
on dale & lapenteur & taught all of her children how
best to tend stubborn dirt (p. 33)

Collins states here that he wishes there was a 'soft metaphor' he could use to 'lower you into this grief'. This suggests that he considers metaphor to be a more distanced, gentler way to discuss grief and yet acknowledges, in the following stanza, that the experience of grief itself is not gentle. Here he tells his readers directly what he has been thinking, feeling and dreaming after his mother's death so they can literally (as opposed to figuratively) begin to understand what grief means.

The following section, 'bargaining', Collins positions the experience of grief against the experience of growing up:

I had wanted nothing more than to survive my childhood.
to walk clean-faced and unfrayed out of the constant alarm.
to mourn her is to mourn the belt & the hands that held the belt
and the heart that held the hands that spilled my blood like juice
across the kitchen linoleum

don't use my good towels either

besides, what good is survival's trophy if your assailant is dead?
come back, even if it means your hug is a hand around my throat
even if your kiss is delivered with a fist. o' how quickly I would
crawl back into that haunted house, that graveyard where every
hymn goes to die. o how ready i am to be thinned with fear, seven
& tear-drunk. to heave & pop like ready oil. to throw a knife at
the family portrait. to soar *b::::h* from my lips like a fevered bird.
to wish her dead beneath my breath while i scrub myself off the floor
(p. 33)

In these two sections we can see Collins' oscillating between love and hate, deep sorrow and fear. Bloom (2002) speaks to this in her study, stating that:

> It is well established from studies of captive victims of all kinds—political prisoners, torture survivors, hostages, and both adult and child victims of family violence—that when people are placed in situations of inescapable danger for prolonged periods of time, they may develop very strange relationships with their captors and alter their perceptions of themselves. This phenomenon has become known as "trauma-bonding" (Herman, 1992; James, 1994; van der Kolk, 1989). Trauma-bonding is a relationship that is based on terror and the twisting and manipulation of normal attachment behaviour in service of someone else's malevolent intent. People who are terrorized experience the perpetrator as being in total control: the source of pain but also the source of pain relief, the source of threat but also the source of hope. (p. 142)

We can see Collins' exhibiting these complex shifts in his poetry. In the following poem, 'Grief, Again', Collins goes back to grieving the way one might expect a person with a more traditional mother-son relationship to grieve. He opens the piece: 'every black woman with grey hair is your dead mother you collapse in Walmart / knees buckled at the sight of an electric scooter you wrap yourself around / yourself & wail into a naked mattress' (p. 35). This feeling of genuine grief comes back in the final poem of the collection, 'Long Story Short', where the last stanza says:

> …. she's been
> gone 15,840 minutes & you have felt the
> godless storm of each of them, are waiting
> for your mother to walk into her funeral, to
> sit next to all of her children at once, to lean
> into the soft of her shoulder, for her to whisper
> *it's okay son, i'm here now, i'm here* (p. 49)

Throughout the collection Collins' switches between first and second point of view suggesting, perhaps, that when the emotions run too deep, he steps back, writes 'you', and allows the reader to take some of his burden.

Although losing a parent in itself is not considered disenfranchised, these poets' experiences fall outside of what would be considered 'normal' and thereby isolate them. The emotional, physical and/or sexual abuse faced by Petit and Collins at the hands of their parents complicates their grief and leads their relationship, loss reactions and mourning to be disenfranchised (Corr, 1999; Doka, 1989; Zisook & Sheer, 2009). In the *Poetry Magazine* essay, 'Does Poetry Have a Social Function?', Warn et al (2008) reminds us that 'a poem creates a presence that is so physically, emotionally, and intellectually charged that we encounter ourselves in our response to it'. By exposing disenfranchised grief within their poetry, both Petit and Collins encourage readers to consider their own relationships with their parents and what this relationship might look like after their death. For me, even years on, reading their poetry provides a clearer lens through which to understand my own disenfranchised grief.

Addiction, Stigma and Disenfranchised Grief in I Know Your Kind

As with Petit and Collins, my relationship with my father was challenging. He was unpredictable and violent but also sensitive and easily hurt. Throughout my life, his addiction drove a wedge between us. Over time, the qualities I recognized as being distinctly his — his sense of humour, boisterous storytelling, love of music — faded until he became only a shell of himself. During this estrangement period, I watched him separate into two selves who I simply call: my father and the addict. This recognition of the 'two selves' has been written about widely and is often accepted by both the long-term addict and their family, in some cases even being discussed openly at home or in therapy (Anderson, 1994; Cavanaugh, 1998; Cochrane, 1984; Davies, 1992; Deaux, 1992; Larkin & Griffiths, 2002; Walters, 1996; Weisz, 1996). In my case, the more the addict 'took over', the further away I felt from my father until, by the time he died, I barely knew him at all. Still, although our bond had faded considerably, his death had a seismic impact on me.

Doka suggests that grief can be disenfranchised when there is a failure to recognize or understand that 'a death has been experienced as a significant loss' (Doka, 1989, p. 6). These losses can refer to miscarriages and abortions as well as the death of a prisoner or long-term drug-abuser (Attig, 2004, p. 199). Doka (1989) and Corr (1999) expand on this by discussing how losses from drug abuse and illness can represent multiple layers of disenfranchisement. For instance, losing someone to Alzheimer's can be disenfranchising as it 'blots out an individual's personality in such a way or to such a degree that significant others perceive the person to be psychosocially dead, even though biological life continues' (Corr & Corr, 2012, p. 287).

In his article, 'Enhancing the Concept of Disenfranchised Grief', Corr (1999) reflects on what one husband said of his spouse with advanced Alzheimer's disease: 'I am medically separated from my wife even though she is still alive and we are not divorced' (p. 3). It is clear this husband feels that, due to her illness and medical needs, he has 'lost' his wife, even though she is still living and they are still married. To say that this type of loss is disenfranchised — one where a person's illness means they have 'died' a psychological and social death — is to note that 'society does not acknowledge it to be sufficient to justify grief or at least not sufficient to justify grief of the type that society associates with a physical death' (Corr, 1999, p. 3).

This sense of losing someone psychologically and socially before you have lost them physically certainly holds true for families of long-term drug-abusers. Valentine, Bauld and Walter (2016) state that:

> the stress of living with the person's substance misuse may have already impaired family relationships and ravaged the well-being of family members. In particular, the breakdown of a relationship in which so much has been invested has been found to involve grief at losing the person they once knew and loved to their addiction. (p. 5)

In his award-winning collection, *I Know Your Kind* (2017), William Brewer writes about his experience growing up in rural Appalachia. In an early poem entitled 'Against Enabling', he reveals how he actively works against enabling his brother's addiction. This can be seen in the opening couplets:

> *You can't come here anymore, not like this*. I said that, it's true,
> and because of love, turned my bother away to the dark.
>
> The night was as still as a just-snuffed candle, until there came,
> as there always comes after such stillness—or how,
>
> after you've done the right thing—*you're doing the right thing*,
> I whispered to myself, I confess—helplessness descends—
>
> thunderheads cracking their knuckles. The rain fell straight down.
> Between us turning from each other, a greater kind of trust, I told
> myself. (p. 50)

Here, the speaker accepts that his brother's addiction has overtaken him and that the 'loving' thing to do is to turn him away. Brewer masterfully represents the emotional toll it takes to avoid enabling, knowing that he would never turn his heathy brother away into the dark but 'because of love' he needs to do this in order to expel the addict and give his brother a fighting chance at coming back to life. The speaker repeats 'the right thing' in an attempt to soothe and remind himself that this is what has to be done. Yet, even when he feels strong enough to treat his brother like an addict — to redefine and enact the love he has for him in a harsh, new way — Brewer demonstrates a sense of 'helplessness', trying to tell himself that together, he and his brother, are building a 'greater kind of trust' through this exclusion.

The impact of these social and psychological pressures prior to the death, where family members must try to support the person they love without enabling the addiction, add an extra layer to disenfranchisement after the addict has died (Corr, 1999; Valentine, Bauld & Walter, 2016). In some cases, the griever may be expected to feel relief at the ordeal finally being over or to feel as though the addict who died did not represent the person they loved and, as such, there is little need to grieve

(Doka, 1989; Corr, 1999; Lynch, 1977; Osterweis & Townsend, 1988; Valentine, Bauld & Walter, 2016).

In an Australian study, 'Grief experiences of parents coping with an adult child with problem substance use', Oreo and Ozgul (2007) interviewed 49 parents of living adult substance misusers who reported 'ambiguous, complicated and prolonged grief experiences' (p. 72). Their findings suggested that when a substance misuser dies, the parents are likely to 'experience a "double-death" in already having "lost" their child to drugs or alcohol prior to their biological death' (Valentine, Bauld & Walter, 2016). This can be seen most clearly in this excerpt of Brewer's poem, 'In the Room of the Overdosed, an Ember':

> The curtains move but there is nothing to move them.
>
> You are gone. I am sure.
>
> On time a train wails toward Pittsburgh, except you do not hear it. Never will again.
>
> There will be no procession. No Adventists on their steps, shaking their heads
> in compassion and disdain, no flower wreaths to wrap a room in a perfumed lie.
>
> Our years chew a black tunnel through the mountain.
>
> In this moment of finding you, I do not miss you, which is why I remain
> in the absence spun by your denouement.
>
> Curled like a toppled gargoyle.
>
> I wish I could settle on which tense you belong to. (p. 36)

In this piece, the speaker remembers a friend found in a stupor at the train station, among a collection of other addicts. He acknowledges that this person has disappeared socially, mentally and emotionally already and anticipates his physical death. This 'double disappearance' — the act of losing oneself to drugs before one dies — creates social isolation which means, as the speaker suggests, that no one will publicly mourn the death of this addict when his body finally succumbs; there will be no 'flower wreaths'. The speaker likens his friend to inanimate objects — 'curtains' and a 'gargoyle' — suggesting the addict's lack of autonomy over his

body, his position and the power the addiction has over him. The speaker characterizes this witnessing as a 'denouement', the final part of a play, where everything comes together and is resolved. In this poem, Brewer speaks to inevitable things — it was inevitable that his friend would disappear into his addiction; inevitable that, when this happened, Brewer would not miss him; and inevitable that his friend will die. The final line of this excerpt is particularly poignant as Brewer toes the line between deciding whether this person exists in the past (alive), the present (liminal, the addict's life), or the future (dead). This throws up questions about whether living as an addict is really living at all.

Although not an addict himself, Brewer knows 'their kind', as the collection of his title suggests. In interviews, Brewer claims to write the 'truth' of addiction (Natchez, 2018). Following an accident in college, Brewer was given opioids which gave him an insight into their effects. These first person 'addict' poems are peppered throughout the collection and are often used to ask bigger questions about life and death. This can be seen in the closing lines of his poem, 'Naloxone':

> Remember? Someone
>
> found me in a coffee shop bathroom
> after I'd overdone it
>
> and carried me like a feed sack
> to the curb. As they brought me back,
>
> they said, the poppies on my arms
> bruised red petals.
>
> They said, He's your savior.
> But let's not get carried away.
>
> Let's stop comparing everything
> to wings. Have you ever even felt
>
> like you're going to not die
> forever? It's terrifying. (p. 13)

Here, the speaker in the poem overdoses and is brought back by Naloxone — a medication which blocks the brain's opioid receptors and helps restart heart and lung function. In this poem, the addict's experience of existing between life and death, earth and heaven is unpicked. In the final line the speaker suggests that living an addict's life has an inherent expiration date and the thought that this is not a guarantee — that an addict might be doomed to live his life forever — feels terrifying.

Brewer grew up in Oceana, West Virginia which has been given the nickname 'Oxyana', for being what many considered an early capital of OxyContin — and now heroin — abuse. As someone prescribed pain medication (the common 'gateway' to heroin addiction), Brewer understands the intoxicating effects of opioids. He also knows what it is to watch his 'intoxicated' friends, family and hometown neighbours struggle with their addictions. He attempts to tackle the complexities brought on by this position in the opening of his poem 'Oxyana, WV: Exit Song':

> We can't go on pretending that the sky is empty,
> that the tin-plated clouds haven't hung over us
> for seven years, that our constellations
> aren't broken bottles glinting in black puddles.
> Because as long as the glasswork's windows
> are without the twitch of furnace light
> raging orange against the morning,
> as long as the river docks rot like old fruit
> and sink, and the flatbeds sit lacquered
> with leaf rot, we can't pretend
> half a town will stop rising every hour
> through a lifetime's worth of grace.
> Know that it feels as cruel as it sounds,
> that I forget everything except the one thing
> I cannot. That I am sorry that I love
> what I am sorry for. Sorry to speak of love
> as if you believe it's still shaking like a mouse
> in one of the corners of my chest. Know
> that the parts of us we think long dead return
> when we lose something else for good,
> as when I watched my teeth wash down a gutter
> like coins into a well, and against everything,
> I wished on them. I can't pretend

> that waking this afternoon to a dog
> crawling out of my track mark toward home
> wasn't the final loss, that that isn't
> what we call pain: the dogs. (p. 41)

Here Brewer speaks to everyone — the 'we' of the addicts, the 'us' of the town, the 'I' of speaker, the 'you' of someone who is loved. In their article, 'The Secret Life of Pronouns: Flexibility in Writing Style and Physical Health', Campbell and Pennebaker (2003) argue that choosing pronouns in writing is significant as they reflect the interrelationships between the author and the people who are being written about. They state that:

> Pronoun choice is based on perspective. For example, 'us and them' betrays a very different perspective than 'you and them' by highlighting whether the author is identified with a group, and which one. Virtually all the traumatic experiences that were written about in our studies were ultimately social, and this is not coincidental ... Coming to terms with a traumatic experience appears to be linked to thinking about oneself in relation to others. (Campbell & Pennebaker, 2003, p. 64)

The connection between the speaker and others in this poem is clear and draws the reader into this tender, careful reflection on what it means to be an addict among other addicts who are loved, lost and dying.

Disenfranchised Grief in the Poetry of Petit, Collins and Brewer

In Chapter Nine, I posed a question: how do these poets' grief experiences, as told through their poems, reflect or challenge the concept of disenfranchised grief? Put simply: these collections of poems seem to confirm the many emotional experiences scholars associate with disenfranchised grief, including anger, guilt, sadness and resentment (Corr, 1999; Dempsey, 1975; Doka, 1989; Lynch, 1977; Osterweis & Townsend, 1988; Werner-Beland 1980; Worden, 2009). While these poems do not seem to challenge, or raise alternative definitions of, disenfranchised grief, they do offer uniquely something valuable.

According to John Archer in *The Nature of Grief* (1998), the poetical heritage of most languages contain themes of loss, making poetry the 'ideal medium for expressing emotion' (p. 35). These poets' language use, and their ability to 'tell the story' of their grief through poetry, does something that academic discourse rarely manages: they make us *feel*. And, this is the crux of it. Corr (1999) states that a caring society should:

> respect the complexities and the individuality of each bereavement experience … a caring society and its members ought to appreciate that healthy grief honors cherished relationships and that constructive mourning is essential for those who are striving to live in productive and meaningful ways in the aftermath of loss. (pp. 17-18)

Similarly, Neimeyer and Jordan (2002) encourage us to speak and listen, write and read, be understanding of one another in order to correct our society's 'empathetic failure' when it comes to disenfranchised grief. In their article, 'The fight against stigma: An overview of stigma reduction strategies and interventions', Heijnders and Meij (2006) state that 'contact' — meaning either direct contact with a stigmatized person or indirect contact through the media or literature — can be a particularly powerful intervention for fighting stigma (p. 359). They argue that 'testimonials' from those who are stigmatized — in this case, poetic testimonials — will 'demystify and dispel misinformation and generate empathy' (p. 359). By analyzing the poetry of those who have experienced disenfranchised grief, readers can develop empathy which serves to reduce the stigma society attaches to it (Batson et al, 2002).

Not only do these poets have readers, but they also have listeners. All three poets read their poems in public. They also participate in interviews about their work and submit their books for reviews and prizes. Button Poetry, the publisher of *Autopsy* (2017), even uploaded several poems from the collection onto YouTube where many have reached over 15,000 views. Whether or not these poets would class their work as confessional and whether or not they wanted their work to speak on behalf of disenfranchised grievers, is almost irrelevant. By publicly sharing their

work and their stories, these poets bring readers, reviewers and audience members in contact with a type of grief which is not socially acceptable; they bring people into contact with stigma. While disenfranchised grief research might fall under the 'education' strategy of stigma-reduction, these poets operate — knowingly or unknowingly, willingly or unwillingly — under the 'contact' strategy: they provide a face for disenfranchised grief (Batson et al, 2002). According to Morris et al (2019), sharing personal stories 'facilitates experiential processing, heightening affective engagement and emotional arousal, which serve as an impetus for action-taking' (p. 19). This means that the audiences who engage with the work of these poets may, as a result, reflect on their own feelings about this stigmatized experience. This reflection could lead them to change their mind about aspects of disenfranchised grief and/or 'take action' to help change the minds of others.

It is worth noting that the perceived autobiographical nature of these poets' collections play some part in their ability to help reduce stigma. Creative bibliotherapy, defined as 'the use of fiction, poetry, biographical writing and creative writing to improve mental health and wellbeing', employs both fiction and nonfiction books to great effect for individuals suffering with mental health issues or stigma themselves (Brewster, 2008, p. 172). However, to change the mind of others who are doing the disenfranchising then trust needs to be developed which, often, requires the writer to 'tell the truth'. When writing *More than you were*, this focus on developing trust with my audience in order to facilitate the reduction of stigma was crucial. In the next chapter, I will discuss my writing process and collection before considering what contributions it might make to the academic and poetic discussions of disenfranchised grief.

Chapter Eleven: Disenfranchised Grief in *More than you were*

In his book, *Poetry as Survival*, Orr (2002) states that traumatic experiences raise 'unanswerable questions' which have 'the power to initiate a quest for meaning and purpose' (p. 118). He states that this quest, born out of trauma, 'doesn't simply lead the survivor forward. First it leads him or her backward, back to the scene of the trauma where the struggle must take place' (Orr, 2002, p. 118). My father's death raised many questions about his life, my life, our relationship and the nature of grief. And, as Orr suggests, for weeks I went 'backward', writing down everything I could remember about him. I wrote about my Dad's red guitar, his pale Irish skin, his loud singing, his old Camaro. I wrote about his love for Disney films, his unbridled temper, his many insecurities. This stream-of-consciousness writing led to dozens and dozens of pages of unordered text.

As many expressive writing studies contest, I did feel a sense of 'relief' when writing about my father (Sloan & Marx, 2004, p. 122). Determined to carry on as normal, I decided to take only the necessary compassionate leave from work following his death. He died on a Friday and I requested leave from work on the Monday which meant I spent just four days sitting with the loss, in between making arrangements to travel back to America for his funeral. At work, I did not speak about my grief and, so, when I got home, writing was a way to let go and document all the memories and feelings I had during the day. This speaks, in some way, to the 'emotional inhibition theory' discussed in Chapter Three (Sloan & Marx, 2004). However, as I began speaking to more people at work, as well as friends and family, it felt less and less necessary to 'get my feelings out' on paper.

Approximately one month after my father's funeral, writing stopped working. I felt I had 'expressed' everything. All my important memories and feelings had been documented and I was no longer feeling any 'relief' from writing. It was at this point that I felt clear-headed enough to face some of my looming questions: what kind of childhood did I have? What kind of man was my father? What does it mean to love and lose someone to an addiction? How do I go on?

In her article, 'Beyond Expressive Writing: Evolving Models of Developmental Creative Writing', Nicholls (2009) captured my experience well, stating that:

> the writer gains some initial release from writing her feelings out onto the page and but then feels a need to move on, to begin to shape her material, learning to craft and redraft it, ultimately developing a new relationship with aspects of her self-experience. (p. 174)

At this point in my grief, I felt the need to turn to poetry. This drive to write poetry about my grief experience is not unique to me. According to Stepakoff (2009), any self-directed poetry writing about trauma can essentially be viewed as a form of 'auto-poetic healing', a term which refers to the 'processes whereby a trauma survivor utilizes written or oral poem-making as part of a spontaneous process of self-repair' (p. 108). Many studies in Poetry Therapy and beyond have observed that when:

> events of enormous magnitude occur, events that are difficult to cognitively and emotionally assimilate, the urge to make poems is intensified. Although this innate desire to put feelings, experiences, and memories into poetic language is evident with regard to many forms of trauma, the experience of mourning is often associated with a particularly strong desire to write poems, perhaps because of the universal need to elegize and memorialize lost loved ones. (Berger, 1988; Bowman, Sauers, & Halfacre, 1994; Mazza, 2001; Stepakoff, 2002, 2003) (Stepakoff, 2009, p. 108)

In the years leading up to my father's death, I had written and published many poems which explored my past and various family issues. According to Holmes (2017), writing poetry is useful in 'assisting with remembering, making sense of and de-traumatizing painful experience, and synthesising and expressing culturally different or unjust experiences.' (p. 3). Even in the year leading up to my father's death, when his addiction and behaviour were becoming worse, I found writing poetry helped me cope. This meant that my desire to write poetry not only felt innate, as Stepakoff (2009) suggests, but also felt like a familiar and appropriate way to explore my grief. Because of this, writing poetry seemed a natural means by which to begin answering questions about my childhood, my father and my grief.

Creating Order and Taking Control

Orr (2002) states that poetry can help 'order individual lives around emotionally charged experiences by restabilizing the self in a chaotic time' (p. 139). The months following my father's death felt particularly chaotic. I simply could not understand logically why I was feeling so bereft. After all, I knew my father's lifestyle was risky and had, intellectually, accepted that he would die early as a result of his addiction. Before his death, I assumed losing him would be 'okay' because he never really fulfilled his role of father in my life, as I understood it. For instance, he rarely offered me the emotional support other daughters might expect to receive. Our relationship consisted of little more than trying-to-be-pleasant phone calls and emails every few months. So, why did I feel destroyed by his death?

To answer this, I flicked back through the pages of disordered text I had written, searching for answers in my childhood. I revisited the early memories I wrote about and tried to identify emotional patterns and experiences linked to my young life. This exercise gave rise to the 'Lessons' which comprise a series of ten short poems in *More than you were*. These poems reflect things I was taught as a child and teenage girl. 'Lesson #3' provides a clear example of the style and content of this series:

> He asked me to wait
> by the window and watch
> as he slit the throat
> of my pet turkey.
> I saw the whole thing—
> its head bobbing,
> the blood splattering,
> my sobs fogging
> up the glass. Later,
> to comfort me, he said
> that some things were
> never meant to be loved. (p. 18)

In their 2017 article, 'Creative Writing after Traumatic Loss: Towards a Generative Writing Approach', Barak and Leichtentritt state that the 'disclosure of meaning

through the writing of poetry, specifically, is considered to have unique advantages in meaning-reconstruction for an individual coping with trauma' (p. 937). According to their study, this is because writing poetry 'brings out into the open hidden meanings that cannot be revealed through common verbal expression' (Barak & Leichtentritt, 2017, p. 937). This poem, like the other 'Lesson' pieces, represents a snapshot of a moment, using clear images and dialogue to reveal a filmic flashback of this interaction between me and my father. Together, these ten 'Lesson' poems work to reveal deeper truths about my family and my childhood, allowing me — just as Barak and Leichtentritt (2017) suggest — to make meaning of my young life and its impact. Among other things, these 'Lesson' poems helped me to trace back my attitudes towards love and give roots to my feelings of 'separation anxiety' (Valentine, Bauld & Walter, 2016).

In their chapter, "'Every poem breaks a silence that had to be overcome": the therapeutic role of poetry writing', Bolton and Latham (2004) also discuss the therapeutic benefit of making choices in relation to poetic form. According to the *Poetry Archive, '*form' can be understood as 'the physical structure of the poem' (e.g. the way the poem looks on the page, the length of its lines, the choice of stanzas, etc) and can refer to the use of a recognised or 'familiar pattern' (e.g. blank verse, sonnet, villanelle, etc) (2020). Bolton and Latham (2004), note that many poets use:

> tightly controlled poetic forms, such as the sonnet: a discipline of having to find just the right word or image for just the right place. This creation of order out of a previously inchoate mass of emotions, thoughts and experience, can enable not only clarity and succinctness of expression, but also understanding. It is also a controlling of the emotional impact of the situation: the memory of emotion is much more safely packaged up, having been turned into a work of art. (Bolton & Latham, 2004, p. 111)

The unexpected emotions and unanswered questions which accompany bereavement by addiction make it a particularly tumultuous experience. As Bolton and Latham (2004) suggest, using poetic form and setting clear rules for expressing

my grief helped me to take control over this experience. This can be seen at work in the following inverted haiku from my collection:

> *Dry*
>
> I am running out of things
> to say about you.
> Blame me for your second death. (p. 69)

While traditional haiku uses a 5-7-5 syllable structure, this one employs the inverse: 7-5-7. This allowed me to represent the 'upside-down' nature of grief in two ways. First, this inversion represents the difficulty I had in comprehending my father's death, and the sense that the world had 'turned upside-down'. Second, it demonstrates the inverse of the traditional parent-child relationship. In life, my father would have been 'responsible' for me but, in death, I am now responsible for 'keeping him alive' through my writing. The short, three-line form also speaks to having less and less to write about my father, visually representing the idea that I was 'running out of things to say'.

Barak and Leichtentritt (2017) state that poetry is unique in that it has the ability to 'organise and re-stabilise the existential chaos within traumatic bereavement' (p. 937). Even though 'Dry' is the only poem in *More than you were* which employs a traditional poetic form, I did set strict structural rules for the poems in this collection in order to parse the chaotic, messiness of grief. For instance, I restricted all poems to 25 lines or less in order to focus sharply on a specific incident or emotion. This allowed me to trim down the 'bigness' of my grief into manageable segments, portioning it out — just as my participants did — into memories, emotions, physical reactions, behaviours and so on. In fact, none of the 81 poems are more than 21 lines, with an average of 15 lines per poem. Eighteen of the poems are under 10 lines.

In addition to restricting the amount of lines, I also restricted my use of stanza breaks in an effort to better understand my grief experience. This meant that whenever I described a grief experience or traumatic memory I did so using one

block of text. Although rarely discussed in disenfranchised grief literature, reoccurring dreams were a significant part of my bereavement experience and proved to be one of the most anxiety-producing. The following poem speaks to a frequent dream I had in the early months of grief:

Reoccurring

For months I dream
that you are holding me down—
pinning me to the back seat of cars,
trapping me against cold, bathroom tiles.
I watch the needle, hear you soothing:
this will make you feel better,
this will make you feel better,
before squeezing my eyes shut,
willing my pupils to stay small
my body to keep calm, concentrate,
freeze the veins, so I don't let you in,
feel your mistakes lurch
through my blood. (p. 38)

According to Garfield (1996), when normal grievers dream about the deceased it is thought to facilitate 'emotional processing of the loss by desensitizing the survivor to it, eventually allowing him or her to bear the unbearable' (p. 192). However, Germain et al (2013) argue that for those experiencing more complicated forms of grief, dreams may be associated with more severe daytime symptoms of psychiatric distress, rather than less distress and better coping' (p. 271). This coincides with dreams reported by trauma victims in other studies where 'trauma-exposed individuals typically experience trauma-related dreams' (Germain et al, 2013, p. 272). Even though I was trying to 'process' and deal with my grief while continuing on with my life, the dreams reminded me that I was not coping well. These dreams were threatening and anxiety producing.

In an early draft of 'Reoccurring' I tried to replicate this swift, threatening feeling by omitting all punctuation; line breaks alone were used to drive the narrative forward. I believed at first that excluding all punctuation would recreate the panic I felt, the terrifying quickness of the needle coming towards me. However, this did

not help me gain distance from the dream; it helped me report and visually represent it, but not necessarily understand it. Therefore, in later drafts, I added punctuation. The first four lines of this poem, leading to the full stop, now provide context by establishing the setting and frequent nature of the dream. This allowed me to step back, be objective and accept that 1) this was a dream (i.e. not real) and 2) this was a reoccurring dream (it will return even if I don't know when). Coming to accept these two realizations led me to a third: I can 'take control' and 'safely package' this dream within my poem (Bolton and Latham, 2004).

The second half of the poem, from line five onwards, represents this control-taking. In these lines, I use commas to replicate the rushing pace of the dream but opt not to 'report' the dream as it happened. For instance, I don't show the needle going in or the injection. I don't show my body going limp. Instead, I take control in the poem, highlighting my 'will' and 'concentration'. I announce the hope I have that my body will be stronger than the drugs and the 'mistakes' I may have inherited from my father. By restricting this poem to one stanza, I forced myself to pare down this experience and consider what it meant. I wasn't thinking about grief as whole or asking big questions about who I was; instead, I focusing on this one dream and, through that focus, was able to learn about the fear and strength I was carrying. In the dream I was a victim, but in the poem I had power.

More than 60% of the poems in *More than you were* (49 out of 81) used this single block text form as a way to funnel down my grief experience and recreate its sudden impact. Together these short poems helped me to understand and present the 'complicated, contradicting, multifaceted meanings all of which taken together adequately represent the experience of trauma and loss' (Barak & Leichtentritt, 2017, p. 937). In poems which depicted childhood experiences, I often opted to simply 'tell what happened' (Levin, 2005). These experiences, after all, had happened long ago and any understanding I gained did not necessarily need to be communicated on the page. The impact of these realizations about my past felt less significant compared to the realizations gained about my present. With this in mind, I decided to 'take control' often in poems, like 'Reoccurring', which depict my grief

experience. I did this by demonstrating my 'understanding' of grief (see: 'Terminology') and my ability to 'cope' with grief (see: 'On Making Life Change'). I also exerted control in poems by discussing what people expected of me and my grief and demonstrating my ability to meet these expectations (see: 'Playing Nice') or challenge them (see: 'Etiquette'). By employing structural rules, 'retelling' memories and 'taking control' over my grief experience, writing poetry allowed me to gain new perspectives on my bereavement and myself (Nicholls, 2009, p. 179).

Is it me? – The 'I' in More than you were

This choice to 'take control' and transform myself, to some extent, through the poems in *More than you were* is worth considering in relation to the 'lyric I' discussed earlier. Brunner (2013) states that:

> Confessional poetry is identity-related in two ways: thematically and formally. Since it addresses personal life, various aspects of identity arise, such as identity as wife/husband, identity as mother/father, identity as daughter/son, identity as an American, identity as a writer or identity as a mentally ill patient. In addition, there is the aesthetic search for a style, which goes along with a variety of self-referring formats. (pp.191-192)

Like other poets, I was not thrilled about having the confessional label ascribed to my poetry by critics after *More than you were* was published in 2017 by Parthian Books. Although I do admire many confessional poets, such as Anne Sexton and Sharon Olds, and believe in the value of confessional poetry, the application of a 'confessional poetry' label by reviewers often 'overemphasizes the notion of autobiography and diminishes the aesthetic value of the texts in question' (Brunner, 2013, p. 191). When work is labelled as 'confessional', critics seem more inclined to speak directly to 'the author' in their reviews without considering the work that the 'lyric I' may be doing.[1]

[1] In a review of *More than you were* for the *Wales Arts Review*, Sophie Baggott states that 'Thatcher writes bleakly, bluntly about her father's struggle with addiction until his death from an overdose. Her poetry reads more as a cathartic slosh of rage and love than as a collection curated for a general readership'. (Baggott, 2017).

That being said, it is important to note that poets like those discussed — Petit, Collins and Brewer — are aware of the context in which they are writing. Scarcely anything is more important to poetry than deliberate choice and intention. After all, the poem is 'a made thing' (Di Stefano, 2015) and well-crafted poetry relies on the poet's ability to make a choice about their words, line breaks, stanza breaks, metaphor, rhyme and so on. Professional poets will also, often, make choices about the 'I' in their work and how they want this 'I' to function. I have chosen to write *More than you were* — both the book's description and the poems — in a way which lands me firmly in the confessional camp. I will discuss the impact of this more fully later on in this chapter but, put simply: using an 'I' in my poems that is both 'me' (in the way I understand it) and is perceived as 'me' (in the way my readers understand it) was crucial. My 'I' was given the important work of exploring and representing both my private and public identities. Takolander (2017) states that:

> Confessional poetry does, of course, shed light on the lives of confessional poets; my poems, like those of the confessional poets that come before me, rely on the kinds of autobiographical details that can be biographically substantiated in ways that satisfy criteria for life writing. At the same time, however, those poems reveal autobiography's limits. They come into being only through a profound and necessary unsettling of the autonomy of the autobiographical subject in an engagement with the writing craft. In fact, the agency of the autobiographical writer exists only in relation to the writing materials that enable her art. (p. 379)

This idea that writing about oneself changes the 'self' that existed before, during and after the writing is not new. Psychologist Jerome Bruner (2002) states that writers engage in an act of 'self-making' whenever they write (p. 65). Eva Brunner (2013) echoes this by stating that 'a self has to be made, remade, and realized through stories' (p. 190). She goes on to argue that writers combine 'the past with

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While this review ends positively – calling *More than you were* an 'extremely accomplished poetry collection' - it is difficult to imagine a poetry collection being described as a 'cathartic slosh of rage and love' if it was not considered 'confessional' by the reviewer. Arguably, knowing that a collection is 'autobiographical' can give critics license to assume the poems were written without consideration for craft, that the poems' content or facts are more important to the author than their form.

the present to create a self that is only true for the actual moment, the actual poem' (Brunner, 2013, p. 198). My conception of the 'I' in my work most closely resembles Yusef Komunyakaa's (2001) definition in 'The Autobiographical "I": An Archive of Metaphor, Imagery, and Innuendo'. In this chapter, Komunyakaa states that 'since the human being is an act of becoming, the "I" is cultivated, shaped, and nurtured—from first breath to last' (p. 145). Brunner (2013) agrees that in 'poems by confessional poets there is no fixed identity; instead identity is constituted in an endless process of multiple self-conceptions' (p. 192).

With this in mind, the 'I' in my poems is me, the author, in so far as any pronoun can represent a person whose 'self' is ever changing. The 'I' is the 'me' at the time of writing; it is the 'truest' me at that time which is to say that it may no longer represent me now. In some cases, the 'I' acts a reporter whose job it is to document the memories and facts. In other cases, the 'I' is an aspirer, representing the part of me that wanted to be stronger and more in control than I was.

Komunyakaa (2001) also states that the 'I' in poems possesses 'will' and that, in poetry, the '"I am" is an action' (p. 145). I would suggest that the 'I am' statements within *More than you were* go further than this. In eight out of the 81 poems, I used 'I am' not just to assert action (i.e. 'I am running from zombies') but also to represent the expectations others' placed on my grief (i.e. 'I am expected to stay still'); reassert my daughter identity (i.e. 'I am the daughter not the realtor'); illustrate my feelings of uselessness (i.e. 'I am cracked clay'); and, in 'Learning to help myself', remind myself that things could be worse (i.e. 'I am lucky').

Although the confessional poetry label comes with prejudice, I wanted the 'I' to be me, and be perceived as me, for reasons I will explore later on in this chapter.

Audience Awareness

The poet and novelist, Eileen Myers (2004) states that when she writes a book the 'whole thing is a story for me' (p. 149). *More than you were* was certainly a 'story

for me' and writing it represented an invaluable part of my grieving process. But, also like Myers (2004), I felt 'less alone when telling my most private stories than at any other time' (p. 150). I knew early on that I did not just want to tell these stories to myself but that I wanted to curate them for an audience. According to Stepakoff (2009), in order for healing to occur:

> it is necessary for the bereaved to move from a state of formless anguish to one in which the pain can be symbolized or represented, either in words or in non-verbal media such as drawings, music, and dance. It is also necessary to move beyond self-imposed or socially enforced isolation into a state of meaningful contact with at least one other human being. (p. 105)

Communicating with others about a bereavement helps mourners to organize and reestablish 'a dialogue with society about one's traumatic loss by communicating important stories and messages' (Barak & Leichtentritt, p. 937). For me, it was crucial that my work became part of a wider bereavement dialogue. *More than you were* joins Petit, Collins and Williams — along with many other contemporary poets — in contributing to a timely and important poetic discussion of family trauma and grief.

However, in order to join any conversation, one must know who one is talking to, how to approach the other or others, and what one wants the other person to gain. For me, it was essential that my work speak to professional poets but also to the general public. I wanted to share my bereavement with *everyone*, with the aim of reducing stigma attached to bereavement by addiction. In the following section, I will explore the choices I made in an attempt to achieve this aim.

The Art of Confession

As discussed in Chapter Two, addiction is often stigmatized (Goffman, 1963) by society which leaves those bereaved by addiction feeling stigmatized by association (Bos et al, 2013). These feelings of stigma can leave those like myself feeling isolated and unsupported in their expression of grief. Neimeyer and Jordan (2002) attribute much of the disenfranchised grievers' social isolation to society's

‘empathetic failure’. They call on society — including the co-workers, friends and family members of those bereaved by addiction — to become ‘more empathetic’ (Neimeyer & Jordan, 2002). Empathy, according to Ingram and Nakazawa (2003), is ‘the ability to enter into another person’s world, approximate their experience, and connect based on the underlying thoughts, feelings, and behaviours that occur during the interaction’ (p. 487).

Ingram and Nakazawa (2003) consider ‘sociocultural poetry’ to be the kind of poetry most likely to increase empathy (p. 486). Sociocultural poetry is defined as:

> writings that address the social, cultural, and racial lived experiences of members of oppressed groups … Often the main character in the poem or story is the writer, however, one should not always make that assumption — the most important consideration is connecting to the lived experience expressed in the poem or story … Readers interact with text and therefore are interacting with the writer’s or character’s lived experience. Empathy for the writer’s lived experience can develop if the readers are willing to move beyond their own cultural comfort zone and resonate with the feelings behind the words being expressed. (Ingram & Nakazawa, 2003, p. 487)

Although not technically considered an ‘oppressed group’, I believe that the definition of sociocultural poetry could be expanded to include poetry written by stigmatized individuals, including those bereaved by addiction. One of my aims in publishing *More than you were* was to do exactly as Ingram and Nakazawa describe: build empathy in my readers. This is because, according to Heijnders and Meij (2006), building empathy is one of the most powerful ways to fight stigma.

According to Zucker (2014), confessional poetry often reminds ‘the audience of poetry's social mission’. The first encounter readers would have with my social mission is my book’s description:

> When David Thatcher died of a drug overdose in America, his daughter wrote to understand what came after. The result is a striking collection of poetry which explores addiction, family politics, childhood memories and grief.

> The short, sharp poems home in on situations to reveal their complex relationship and the challenges she faced after losing him. Thatcher weaves the darkest memories – the murder of pets, the burning down of a childhood home, the blood stains on white tiles – with ones which betray a tenderness and love.
>
> A brave debut, *More than you were*, explores what it means to lose a father to an addiction and live on. (Thatcher, 2017)

Like Collins' description of *Autopsy* (2017), the description of *More than you were* (2017) directly expresses the autobiographical nature the collection. I hoped that this description would ground my work in reality, immediately eliciting trust from my readers. Like Tony Hoagland, I believe that if a poet:

> speaks sincerely but not naively, and directly and passionately, that it can still be totally convincing and that people — readers and listeners — are deeply thirsty for straightforward, passionate speech (O'Phillips, 2013).

The book's description, in a way, represents my first confession: I disclosed that I was the bereaved daughter of an addict and invited readers to get a glimpse into what this meant. According to Zucker (2014), people like learning about the lives of others:

> Tabloids, E! Hollywood specials, biographies, and pornography all pander to our natural voyeurism. But, unlike these other forms of commercial art, autobiographicality in poetry is a show of respect for the reader, a kind of humility not just humanity-on-display. Think of it as the difference between how a storyteller makes eye contact with the audience and how an actor pretends the audience isn't there. The autobiographicalistic poet is aware of the audience and doesn't pretend otherwise.

Because *More than you were* (2017) is published by Parthian Books, and thereby public, readers know that *I know* they are there. They open the book with an understanding that I have invited them in and that the poems will represent my experiences of loving and losing an addict father. Before they arrive at the poems, readers are likely to glance at the table of contents. This page represents the order I chose for the poems; one which begins in the first days of my grief experience. In her article, 'Poetic sequencing and multi-aspect prose-poetry', Matthews (2017),

discusses her experience of reading the table of contents from *More than you were* (2017):

> The poems within *More than you were* proceed and are listed one after another, in a single and uninterrupted list. There are no parts or sub-sections to the book, and what the reader experiences first are the titles of the poems and their corresponding page numbers. Within the primary sequence, the relationships between poem titles can be employed to whet the reader's appetite, and there is the potential to imply and/or suggest some of the book's thematic range and content by creating resonance between the titles listed within the front matter. Present in Thatcher's collection is a diction of illness and bereavement that is established with titles like 'The Toxicologist', 'Men in our family die early' and 'What grief has become' (Thatcher, 2017), while a narrative arc is established, and temporality implied, in the relationship between the first poem 'First drafts' and closing poem, 'Finding you'. (p. 5)

According to Brunner (2013), employing a 'rough chronological order' and offering a narrative arc in the table of contents often 'provokes an autobiographical reading' (p. 194). Documenting grief as an observable process that the reader 'is invited to accept as "real"' helps to further build their trust and evoke empathy' (p. 194).

Within *More than you were* (2017), as in most poetry collections, there are 'two levels of narrative at work: the narrative of a single poem and the narrative that derives from the context of the whole volume' (Brunner, 2013, p. 193). This two-level narrative allowed me to build up, poem by poem, my narrative identity, encouraging the reader to get to know me and, to an extent, my father. Instead of being told one coherent life story, 'remembered in one moment', readers are provided with 'several separate moments'; this allows 'a semantic connection between the individual poems to persist' which can 'show process' and create a clear narrative arc (Brunner, 2013, p. 193).

Imagery and Metaphor

By using concrete images — that is, images which can be touched, heard or seen — instead of abstractions, I also invited readers to 'experience' grief alongside me.

This can be seen in the following poem which uses the image of 'tar' to describe my grief in the early months of bereavement:

Terminology

In the months that followed
I would learn the terminology
of grief. Read outpourings on blogs,
collect informational leaflets,
buy more than one book with
a woman crying on the cover.
I would study it. Turn it over
and over, will it to move
to the mind and no longer
bubble up from the gut
– searing and heavy –
like tar. (p. 29)

According to Furman (2004), poetry which operates on the 'level of image' can be powerful (p. 163). He states that:

> An evocative and vivid image can linger in the mind long after words have been read. Unlike photographic images, images conjured by the mind that are triggered by the written word may be attributable as much to the receiver as to the source. The images inspired by a poem engage the reader in a creative relationship that moves beyond passivity to co-creation. (Furman, 2004, p. 163)

By employing the 'tar' image in this poem, I am inviting readers to imagine the weight and feel of my grief. This invitation and the subsequent act of 'co-creation' can encourage readers to develop empathy. Even though, according to Di Stefano (2015), 'all griefs are as unprecedented, as original as the whorls in our fingerprints', poets can 'take the specific ceremonies of grief and loss and reenact them in such a way that they are meaningful to all who read their work.'. In her review of *More than you were* (2017), Rachel Carney shares how the images in this collection work together to reveal the complexities of bereavement by addiction.[2]

[2] '[Thatcher] has become adept at describing the pain, numbness and loneliness of grief, from "wading through wet sand" to "a hole so big it could suck my life right out". But this book is not just

Just as imagery is an invitation for co-creation, metaphor also furthers the relationship between the writer and the reader. In her book, *52 Ways of Looking at a Poem*, Padel (2004) shares the etymology of the word 'metaphor':

> Metaphor comes from the Greek verb *metapherein*: to carry across, to transport something from one place to another. The Latin word *translation* is an exact translation of the Greek word *metaphora*; at one level, translation and metaphor do the same thing: connect two worlds. (p. 261)

Padel (2004) suggests that metaphor can connect two worlds but the exact nature of these worlds, and what they represent, is never defined. I would like to suggest that a single metaphor can connect many 'worlds'. Perhaps, most obviously, metaphor can connect the two words, and their meanings, that it is comparing (i.e. when my participant wrote 'my grief is a dark room', this connected the meaning of 'grief' with the meaning of 'the dark room'). But metaphor can also allow the writer to connect 'worlds' which help them understand something about their experience; that is, metaphor can help them link something abstract (like grief) to something concrete (like a dark room), thereby bringing 'together two distinct domains of knowledge and meaning' (Stott et al, p. 10). Finally, metaphor can also connect the world of the writer to the world of the reader in its ability to communicate 'fully the depth and breadth of ambiguous emotional states and relationships' (Furman, 2004, p. 163). For instance, the reader may have no personal experience of grief but they will be familiar with what it is like to be in a dark room, thereby offering them a glimpse into what it must be like to grieve. Although I use metaphor throughout *More than you were*, the clearest example is in the following piece, in which I describe myself as a bird:

> Grief
>
> I am the centerpiece,

---

about grief. It also explores the complexities of a father / daughter relationship which was far from perfect. There are childhood memories, including scenes of domestic violence and abuse, told with a real honesty which hits you in the gut. These are poems which zoom in on the details, revealing a moving story of love and loss.' (Carney, 2017)

a quiet bird that everything
is meant to happen around.
I am expected to stay still,
to listen, to receive and repeat platitudes—
not be too emotional. I must be sad
but not too sad. Not hysterically sad.
Still I flutter and feel things.
My emotions swell up, squawking.
I flap my wings, become unpredictable.
I make unbeautiful sounds.
People hurtle towards me
as I try and fail to break free. (p. 20)

Here I use the metaphor of 'a quiet bird' — an animal which is generally associated with singing and freedom — to capture the oppressive feelings that came when others' put expectations on my grief. Just as Corr (1999) suggests, I often felt my 'grief reactions' were being disenfranchised (p. 17). This poem demonstrates the expectations placed on me to 'be quiet', 'receive platitudes' and not be 'too emotional'. In this poem, I am both the grieving daughter (the centerpiece) and the grieving 'self' (the bird). The bird self is both my 'free' self (unfettered by expectation) and my 'squawking' emotions. By the end of the poem, I attempt to fight against the restrictions that have been placed on my grief reactions: I 'flap my wings' and 'make unbeautiful sounds'. Here the 'bird' self is resisting disenfranchisement by doing what I feel is 'natural' (i.e. flapping wings and making sound) even when what society considers the 'natural' thing to be my quietness. This poem is intended to represent how I could not untangle myself from my grief and, how even in the face of heavy expectation to 'stay still', I could not fight the natural rising of emotions or the desire to 'break free' and be allowed to grieve in a way which was most comfortable for me. According to Furman (2004), the impact of 'a metaphor is more powerful and succinct than if one were merely to describe the dynamics of an experience or a relationship' (p. 17). This is certainly the case in this poem where describing the 'logic' might confuse the reader but offering a metaphor can encourage them to become this bird along with me. The 'bird' in this poem will be more 'easily remembered' than the meaning or intentions behind the bird, thereby allowing 'the insights derived from metaphors to be more easily accessed for reflection' (Furman, 2004, p. 163). In addition to prompting reflection,

metaphors also encourage more intuitive understanding from readers; it doesn't matter if the reader understands my intentions the way I have laid out above. Because of the metaphor I have chosen, readers will understand that, at the heart of this poem, is my desire to break free of the expectations placed on me as a griever. Writing metaphorically about difficult topics like death can also allow readers to deal with their own feelings 'less directly' and lead to 'less overwhelming' confrontations of any grief they themselves might be feeling (Furman, 2004, p. 169).

Direct and Indirect Meanings

According to Zucker (2004), the stories of self 'gain oppressive power when kept taboo' and, therefore, 'telling "the truth" about life is liberation from this oppression'. Nelson (2013) seems to agree, stating that the poetic confession of personal experience has 'became a vehicle for social and political agency' (p. 32). For me, writing candidly about my bereavement by addiction experience had the potential to initiate social change on a grassroots level; readers and listeners of my work could build empathy with me which could lead them to reconsider their views on addiction or show them that all types of grief, whatever the cause, are equally valid.

Using accessible language in *More than you were* was essential in reaching the widest readership possible. This meant choosing the simplest words to convey complex messages. According to the Literacy Trust around '15%, or 5.1 million adults in England, can be described as "functionally illiterate"' which means they have literacy levels at or below those expected of an 11-year-old'. This provided my benchmark. As I wrote, I routinely tested the readability statistics using Word to assess the 'accessibility' of the poems. Once the collection was finished, I used the ATOS Book Analyzer to help me assess the level of the text. The ATOS software takes into account:

> the most important predictors of text complexity—average sentence length, average word length, and word difficulty level. The results are provided in a grade-level scale that is easy to use and understand.

The grade level for my finished collection was a '6.0' – suitable for a 6th grader in the USA or a Year 7 student in the UK, aged 11 to 12 years old. By using accessible language I could tell my story, on a literal level, to all readers.

While I used accessible language to tell direct stories about my grief to readers, I used what was 'unsaid' in each poem to raise questions or tell an alternative story.[3] One example can be seen clearly here:

> *Anticipation*
>
> I sat in the car
> and waited
> for whatever
> you were doing
> to finish.
>
> You told me
> if I was good
> I could have
> my own pack
> of red gum
> from the store.
>
> For hours
> I imagined
> the taste
> of cinnamon
> that never came. (p. 8)

This poem shows only the direct or 'surface' exchange between me (as a child) and my father. The reader never knows what the father is doing, what being 'good' means and why the father never bought the gum. The reader is left with a sense of

[3] In his *Poetry School* review of *More than you were* (2017), Will Barrett states: 'Thatcher also understands intuitively that often we respond most powerfully to what is not being said or specified, and as such every single poem is given its own page (and never has the empty space around a poem ever carried quite so much emotional freight)'. (Barrett, 2017).

emptiness or loss from the anticipation that is never being fulfilled. By using implication here, the bigger, unsaid themes in the poem can speak to other unsaid themes stirred up throughout the collection. What is left unsaid across poems then culminates into a one recurring, but unasked, question: What kind of man was my father?

Like Collins, who explores these ideas in relation to his mother, I attempt to jostle the reader — pulling them back and forth by pairing happy memories with frightening ones. I hope that by doing this I encourage readers to ask themselves the same questions I asked myself in the depths of my grief. In her discussion of the 'Lesson' poems, Kim Moore explores the 'intended' and 'unintended' meanings in my work, raising the same kinds of questions that I was asking myself when writing[4].

Privacy and Public Appearances

Zucker (2004) states that writing confessional poetry which employs autobiographical details takes a risk, 'usually a risk of content' as well as 'privacy, reputation, and decency'. She states that the 'Confessionalistic poet risks more; she is willing to undermine the boundaries of self. Often, she is writing at the frayed edge of the genre in the busy interstitial space between neurons' (Zucker, 2014). Nelson (2013) continues this conversation, stating that:

> to call these poems 'private', which was the term of choice for critics for several decades, is not to settle a question about confessional poetry, but to identify one of its preoccupations. What is privacy? And for whom? (p. 32).

[4] 'In Christina's collection, she has a sequence of short poems called "Lesson", numbered 1 to 10. I found these poems extremely moving – the lessons often have a double meaning, or an intended meaning and an unintended meaning. In "Lesson #1", the short lines fit well with the idea of things being cut off, being severed. The brutality is created not only by the killing of the snake, but the witnessing of the killing of the snake, not only the witnessing, but the witnessing of the killing of the snake with the toy shovel, which is now forever changed from a toy shovel. The character of the "she" figure (presumably the mother) who is "quiet and strong" is contrasted with her act, and not just the act, but the acknowledgement of the act. Is the lesson that sometimes to protect family we do "unfair and gruesome things" or is the lesson "the world is a place where unfair and gruesome things can happen?"' (Moore, 2018).

Although the challenges of loving and losing an addict father could be seen as something better kept 'private', it is precisely the act of 'talking about the taboo, and translating the personal, and sometimes minor, experiences of a lifetime into poetry that makes it a powerful tool for breaking down stigma' (Di Stefano, 2105). Nelson (2013) states that taken together:

> a directness of address, which produced the impression of candour and intimacy with the reader, and the shameful, dishonourable (Rosenthal's term), or merely private nature of the content are a potent mix. (Nelson, 2015, p. 34)

The impact of this potent mix — the accessible and direct address coupled with 'shameful' confessions— could best be felt when doing readings of my work. Holmes (2017) states that reading poetry aloud plays multiple roles by facilitating 'community healing', 'representing group members' voices', helping audience members to revisit and begin processing the 'meaning of their own experiences' (p. 7). After launching *More than you were* in 2017, I embarked on a 30 city book tour across six countries, including the UK, USA, Canada, Costa Rica, Switzerland and Romania. My audiences ranged from teenagers in Costa Rica to pensioners in England. I read to poetry audiences in libraries and bookstores as well as more diverse audiences in noisy coffee shops and pubs.

After every reading, two things always happened: people told me I was 'brave' or 'courageous' for sharing my story; and people told me about their grief experiences, whether they were a 'normal' griever or 'disenfranchised griever'. Those who told me I was 'brave' were often implying or, later admitting, one of two things: 'I have a similar experience to you but never had the courage to share it' or 'I never considered what it must be like to grow up with addiction or lose someone to addiction'. In both cases, I felt that the poems led audience members to reconsider their beliefs about addiction and grief thus, hopefully, began to reduce the stigma associated with these things through our contact.

For those who shared their own grief stories, our conversations led me to believe that they felt 'represented' in some way by my poetry (Holmes, 2017) and that this helped them feel less alone. Since the book's release, I have also received dozens of emails as well as Facebook and Twitter messages from people I met at readings who wanted to share how the poems impacted them; I have included two anonymized email examples in Appendix P. According to Pinhasi-Vittorio (2018), exchanges like this are important for both the audience and the writer, stating that:

> The audience plays an important role in this process of exchanging thoughts and emotions. This mutual process of giving and receiving can create a sense of community among trauma victims, who often feel isolated by their experiences. Shared experiences can penetrate this isolation that is the byproduct of their lives' events. Very often, the emergence of the common experience can bring with it feelings of empathy and caring. (p.213)

Since disenfranchised grievers, particularly those bereaved by addiction, often feel isolated, I found these stories from audience members particularly valuable. Just as I may have been reminding them that they were not alone in their grief, so too were they reminding me. These opportunities to communicate face-to-face also allowed for the exchange of resources and ideas; I often found myself recommending and being recommended books and poetry by audience members.

Reading my poems aloud also helped me take control over my grief narrative. According to Holmes (2017), reading a poem aloud to an audience and:

> incorporating pauses, phrasing, breathing and voicing or intonation of speech, the spoken word framework permits a sense of relief, through releasing these 'secret' feelings, allowing emotional components of life experience to be comprehended by an audience. A poetic format further limits what words are included, emphasising important and relevant sentiments. Particularly after trauma, whether external, or subjectively experienced, such sharing provides an avenue by which individuals' unique voices may be expressed, and by which empathetic and caring messages enter, and healing can occur. (p. 7)

Reading poems from *More than you were* (2017) to hundreds of people from different social, cultural and religious backgrounds empowered me. I was turning

something traumatic into something that could foster community and reduce stigma.

Disenfranchised Grief in More than you were

Just as Petit, Collins and Brewer's poetry served to confirm the disenfranchised grief experiences outlined by Doka (1989) and Corr (1999) so too does the poetry in *More than you were*. I experienced many of the hallmarks of disenfranchised grief, including anxiety (Misouridou & Papadatou, 2017), depression (De La Hey, 2009), fatigue (Stroebe, Schut, & Stroebe, 2007) and feelings of worthlessness (Friedman, 2012). Because my father was an addict and we were not particularly close, co-workers, friends and family did not understand my grief or my reactions, leaving me to feel that both my relationship and mourning were disenfranchised (Doka, 1989; Corr, 1999). I experienced stigma by association (Bos et al, 2013) and felt the need to use my poetry to explore and counteract this. Poems like 'First Drafts' showed my need to protect my father and his reputation and poems like 'Finding You' showed my desire for him to be seen as more than just an addict. My disenfranchised grief experiences aligned closely to those outlined in research and my poetry attempts to express this.

That being said, I believe that my poem, 'Reoccurring', does highlight a neglected area in disenfranchised grief research. While 'anxiety-dreams', 'bad dreams' and 'nightmares' are discussed often in relation to trauma victims (Garfield, 1996) there has been little research done on these dreams for disenfranchised grievers, particularly those bereaved by addiction. According to Misouridou and Papadatou (2017) families are often exposed to the traumas associated with addiction for many years. This can cause anxiety which, even after the death of the addict, can lead individuals to have panic attacks and society anxiety (Bui et al, 2013; Smith, 2019). More research should be done in this area to support those, like me, who are experiencing anxiety-inducing dreams as a result of being bereaved by addiction.

Although much research has also been done on the benefits of writing and sharing poetry, this is often discussed in relation to non-writing populations. Most expressive writing and poetry therapy studies target groups who, while they may have an interest in writing, do not do it professionally. Given the benefits I gained from writing, crafting and reading my work as a published poet, I believe it would also be worth conducting research specifically designed to explore the impact of writing professionally about trauma. For instance, what therapeutic benefit does one gain from crafting a poem to a publishable standard? And, does the form and quality of a poem — as much as the content of a poem — offer benefit to its reader or listener? Finally, I participated in radio and podcast interviews where I read poems from *More than you were* (2017); this raises the question of how these interviews might work as stigma-reducing 'contact' (Heijnders & Meij, 2006).

Although *More than you were* (2017) has limited knowledge to add to the academic discussions of disenfranchised grief, it certainly adds to the poetic ones. According to Rajabali (2014) poetic phrases can:

> crystallise meaning and poetry often has the capacity to penetrate experience more deeply than ordinary prose. The distillation of meaning experienced in a poetic phrase, spoken or written, can seep into our consciousness and stay there for further reflection. (p. 46)

Stepakoff (2009) notes that many survivors of suicide have reported that 'in the aftermath of the death, they felt compelled to search for or cite pre-existing poems and songs that expressed what they were not able to find the words to express' (p. 106). As someone bereaved by addiction, I also felt compelled to search for poems that expressed my unique grief experience and found very few. *More than you were* (2017) contributes to the limited poetic literature on bereavement by addiction, adding to the store of pre-existing poems that others bereaved by addiction might seek out and 'find solace in' (Stepakoff, 2009, p. 106). In fact, I hope that *More than you were* (2017) will do many things out in the world: help readers feel less alone in their grief; encourage other poets to publish work about disenfranchised grief;

reduce the stigma associated with bereavement by addiction; and redeem my father who, like all addicts, deserve empathy and compassion.

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Appendix A: Research Poster – Participant Recruitment

JOIN OUR STUDY TO SEE IF WE CAN HELP YOU.

THIS STUDY WILL EXPLORE HOW CREATIVE WRITING CAN BENEFIT INDIVIDUALS BEREAVED BY ADDICTION.

This study will involve participating in interviews and writing in a journal on topics related to grief. The researcher will travel to you and all materials will be provided.

Participants will be over 18 years old and will have:
Lost a loved one to an addiction in the last 5 years
Accessed bereavement or addiction services in the last 5 years

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

To find out more or to take part in the study please contact Christina Thatcher
ThatcherC@Cardiff.ac.uk
077545 86081

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

Appendix B: Introductory Template Email

Dear [insert name],

Hello! My name is Christina Thatcher and I am a postgraduate researcher at Cardiff University.

I am currently conducting a research project which explores how creative writing can benefit individuals bereaved by addiction. In particular, it is examining the impact that creative writing has on adults who have accessed, or are currently accessing, services offered by organisations dealing with bereavement or family addiction across England and Wales.

Given the work that you do at **[insert organisation name],** I believe this research project could benefit your service users. I am looking particularly for individuals who are over 18 years old and who have lost someone to a drug or alcohol addiction in the last five years.

I am happy to travel to conduct the interviews and will gladly provide all the writing materials necessary for the research. No previous creative writing experience is necessary to take part.

Would you consider circulating the attached poster to anyone working for or accessing services at **[insert organisation name]** who you think could benefit from this study? I would really appreciate the opportunity to work with participants from your organisation.

Of course, I would be happy to answer any questions you have about my research via email or telephone. My number is 077545 86081. Alternatively, I would be glad to visit your office if you'd like to discuss the study in person.

Thank you in advance for your support. I am looking forward to hearing from you.

Have a lovely day!

Best wishes,
Christina

Appendix C: Email exchange between myself and The Compassionate Friends

Email Subject: Creative Writing, Addiction and Bereavement Study - Participants Needed
Sent: 30/06/16

Hello,

My name is Christina Thatcher and I am a postgraduate researcher at Cardiff University.

I am currently conducting a research project which explores how creative writing can benefit individuals bereaved by addiction. In particular, it is examining the impact that creative writing has on adults who have accessed, or are currently accessing, services offered by organisations dealing with bereavement or family addiction across England and Wales.

Given the work that you do for families at the Compassionate Friends, I believe this research project could benefit some of your service users. I am looking particularly for individuals who are over 18 years old and who have lost someone to a drug or alcohol addiction in the last five years.

I am happy to travel to conduct the interviews and will gladly provide all the writing materials necessary for the research. No previous creative writing experience is necessary to take part.

Would you consider circulating the attached poster to anyone working for or accessing services at the Compassionate Friends who you think could benefit from this study? I would really appreciate the opportunity to work with participants from your organisation.

Of course, I would be happy to answer any questions you have about my research via email or telephone. My number is 077545 86081. Alternatively, I would be glad to visit your office if you'd like to discuss the study in person.

Thank you in advance for your support. I am looking forward to hearing from you.

Have a lovely day!

Best wishes,
Christina Thatcher

Reply Sent from the Compassionate Friends: 30/06/16

Dear Christina,

Thank you for your email giving us details about your study looking at the benefits of creative writing to adults bereaved by addiction. I have talked with our National Coordinator for parents bereaved by addiction, **[Name Redacted],** and we think we could publicise your call for participants within The Compassionate Friends – as no doubt you know, we offer peer-to-peer support to parents and siblings bereaved of a child/brother or sister at any age and from any cause. We do have a significant portion of parents and siblings bereaved in this way, and would be pleased to let them know about your study.

However, before we do please could you let us know what sort of ethical safeguards you have in place for the study and whether this research study has been passed by an ethics committee? If so, could you give us the details? Also, what sort of time scale are you looking at? Will you want to finish the interviewing/ participant study by the end of this year, for instance, or before?

I am also wondering whether you are starting from the premise that creative writing is a benefit to those bereaved by addiction … so this is kind of a leading research question, as it would seem that you have already made up your mind that it is. How will you know if it is or isn't a benefit for any kind of bereavement? Just some random thoughts about this for now … !

Thank you, again, Christina for contacting The Compassionate Friends, and I look forward to hearing from you re. the above.

With kind regards,
[Name Redacted]

Reply sent 07/01/16

Hello **[Name Redacted],**

Thank you for your email and for talking to your National Coordinator about this study. I have followed the work of The Compassionate Friends since 2014 and would love the opportunity to work with anyone associated with your organisation who you think could benefit from this study.

I'm happy to answer your questions about the research itself. This study passed ethical clearance in March 2016 by the ENCAP Research Ethics Committee at Cardiff University. If you would like to discuss this with the head of the committee, please feel free to email him. His name is Dr. Andrew Edgar and you can reach him by email here: Edgar@cardiff.ac.uk. If you prefer, I would be happy to share my ethics proposal with you so you can see the variables that I have taken into consideration when conducting this study.

In addition to applying for and being granted ethical clearance, I have taken measures to ensure that all the participants will be safeguarded during this study. I

have attached the information sheet which will be sent to any participant who enquires about the research project. By reading this, they will have a clear understanding of what to expect should they wish to take part.

Those who decide to take part will be asked to sign a consent form during our first meeting where I will make them aware that what they say in the interview will remain anonymous unless they say something which leads me to believe they are a risk to themselves or others. In this case, I will need to inform the organisation whose services they are currently accessing or have recently accessed so that they can receive some additional help and support.

They may choose a specific support worker or therapist who they would like me to contact, if they have one. If a participant is no longer accessing services and do not have anyone they would like me to contact, then I will ask for an emergency contact (i.e. parent or spouse) and provide them with information of local services or helplines they can access if they become distressed during the study.

In terms of the time scale, I hope to complete my interviews by the end of the year (December 15th, 2016). However, if there is a great demand then I am happy to continue working with participants until February 2017. As this is a qualitative, case-study based research project I do have flexibility in terms of numbers and duration.

In terms of the research questions, I am happy to explain this more thoroughly. My hypothesis is that creative writing will be of some benefit to those bereaved by addiction. Initially, this hypothesis was formed from my own personal experience - my father died of a drug overdose in 2013 and writing poetry has helped me manage my grief in a variety of ways. As I began the literature review for my PhD, this hypothesis was strengthened as a great deal of previous research has been done to determine that creative/expressive writing is beneficial to people who have experienced trauma and grief. However, there is virtually no formal research done on how creative writing can benefit those experiencing disenfranchised or more complicated grief, particularly bereavement by addiction. So, I am essentially moving the lens and trying to examine how creative writing can benefit this population. It's likely that it will have some benefit, based on previous research, but it may not and if that is the case I will explore why. I am particularly interested in answering the following sub-questions with this research:

- Can creative writing improve the self-awareness of individuals bereaved by addiction?
- Can creative writing reduce some of the negative effects associated with grief, such as depression, fatigue and anxiety?
- Can creative writing help individuals bereaved by addiction make healthier choices about their work and personal responsibilities while grieving?

To examine these questions, I will be using an adapted grief scale - inspired by the Reaction to Loss scale and the Traumatic Grief Index - both before and after the participants are asked to write. I will also be conducting semi-structured interviews in order to learn about the participant's grief circumstances, their reactions to the loss, what they have done, if anything, to try to manage their grief, etc. There will be a second interview after the writing to discuss their feelings and grief management again.

Finally, this is a small-scale study. I will be conducting at least 10 case studies, though I am aiming for more, in less than a year. My hope is to analyse my findings and produce a summary of results which points to further research. If the study shows a significant benefit then I hope to produce free and accessible materials which can be used by grief counsellors and support workers who wish to incorporate creative writing activities into their practice.

Whatever the outcome of this study, and wherever it leads me, I think there is a large gap in creative writing research and bereavement by addiction. So, I hope this will open the door and lead to further investigative studies.

I hope this has helped to answer a few of your questions. If you have any others please do let me know and I'd be happy to answer them.

Thank you again!

Best wishes,
Christina

Reply from The Compassionate Friends 02/07/16

Dear Christina

Thank you for your full reply, which answered all our questions. I am sure this will be an important and beneficial study into this area, and wish you every success with it. I will put something onto our social media pages as a call for participants very shortly – so hopefully you will get some response. We have a closed Facebook group for parents bereaved by addiction and we will also post details there, as well as our more public pages.

Kindest regards,
[Name Redacted]

Appendix D: Participant Information Sheet

Creative Writing and Bereavement by Addiction

A Research Project

Introduction

My name is Christina Thatcher and I am a postgraduate researcher at Cardiff University. I am currently conducting a research project which will explore how creative writing can benefit individuals bereaved by addiction. In particular, this project will examine the impact that creative writing has on adults who have accessed, or are currently accessing, services offered by organisations dealing with bereavement or family addiction across England and Wales.

Why am I doing this project?

This research project will be primarily educational but will likely lead to further studies related to creative writing and bereavement by addiction.

This study has the potential to make useful contributions to the bereavement and creative writing fields by:

- Providing new information related to creative writing and bereavement by addiction.
- Supporting the development of free and accessible resources for grief counsellors and community support workers which will provide creative writing prompts/activities and outline how these can be incorporated alongside their regular services.

What will happen if you agree to take part in this research project?

If you agree to take part, then you will be asked to do the following over a 2-4 week period, depending on your availability:

1. **Take part in an initial meeting which will last around 2 hours.** During this initial meeting you will be asked to complete a consent form, fill in a questionnaire, take part in a recorded interview and complete a short creative writing exercise. When we meet, I will travel to a place which is convenient and comfortable for you. This can be your home, a quiet location

of your choice or a neutral location that I arrange, like a University or library meeting room.

2. **Complete 10 creative writing exercises following our initial meeting.** These exercises will be related to some aspect of bereavement by addiction and should take no more than 20 minutes each. A journal, list of prompts and pen will be provided.

3. **Take part in a second meeting which will last around 1.5 hours.** During this second meeting you will be asked to complete a second questionnaire and take part in another interview. You will also be given the option of submitting writing samples for the study. These would be photocopied from your journal. Submitting writing samples is optional so you do not need to share any of your writing if you don't want to. Again, I will travel to a place which is convenient and comfortable for you.

When I have completed the study I will produce a summary of the findings which I will be more than happy to send you, if you are interested.

Will your participation in the project remain confidential?

You can be assured that if you take part in this project your participation will remain confidential and your name will be anonymised.

Your real name will be recorded on the consent form, questionnaires and writing samples, should you choose to submit them. This is so I can contact you with the summary of findings after the study. These original files will be kept in a secure location both digitally and physically. They will be locked using a key (for the physical files) and a secure password (for the digital files) and only accessible by me.

You will be given a pseudonym (i.e. a fake name) for the research project so your identity will be protected. Your real name, as well as any names you mention during our interview/in writing, will not be disclosed to other parties. Your responses to the questionnaire as well as the interview questions will be used only for the purpose of this project.

The results of this project, in part or in full, may be published online or in academic journals. The results may also, in part or in full, be shared at conferences or academic seminars. You will have the opportunity to decide how and where your information is used when you sign the consent form.

Are there any advantages of taking part?

There are possible advantages of taking part in this project. For instance, you may find:

- The research project and/or the research process interesting.
- Discussing and writing about your grief experiences to be beneficial.

- Taking part in a project which could help others bereaved by addiction satisfying.

Are there any disadvantages of taking part?

You may find it uncomfortable or distressing to talk or write about your grief experiences, your relationship to the person you lost and/or your state of mind following your bereavement.

Do you have to participate in this study?

No, your participation in this project is entirely voluntary. If you do not wish to take part you do not have to give a reason and you will not be contacted again.

Similarly, if you do agree to participate you are free to withdraw at any time during the project if you change your mind. You do not need to give a reason for this.

Additional Information

This study has received ethical clearance from the ENCAP Research Ethics Committee at Cardiff University. It is being supervised by Professor Richard Gwyn.

What happens now?

If you are interested in taking part in the study or have additional questions please get in touch with me. You can contact me via email at ThatcherC@Cardiff.ac.uk or by telephone: 077545 86081.

Once you have contacted me, we can arrange a time and place for our initial meeting that is convenient for you. Unfortunately, I cannot reimburse you for your travel so it is best if I can come to a place which is easy for you to access.

If you decide you would rather not participate in this study after reading this information that is completely fine. It would be helpful for you to get in touch to let me know. You do not have to give a reason for not wanting to participate and no further contact regarding this study will be made.

Thank you for taking the time to read this information. I look forward to hearing from you if you would like to take part in this study. If you do not wish to take part, then I wish you the very best.

Appendix E: Grief Questionnaire*

**the layout of this questionnaire has been changed from 'landscape' to 'portrait' to fit in this appendix.*

Creative Writing and Bereavement by Addiction Questionnaire

Please complete this questionnaire before we begin our interview. This will help me gain a better understanding of your grief experience. The questionnaire will not be looked at today and you can skip any questions which you do not wish to answer.

		Never	Rarely	Sometimes	Often	Always
1	I feel a sense of shock and unreality following the loss of this person.					
2	I feel a sense of helplessness after losing this person.					
3	I feel vulnerable even around people I know.					
4	I feel sad and cry at home or in public places.					
5	I feel sad or depressed – even things I enjoy do not cheer me up.					
6	I feel angry and irritable, in a way I did not before losing this person.					
7	I feel a sense of emptiness or loneliness.					
8	I feel like I have lost the ability to care about other people or I feel distant from people I care about.					
9	I feel envious of others who have not lost someone.					
10	I feel as though I have 'brain fog' and experience disorganised thinking.					
11	I feel confused and aimless.					
12	I find it difficult to concentrate.					
13	I am preoccupied with thinking about the person I lost.					
14	I feel unaffected by the loss and do not think about the person or circumstances of the death.					
15	I have dreams or nightmares about the person I have lost.					
16	I have lost some of my own self-esteem since losing this person.					

17	I feel exhausted even if I have had a good night's sleep.					
18	My sleep is disturbed.					
19	My appetite has decreased or increased since losing this person.					
20	I feel a sense of physical distress or nausea.					
21	I feel anxious about things I did not feel anxious about before losing this person.					
22	I get colds or suffer illnesses more often than I did before losing this person.					
23	I am not as aware of others' needs as I used to be.					
24	I feel withdrawn and try to avoid others.					
25	I am less productive at work.					
26	I have lost interest in usual pleasures, including hobbies, relationships and/or sex.					
27	My personal relationships are strained because others do not understand my grief.					
28	I talk about my grief to others.					
29	I understand why I feel the way I do about losing this person.					
30	I do what I think will help me as I grieve.					
31	I forgive myself or go easy on myself for feeling the way I do.					
32	I try to bury or push down uncomfortable feelings.					
33	I reflect on my relationship with the person I have lost.					
34	When I talk to others, I pretend that everything is okay even when it isn't.					
35	I acknowledge losing this person and take steps to help myself cope with the grief.					

Appendix F: Interview #1

FIRST Interview Themes, Questions and Writing Prompts
Creative Writing and Bereavement by Addiction Research Project

Introduction:
(*build rapport*)

- Introduce myself and the project – this interview will give me a chance to learn about you and your loss, the ways in which you deal with grief, your experience with writing and so on. Explain that I'll occasionally be taking notes, what they say will be recorded, and that the interview will be between a half hour to an hour, can stop it at any time if they need to
- Ask them about themselves, their name, their interests

Interest in the project:
(learn about their motivations for taking part in the project)

- Can you explain a little bit about why you wanted to get involved with this study?
- How do you feel about starting this project now that we're here?

Experience of writing
(establish their experience with creative writing)

- What, if any, kinds of creative writing have you done in the past?
- If you have written before, when did you write and why?
- How do you feel about writing?

Establishing the relationship to the person they lost:
(establish a picture of the person they lost and their relationship to them)

- Can you tell me a bit about the person you have lost? How long ago did they pass away?
- What were the circumstances which led up to losing this person?
- What are some of the thoughts and feelings you are dealing with when you think about this person and how you lost them?

Grieving:
(establish the nature of their grief)

- How would you describe your grief at this moment in time? How does it affect you? Consider how, if at all, it impacts on your daily life or your relationships.
- How have those around you reacted to your grief?

Help-Seeking:
(*explore how they have already sought help to cope with their grief)*

- What kinds of things did you do to cope with your grief after you lost this person?
- What have you already done with the organisation you have worked with (i.e. support group, one-to-one sessions, art therapy)?

- How do you feel about the services/support you've already received?
- What else could be done to help you through this experience?

Anything Else:
(provide an opportunity for participants to speak openly about anything else they like)

- Do you have anything else you might like to say about your grief experience?

Appendix G: Interview #2

SECOND Interview Themes and Questions
Creative Writing and Bereavement Research Project

Catch-Up:
(*establish rapport*)

- Explain that this second interview will give me a chance to learn about your grief, the ways in which you deal with grief, your experience with writing and so on. There may be some questions which are similar to our first interview.
- Explain that I'll occasionally be taking notes, what they say will be recorded, and that the interview will be between a half hour to an hour, can stop it at any time if they need to.

Experience of writing in the journal
(establish their experience with creative writing as part of this project)

- So, tell me a little bit about how the last few weeks went for you. What was it like for you to complete the writing prompts?
- How did you feel before, during, and after writing in the journal?
- Which prompt did you find most difficult and why?

Grieving:
(establish the nature of their grief since beginning this project)

- How would you describe your grief at this moment in time? How does it affect you? Consider how, if at all, it impacts on your daily life or your relationships.
- How have those around you reacted to your grief?
- How do you feel about writing during times of grief?

Anything Else:
(provide an opportunity for participants to speak openly about anything else they like)

- Do you have anything else you might like to say about your grief experience?
- Do you have anything else you might like to say about taking part in this project?
- What are your plans now that your participation in this project has finished?

**Ask if they'd allow me to take their exercise book away or if I can make copies of any of the writing inside. If so, perhaps they'd like to explain their process.

Appendix H: Consent/Confidentiality Agreement

Creative Writing and Bereavement by Addiction Research Project

Consent Form / Confidentiality Agreement

As a part of this Creative Writing and Bereavement by Addiction Research Project, you will be interviewed by a researcher from Cardiff University. The interview will be recorded and last between thirty minutes and one hour. You will be asked questions about yourself, the person you lost, your feelings of grief and your experience of creative writing. During this interview, you will have the opportunity to talk about thoughts and feelings associated with losing someone to an addiction. You have the right to stop the interview at any time.

Any information gathered during this interview will be treated with confidentiality. However, we would like to use your responses in a variety of ways to help support others who are experiencing bereavement by addiction. We will use a pseudonym to protect your identity in any and all publications.

Please tick if you are happy for your responses (not your name) to be used for the following:

- ☐ **Professional Websites**, including the Cardiff University website, the researcher's website and/or the websites of organisations who work to support people bereaved by addiction
- ☐ **Social Media** belonging to Cardiff University, the researcher or organisations who work to support people bereaved by addiction (i.e. Facebook, Twitter, etc)
- ☐ **Campaign and Marketing Materials** about this or related research projects, including press releases, case studies, reports, leaflets, and posters
- ☐ **Future Research, Training, and/or Support Programmes** for those bereaved by addiction

I have read and understood this form and give permission for my responses, not my name, to be used as indicated above.

Name:

Signature:

Date:

Creative Writing and Bereavement by Addiction

Research Project

Consent Form / Confidentiality Agreement

Your rights are important to us – in line with this, your right to be heard and have your confidentiality respected will be supported by the researcher throughout this project.

However, if you disclose any information which may place yourself, or another person in danger/harm, or if you disclose anything which is illegal, the researcher is duty bound to pass this information on to a third party. In these circumstances, any action taken will be discussed with you, unless by doing so will put you are at risk of further harm.

In case there is a need to disclose any information, please provide a name of someone who can be contacted. Ideally, this will be a current or former bereavement counsellor, group facilitator, therapist or other similar professional.

If you do not feel comfortable providing the name of someone from a professional organisation, please provide the name and contact details of someone close to you who we can call if required:

Name:

Relationship to you:

Contact Number:

If you do not provide the details of someone the researcher can contact in the event of a disclosure then your name and contact details will be passed on to a bereavement organisation near you so that you can be contacted by a local support worker or counsellor.

I have read and understood the above statements regarding confidentiality and the responsibility of the researcher to pass on any information which is disclosed that is illegal or could put myself or others at risk.

Name:

Signature:

Date:

Appendix I: Set of Instructions – Creative Writing Pack

Creative Writing and Bereavement by Addiction
A Research Project

Creative Writing Pack – Information and Instructions

Introduction

If you are reading this then you have already completed the questionnaire and first interview for this research project and are now ready to write. **Please read the information and instructions below and follow them as closely as possible**. This will help ensure that every participant works in the same way which will make the results of the study more reliable.

What you pack contains

Your pack includes a notebook, a pen and 10 creative writing prompts labelled with numbers. Five prompts will be free writes and five prompts will also have a poem which may help you reflect on your own experiences when writing.

Creative writing instructions

You will have 2-4 weeks to complete all ten prompts. Please only write to one prompt per day. You can write to all the prompts over 10 days or you can spread them out – whatever feels right to you.
Before you begin writing, please read the instructions below:

1. Prompts are labelled 1-10 and each deal with a different theme related to bereavement by addiction. **Please complete the prompts in order** so that the results will be consistent for each participant.

2. **Please write for 20 minutes on each prompt.** If you get stuck, please take a moment to re-read the prompt and think of other ways you can express your thoughts, feelings or memories associated with the theme or the questions asked. If you would like to write for more than 20 minutes you are welcome to do so.

3. **Try to follow the prompts as they are written** but if other, related thoughts or feelings come up as a result of the prompt then feel free to explore these as you are writing.

4. **Write in any style or form that feels right to you.** This means it can be in the form of a journal entry, descriptive piece of writing, a short story, a poem, or anything else that feels comfortable. Please do not worry about spelling, grammar, punctuation, etc. The most important thing is just getting the words onto the page.

5. **For prompts with poems**, **please read the poem first and then the prompt before you begin writing.** You may refer back to the poem or prompt as you are writing if you would like to.

6. **Write to all 10 of the creative writing prompts in time for our second meeting.** If you need more time please do let me know.

Things to remember

- **Write what comes naturally**. You do not need to have any creative writing experience to take part in this study so please do not worry about the *quality* of your writing. Write what feels comfortable to you, in any form you wish.

- **You do not need to completely understand or relate to the poems.** Some of the poems chosen for the poetry prompts will deal with bereavement and others with feelings associated with bereavement. Each poem is meant to evoke a feeling, spark a memory or introduce an idea. However, if you don't feel like the poem does this that is okay – you can simply write to the prompt.

- **Some prompts include a definition when a recognised psychological term is used, like 'anxiety' or 'depression'.** The definitions will be indicated by *italics*. These definitions are included so every participant has the opportunity to consider and/or write about these terms with the same definition in mind.

- **The notebook is yours**. After our second meeting, I will ask if you would like to donate your notebook or copies of certain pieces for the project, but this is your choice. You are entitled to privacy and do not need to share any of your writing if you do not want to.

Thank you for taking the time to read these instructions. You may now begin your writing exercises.

Appendix J: Creative Writing Pack

Creative Writing Prompt #1

Addiction

Write about your relationship with addiction. What do you know about it? How do you feel about it? How has it impacted your life?

Creative Writing Prompt #2

Anxiety*

Read 'The Race', a poem by Sharon Olds.

Think about something which produced anxiety for you before or after you lost someone to an addiction. This could be anxiety produced by the thought of him or her dying, the surprise of them dying, getting back to 'real life' after losing them, and so on.

Write about one of these anxious moments – what was happening? What did the anxiety feel like? What were you thinking?

***According to the Cambridge English Dictionary (Online), **anxiety** is defined as a feeling of worry, nervousness, or unease about something with an uncertain outcome.*

The Race

When I got to the airport I rushed up to the desk,
bought a ticket, ten minutes later
they told me the flight was cancelled, the doctors
had said my father would not live through the night
and the flight was cancelled. A young man
with a dark brown moustache told me
another airline had a nonstop
leaving in seven minutes. See that
elevator over there, well go
down to the first floor, make a right, you'll
see a yellow bus, get off at the
second Pan Am terminal, I
ran, I who have no sense of direction
raced exactly where he'd told me, a fish
slipping upstream deftly against
the flow of the river. I jumped off that bus with those
bags I had thrown everything into
in five minutes, and ran, the bags
wagged me from side to side as if
to prove I was under the claims of the material,
I ran up to a man with a flower on his breast,
I who always go to the end of the line, I said
Help me. He looked at my ticket, he said
Make a left and then a right, go up the moving stairs and then
run. I lumbered up the moving stairs,
at the top I saw the corridor,
and then I took a deep breath, I said
goodbye to my body, goodbye to comfort,
I used my legs and heart as if I would
gladly use them up for this,
to touch him again in this life. I ran, and the
bags banged against me, wheeled and coursed
in skewed orbits, I have seen pictures of
women running, their belongings tied
in scarves grasped in their fists, I blessed my
long legs he gave me, my strong
heart I abandoned to its own purpose,
I ran to Gate 17 and they were
just lifting the thick white

lozenge of the door to fit it into
the socket of the plane. Like the one who is not
too rich, I turned sideways and
slipped through the needle's eye, and then
I walked down the aisle toward my father. The jet
was full, and people's hair was shining, they were
smiling, the interior of the plane was filled with a
mist of gold endorphin light,
I wept as people weep when they enter heaven,
in massive relief. We lifted up
gently from one tip of the continent
and did not stop until we set down lightly on the
other edge, I walked into his room
and watched his chest rise slowly
and sink again, all night
I watched him breathe.

Sharon Olds
from *The Father* (Knopf, 1992)

Creative Writing Prompt #3

Anger

Write about a time you were angry with the person you lost. Either before or after they passed away. Describe this time, what made you angry, what did you do?

Creative Writing Prompt #4

Behaviour

Read 'After Your Death', a poem by Natasha Trethewey.

Write about what you did after learning that someone in your life had died from an addiction. What were your physical reactions? What did you do, who did you speak to, what happened? Explore your behaviours.

After Your Death

First, I emptied the closets of your clothes,
threw out the bowl of fruit, bruised
from your touch, left empty the jars

you bought for preserves. The next morning,
birds rustled the fruit trees, and later
when I twisted a ripe fig loose from its stem,

I found it half eaten, the other side
already rotting, or—like another I plucked
and split open—being taken from the inside:

a swarm of insects hollowing it. I'm too late,
again, another space emptied by loss.
Tomorrow, the bowl I have yet to fill.

Natasha Trethewey
from *Native Guard* (Houghton Mifflin, 2007)

Creative Writing Prompt #5

Others

Write about how other people responded to the death and your grief. Think of the different types of people in your life – strangers, acquaintances, colleagues, friends, family.

How did they react after finding out that you lost someone to an addiction? How, if at all, have their reactions changed since time has passed? How, if at all, has your relationship with them changed?

Creative Writing Prompt #6

Sadness

Read 'Sadness', a poem by Kim Dower.

Describe a time when you felt sad or depressed* since losing someone to an addiction. What were the thoughts running through your mind? How long did it last? What did you do? How did you overcome it, if you have?

According to the Cambridge English Dictionary (Online), **depression is defined the state of feeling very unhappy and without hope for the future.*

Sadness

Today everything made me sad.
I tried to cheer myself up
but nothing worked.

I reminded myself I don't have
the debilitating, albeit rare disease
where your muscles turn

into bone. The sixteen-year-old girl
in the UK who has it still went to the prom
even though she was growing a second

skeleton inside her. I can't even go
to the supermarket for milk,
and I have nothing wrong with me

except my left toenail keeps cracking
and they can't figure out why.
I made myself watch a small white dog

bark at its own reflection in the front seat
of a van, thinking that might break the spell,
make me laugh, like watching a mini circus

without the clowns, but I realized I was all alone
pretending to share a moment with a dog
who didn't know me.

I fantasied crashing my car into a pole,
being rushed to the hospital, laid on a stretcher,
muffled voices whispering orders, veering

in and out of consciousness, but my sadness
wouldn't budge. Then I thought of you
wearing your fabulously silly socks,

and how once when I was a girl I told a joke
at the dinner table and no one laughed,
and though you didn't know me back then,

I know *you* would have laughed, smiling
that smile, you rushing through me
like a song played over and over.

Kim Dower
from *Slice of moon* (Red Hen Press, 2013)

Creative Writing Prompt #7

Loneliness

Write about a time when you felt lonely or isolated due to dealing with someone's addiction and/or the death of the person you lost. When did you feel lonely and why? What did you do in that situation?

Creative Writing Prompt #8

Regret

Read 'Another Feeling', a poem by Ruth Stone.

Write a piece about a time when you felt regret linked to the person you lost? This could be regretting something you did or didn't do when they were alive or after they passed away.

Another Feeling

Once you saw a drove of young pigs
crossing the highway. One of them
pulling his body by the front feet,
the hind legs dragging flat.
Without thinking,
you called the Humane Society.
They came with a net and went for him.
They were matter of fact, uniformed;
there were two of them,
their truck ominous, with a cage.
He was hiding in the weeds. It was then
you saw his eyes. He understood.
He was trembling.
After they took him, you began to suffer regret.
Years later, you remember his misfit body
scrambling to reach the others.
Even at this moment, your heart
is going too fast; your hands sweat.

Ruth Stone
from *In the dark* (Copper Canyon Press, 2007)

Creative Writing Prompt #9

Memory

Read 'Gorillas', a poem by Shelly Wagner.

Write about a positive memory of the person you lost. What do you remember? What was happening? Describe the memory, your thoughts and feelings.

Gorillas

I found the gorilla mask in the closet.
I was not looking for it.
Holding the limp, black rubber head
covered with coarse hair,
I remembered your blue eyes
peering through its empty sockets.
We had brought it for Halloween
but it came to life
the day you wore it to the zoo.
The huge head almost covered your shoulders.
You kept poking your fingers into the holes
to keep them in front of your eyes
so you could see to lead me

to the huge gorilla.
He stopped pacing and fixed his gorilla eyes
on the little monkey approaching.
He found you irresistible.
His arms opened wide.
He grasped the bars and began to sway
side to side, staring at you.
You stood at the fence outside his cage
mimicking him.
The two of you were dancing –
him leading, you following,
you leading, him following.
Two gorillas, two children
ignoring the crowd gathering.

It was a glorious afternoon,
the kind only a child
can give a parent and a gorilla.
As we were walking away
I looked back at the animal.
He was pathetic trapped in his cage,
his chest pressed against the bars,
his arms reaching through
as though he knew
he would never see you again.

Now all I have
is this memory
and this mask
lying collapsed in my lap
as though the life has gone out of it
and it has begun slowly to decompose.

Shelly Wagner
from *The Andrew Poems* (Texas Tech University Press, 1994)

Creative Writing Prompt #10

Grief

Write generally about your grief experience of losing someone to an addiction. What does grief mean to you? How has it changed you, if at all? How has it impacted your life?

Appendix K: Practice Prompts

Writing Prompts (after interview)

Free Write: Describe your grief – how does it make you feel? What affect has it had on you? You can use metaphors if you like or you can simply write a description. Don't worry about the spelling, grammar, or style. Just write freely for the next 5 minutes.

Poem Exercise:

Read 'Visitations' by Deborah Gordon Cooper together (next page) and briefly chat about the poem. Explain that they might not feel anything after reading a poem or they may not feel they understand it fully. That is okay – it is just another way to get them thinking about their own experiences.

Prompt: Think about a place where you remember the person you lost? Or, if there is no particular place, think about a time or the time(s) you remembered them. What were you doing? (10 minutes)

Visitations

On Tuesday
in the produce aisle,
choosing my oranges by feel
and by their fragrance,
I hear my father
whistling in my ear.
A Scottish lullaby.
Everything else stops.
There is a tenderness no border can contain.
A web that may be glimpsed
in certain, unexpected plays of light,
or felt
like a shawl
across one's shoulders
laid by unseen hands.
There are sounds in other decibels
the heart can hear
when the wind is right
and the mind has quieted its clicking.
The border guards are sleeping
at their stations.
Spirits come and go.
The wall between the living and the dead
is as yielding as a membrane,
is as porous as a skin.
Lay your palm against it
and you can hear their voices
in your hand
and in the place where the chest opens
like a flower.
They are not far away,
no farther than the breath,
and enter us as easily,
in pine and peonies,
in oranges and rain.

Deborah Gordon Cooper
From *Beloved on the Earth: 150 Poems of Grief and Gratitude* (Holy Cow! Press, 2009)

Appendix L: Grace Stevenson Transcripts – First and Second Interview

Creative Writing and Bereavement by Addiction Study
Interview 1

Basic Details

Interview Date	Participant Pseudonym	Deceased Pseudonym	Deceased's Relationship to Participant	Date of Death	Cause of Death
23/07/2016	Grace Stevenson	Liam Stevenson	Son	27/01/2012	Butane/ Suicide

C: What is your motivation for taking part in this research?

G: So I'd like to put something back into the research and participate in order to help people going through bereavement. I understand that people need to do different things to work their way through their grief and if I can help in any way to put something into that research then I'm more than happy to do so.

C: That is brilliant. Before we started recording I talked to you a little bit and you said you had previous experience participating in some research before. Can you tell me a little bit about what that entailed?

G: So a lady called Christine Valentine from Bath University (or at least this area) asked me to participate in a bereaved by addiction and, um, it was really just how I was going along on my grief journey at that point in time and I was happy to participate. That was a couple of years ago so compared to now obviously I feel differently and I would imagine it would be quite interesting to see my answers from then to now and how I feel.

C: Would you mind talking a little bit about where you were at that time when you were going through that? Can you think back to that experience?

G: I was probably two years in, maybe less, I can't remember exactly. But, I can remember being still very much in the throes of deep grief. Unable to comprehend what had happened. Very sad, quite tearful. Cross. Very lonely from the world. Unable to connect with anything or see any purpose to my life because Liam was my only child, my son. And once you've lost your only child then you do feel kind of, a little bit, redundant in all walks of life.

C: Yeah, I can imagine that must have been very challenging. How did the research help you, if it did help you in any way – how did you respond to the research at that time when you were feeling all those complex things?

G: Well, I felt useful actually. I felt that doing something positive gave me something to do. As I say, I felt pretty redundant in everything so I felt that was one avenue where I could be helpful and perhaps help other bereaved people in the future. It gave me an element of satisfaction, of completion, made my confidence level go up a bit. It did change an aspect of me in the sense that I was doing something for other people and for me.

C: That is wonderful. I'm so glad the research gave you that experience. It's nice, as it's sort of reflected the answer in your motivation to take part today as well [G: Yes] because you get the sense that your motivation is giving back to others and that gave you some fulfilment.

Okay, so, now I'm going to move on and ask you a little bit about your experience of writing. Would you mind explaining what your relationship is to writing, if you have a relationship to it? What have you done in the past with writing, if anything?

G: I used to hate writing at school. But when I lost Liam a friend of mine bought me a little writing book basically. And I thought, what on earth am I going to do with that? Apart from probably write a few choice words in it. Anyway, as it so happened I'd wake up in the night after having my nightmares or dreams or whatever else and I'd come downstairs and my whole 24 hour clock was completely up the shoot so I needed something to occupy my mind rather than analysing everything that had happened, the trauma and the whole losing my son aspect. But as I was writing it down it was almost like when you have a list in your head for work the next day. Like, oh, I really must writing something down so I remember it and I think that's what happened. And I've got a real thing about writing list so it was kind of an element of that. So, I started writing down everything I was feeling so I could kind of offload it at that point at time at night because as you know at night-time everything seems a squillion times worse. And I wrote everything down I was feeling and it was rambling on and when I look back at some of it, it was quite bizarre what I was writing but it obviously was useful to some aspect.

Anyway, as it was, I then started getting a little bit more creative with my writing and I started putting together words that were forming into these poems that were sometimes extremely dark and full of deep thoughts and sadness [participant pauses, tearful]. Sorry, bear with me. But, it gave me the opportunity to explain how I was feeling albeit that nobody was reading it at that point in time. And this was, this started prior to me meeting with The Compassionate Friends (TCF) so at that point in time I didn't actually have any support network whatsoever. And it just, I suppose, it was one way with just dealing with stuff that was in my head. So,

that's how it started basically and then from then on, and then I met TCF and then I started getting support where I needed it, etc.

My poems then started taking more of, I would suppose a useful aspect, and I would try to make them so that people could read them, so they had a meaning to them. Whereas before they were jumbled up words that were coming from me. I don't really care what anybody thought about then. Now, I was kind of doing them with a thought process that people were going to read these because TCF wanted to publish them, they said they were good. They said people will get help from this. They will see they're not on their own. People in my position, childless parents, people who have lost their children through their children through addiction or substance abuse or suicide or whatever and they would be able to resonate with your words. And I just thought, I'm actually quite enjoying doing this and, again, I felt a purpose and I think – as I said, I do feel very redundant in 90% of the aspects of my life so this aspect is quite a huge part and the fact that people were recognising what I was doing from two angles. The fact that they were quite cleverly put together but also that people could find them of use just made it beneficial for me and a positive step forwards.

C: That is wonderful to hear. It's interesting to hear your journey as well. You've moved from treating writing as an outlet and then you found this other opportunity to be of help and service to others which has helped you in turn.

So, where are you at the moment with your writing? Are you still writing in the same way? Are you still writing frequently or not so much?

G: At this moment in time, I've actually the last two weeks I've been collating all my poems and putting them together. I've also done some alternative Christmas cards and things like that. They're a little bit off the wall, but … Things that only bereaved parents would understand. I'm kind of looking at it as a whole picture and I'd like to put it all together because I can't write about it in story form. It doesn't, I just can't form words that way. It always becomes very dark. Whereas as I do these poems, I don't know, I've done some fairly funny ones recently as well which I quite often go to retreat weekends where I go with TCF and we have a creative writing session which we did two weeks ago and it's inspiring to see these people who see these people who go in and say they can't write, they haven't written since school and they [TCF] say just do this. And then they write it down and they form these words and it's just unbelievably emotional. And it's, these people they've never written before. I just think people don't realize that they could do that, if it's done from the heart or it's true, raw emotional feelings and they put it onto paper, how it's incredibly wonderful what they can do.

C: That is so well said. It's nice that you have that experience and you've been in a CW session and collating all your work. It seems you've had a lot of experience with

creative writing so it'll be nice for you to be coming from that place to see where this project will take you.

Now, you mentioned Liam and I'd love for us to talk a little bit more about him. Can you tell me a bit about who he was?

G: Liam [shows me a picture] suited and booted, very handsome, 6 foot something. There's a few pictures up there from when he was a little bit younger with his friends, at prom, what have you. He was a very, very intelligent lad. I was a single parent for ten years so we were very connected. He went off to University with his girlfriend. She wanted him to go to Uni but he wasn't particularly keen. I'm a contract marketing manager for leisure centres and he'd grown up in the leisure centres with me. He was a lifeguard, a particularly good swimmer. He used to go windsurfing with my parents in Bournemouth … He went off to Uni even though he wasn't that keen to but he said he was in love with his girlfriend and she decided that she didn't actually want to be with him and it escalated from there. Liam is a very loyal, kind, sincere chap who was let down, who was supposed to be being looked after while he was down in University [slow words, tearful, quiet].

He was in Plymouth, far from Wiltshire.

C: So, one of the things that's really important with bereavement by addiction is being able to talk about the person as a whole person. They're not completely defined by their addiction so it's important to talk about who Liam was, his good qualities and who he was in his relationship to you.

I'd like to dive in a little bit which I know will be hard so we can take lots of breaks. So, he went to University, he sounds like a lovely person. He had his girlfriend there. Can you please talk about the circumstances which led up to his death? Can you talk about his addiction and what happened?

G: I didn't know but after Liam had gone that he'd been using Butane. And that had been going on for quite a few years. Now, obviously, I was unaware of it even at home I didn't know. He used to paint Warhammer quite a lot so there was quite fumes and things, you know, paint stuff going on. And I just didn't even contemplate it. And I think when he'd gone down to University – I'm not sure whether it was the situation or who he was with, I'm not portioning blame to anyone – but I think that all helped, because he'd already had that experience with Butane and it gives you a high or whatever it does. Anyway, when his girlfriend left him, I think she would – you know they were only 19, this happens all the time, but as I say he was an extremely loyal person, he wanted to get married – when she went off and left him, he paid for everything – for the room, they had a big double room, not cheap. But anyway, because of course where he worked full time as a lifeguard he'd saved all this money up. Anyway, so she'd left and he'd cleared her

stuff out. She'd asked him to do that for her which he did. He moved all her stuff for her and boxed it up and what not. He came home for Christmas and he seemed fine, obviously a bit down from what had happened you know, but they were still on good terms and she'd come back up on the train with him and they were okay and everything was fine. So, I didn't think it was a complete break. Anyway, as it was on New Year's Eve, he let me know that they had broken up, etc, properly. I think she'd found somebody else or whatever.

So, at the end of January he went out with his friends, there were four of them in the house originally and then she moved out. He didn't drink, he didn't smoke, he couldn't abide it – smoking, he hated it – so I knew he would never do drugs or smoke drugs down there. And I think they'd just gone out and he had some Butane on him and he put it in his jacket and he was sniffing it or whatever. And he was doing that and they were all out and he did have some alcohol and when the two other lads had gone to sleep, gone to bed, Liam helped one of them into bed because he was so drunk. Um … He'd put his music, set his alarm to go to University the next day, he packed his bag, and they all thought he'd gone in the morning because the music was still on in his bedroom and he quite often let his music running in there. And then the girlfriend came back later on in the afternoon to pick some stuff up and found him on the floor with a bag on his head. And, called the other two lads who came up and tried to give him CPR but he'd obviously died in the night or something.

The thing was I'd spoken him 2pm the day before, on the 26th (he died on the 27th January) and he did seem down and he kind of poured his heart out to me on a text. Anyway, so, but I didn't think he'd do that. I never thought that he'd go intentionally and leave me.

C: Yeah, I can imagine that would be such a shock. So, at this point he'd talked a little about his drug use?

G: No he hadn't. He never said anything about that. Never told me things like that because he'd never want to worry me. So, I was completely unaware. I only found all this out afterwards with the detective and what have you. Because obviously I had to do this stupid inquest and what not. Anyway, so, I found out that night. So on that Friday, 27th January 2012, I found out at 6pm with two police men coming round to here that Liam had been found and we drove straight down to Plymouth obviously to go and see Liam. And all I kept doing was going: Wake up. [tearful, pause].

C: So you had the opportunity to see him when you got there?

G: Yeah, yeah.

C: That must have been very upsetting and quite shocking.

G: I was in a state of shock, yeah. It was dreadful. When you see their face, all the colour in their face had gone out and all the veins and everything's cold. It's just horrible. And when you know that somebody's really intelligent – he was doing all the sciences and maths at University so he wasn't thick, he was … - you just think somebody would know the consequences of doing something so stupid but he always used to say to me: you smoke. Or, you drink alcohol. He was so against it and then I think that is why I was so like – what do you mean he was sniffing Butane? Anyway, I always thought, and I still do say, that it was an accidental drug suicide or addiction. A substance suicide as opposed to a completely chosen decision. But, because the coroner/detective found …On Liam's computer screen, he was a bit of a … He would write things like Hayley I love you, I'll always love you. I'll love you forever I promise. He'd have this on his computer screen so when she went into the room she'd see it if he wasn't there.

Because the coroner said that was on the screen that is why they said it was a suicide. And I still don't believe it because he set the bloody alarm for the following day. So, he'd switched it off.

C: He was prepared to go to Uni.

G: Yeah. So, I don't know. And as I said I can't imagine he would do that to me because he didn't ever, you know, he was always protecting me.

C: Yeah, from the way you described him, he seems like a very kind and loyal and smart person. So, that probably is adding to the difficulty.

G: Yes, it does. It's another factor of my trauma. To come to some understanding of it all I guess.

C: So, you kind of touched on some of the extreme emotions that would come into play when the police were coming and going to see them. I can imagine that would be very harrowing, even the months and years that were following that must have been quite challenging.

Can we fast forward a bit to where you are now? Can you tell me how your grief is at this moment in time? Can you describe your feelings of grief and where you are now?

G: I'm not as raw. Day to day, I would say that I'm – on a level of 1 to 10, 10 being super, duper grief – I can be a 5 or 6. I choose to give my brain and my body a rest by putting thoughts of Liam into a little package, putting it aside, going to work, concentrating on work, doing everything and then Saturday mornings are my grieving. I go into the bedroom – Liam's ashes are in the bedroom. I go up there and I talk to him and tell him off and goodness knows what other things. And, my parents died just before Liam died and so I actually lost all my family at that point.

So, as I say, I felt pretty redundant in most aspects. But, I think now I can control it. I can choose when I want to be – more so I can choose when I want to be down or whatever. I could be down constantly. It wouldn't be a problem. But I choose not to because I need to give myself a break sometimes. You have to be kind to yourself and you just need to survive it. People have a way of coping with things.

Pictures. I don't mind these pictures but I can't bear looking at pictures of when Liam was little. It absolutely crucifies me. I can't even talk about it and that's because of guilt. Because I went to work full time. I had to work but I've got an awful lot of guilt, you know. He spent a lot of his time with my parents down at the beach but for him was blooming wonderful but I wish in hindsight I'd spent more time with him.

But there are a lot of factors to do with my grief. There is a huge amount of guilt. But, I do manage it better now. I'm not raw. I'm not in shock. I can analyse things and put a sensible, factual analysis result for me to be able to deal with stuff.

I'm trying to find interest in other things as well. I'm not the same as I used to be. I am a different person without a doubt. I have so much less patience, zero, tolerance, zero. I can't deal with people's whining about pathetic things anymore. You know, I call them mogels. And that's people who aren't bereaved, parents who aren't bereaved. A lot of my groups on social media now refer to them as mogels simply because they just do not get it and there's an element of them and us type thing.

C: So this is something I'm interested in exploring. Can you explain a bit more about this division you've described? How do people react in general to your grief? You lost someone immediately and you'll have some reactions to that and then you have reactions now when you tell people. There are lots of people this could relate to so you could speak about it generally or about certain people. You're going to be interacting with strangers, friends, colleagues, family, other parents, etc. What are the responses from these people?

G: Initially, I'm talking in hindsight now. At the time, I thought everyone was being very kind and rallying round and coming round to the house, checking up on me and that probably last six months, if that. On hindsight I think mogels come round because they want to see what's happened and they want to check whether or not the elements of how this death has happened does not come into their lives, does not refer to them in any way and how they can defer away – oh, you know, okay, well it was Butane, so let's make sure that my kids don't ever use Butane and therefore it won't happen to my children.

C: So you think the motivation is self-interest?

G: Oh, without a doubt. Definitely. I have very few friends now. I would say, in four years since Liam gone, I've hosted parties and barbecues to basically say thank you to the people, up until probably last year, to say thank you to people for being so kind and nice to me. I've had zero invites back from anybody. Yeah …

C: And was this a change to before?

G: No, I've done more BBQs and meals since Liam went. People will quite happily come here to drink my drink and eat my food but I've had zero invites back. Consequently, I've made a decision this year that I'm not going to do it anymore. I don't want to mix with mogels. They don't understand. Another thing – I'll start off at the beginning. Initially, when they found out they were shocked.

One response I had was from a lady in Asda. I just got to the pasta aisle which is what Liam used to eat all the time and I just broke down in the middle of the aisle. And she came up to me and just said oh hi, how are you? And I said oh not really good. And she said, oh what's the matter? I said, oh you haven't heard, I lost Liam. And she said 'oh!' and just walked off. I was absolutely gobsmacked. I was in full melt down mode.

C: I'm shocked.

G: And she used to work with me and she knew Liam. Unbelievable. I've had people who were supposedly good friends who have gone to me with a hanky – oh you still upset? Oh, I swear honestly it's true. And these people now I've just thought – you know what, I can't be bothered with them. They have no idea. It does make me cross, angry and bitter. I've got a massive chip on my shoulder. But, from what I've lost of the mogel world, I've gained from my Compassionate Friends and my bereaved parents. They are wonderful and they've always been good. I'm pretty bitter. I'm very cynical.

But people now, even Liam's friends – if you see the second picture from the left, at his prom – well, one of the parents, for a couple of years did pop round for Liam's birthday and what have you. She would bring a plant and say she is thinking of us. That has all stopped. The other parent, nothing. And she used to have Liam round there all the time. Um, I don't think they care, don't think they want to know. I don't ask them, I don't tell them. I feel quite isolated.

C: It's upsetting to hear the way people have responded to your grief. I do think people don't know what to do or how to interact. [laughs about the grocery store incident together]. I'd be interested to hear about how your responses to others have changed. Do you talk about your feelings? How do you interact with people when it comes to your grief?

G: Well, I think the problem is that I've got an issue with people who have other children because, as I say, they've got futures and grandchildren, other children, etc, etc. They've got families and I haven't got anybody. So, I think when people at work are talking around me about their children and their grandchildren, I kind of let it go. I'm at work, I'm in an environment where I can't manage that. It's out of my control. I can't do anything about that. And I do try to engage and ask them how their children are but I have to be honest I don't care. To be honesty, unless they're dead it doesn't even come under my remit because, you know, I can't understand them any more than they can understand me anymore. There is this huge divide. So when people say to me…

I do have problems when people who don't know me say to me, 'Oh, and what about you and how many children to you have? Are you married?'. You know, they don't know me so I say, 'Well, I'm not married, I have a partner, he's very supportive and I have a son but unfortunately, he's no longer with us'. And some people are really thick and they say, 'Oh why is he in Australia or something like that?' and I say 'No, he's actually not alive anymore' and then if, you know and I'll try to be sensitive to it but they'll say 'Oh really, what happened?' and then I'll say oh, well, actually, he's dead. You know, because I think, what more do you want for me? And then, of course as I say, they're self-interested – they're just nosy – so I'll start off and kind of you know [laughs] try and manage it by being sensitive to *them*, I try and help them not get offended. Why do I do that? God only knows. Um, you know I try to help them through that situation of 'oh my god your child's dead' and I'll try to be nice to them to do it but I must admit it's like a three stage process for it and, you know, if they don't get it the first time then the second time I'm more to the point and then the third time I'll just say it how it is. And normally, I'll get an oh, oh, oh, I'm really sorry or OH! And then they just get on and do something else.

I think the worst one was when I went to the doctor for a normal thing and the normal thing with the nurse is 'Do you drink alcohol? Do you smoke?'. Yeah, you do realise smoking is not good for you? Yeah, I do realise it's not good for me. So why do you smoke? Well, obviously I might be having a bad day. I'm assuming at this point that they have read my notes, bearing in mind that I've been into hospital twice myself since I lost Liam through taking too many tablets and what not. So, I'd have thought they would have read this and then, you know, the nurse said to me 'Well, why are you not feeling happy?' and I sort of said well, obviously, my son died. OH, well that'll be why then won't it, yeah? And she was laughing. And I can remember saying to her, why are you laughing? Well, she said, I suppose we all need to have something to get over things – like really flippant about it all. And I said, you're actually laughing at something that is devastating me. And she said, do you think this is funny? And she's still talking like that and then she said she's really

sorry but didn't know what to say. And I thought, well you should have blooming thought of that before you started laughing at me.

C: From a health professional as well, that is quite surprising.

G: I went and complained in the end. You need to be more sensitive to people. I did take it on the nose but I know other bereaved parents who would have either punched her or burst into tears and walked out. Whereas I just asked her, do you actually think this is funny?

But, um, how do people? I think I get actually more cross now with other bereaved parents who talk about their own children.

C: That's very interesting. How come? Why do you think that is?

G: This has changed and shifted. This is only something I have realised this has happened to me in the last three or four months. Very recent. And I can accept mogels talking about their children more than I can accept bereaved parents talking about their children. And the reason is, I expect bereaved parents with other children should be more susceptible to how us childless parents are. And, I actually have more of an issue with them at the moment than I have with mogels.

C: So, just so I'm clear. It's just when the bereaved parents have other living children and they're talking about those living children in front of other bereaved parents, that is what is driving your anger?

G: Yes, yes, at the moment.

C: I can understand that. That makes sense. What about when bereaved parents talk about their deceased children?

G: Then I'm okay with that.

C: You feel open to that, because there is that connection?

G: Yes.

C: That makes sense. You are looking at the world and you see the 'mogels' talking about their children and you think that they're not really understanding what I'm going through. But, yeah, you would expect the bereaved parents to have more sensitivity.

G: I don't expect them to stop talking about their other children. But when I actually sit next to them – I said to this other person recently, 'What are you going to do after you leave the retreat' and she said 'Oh, I'm going off to see my grandchildren' and I said 'Oh, that's nice. That's lovely.' And, I said that's really precious, you're so fortunate. You are blessed with having a future. It must be lovely. And then she said, oh, I don't know. Sometimes they're a bit of a pain. And I thought, oh, what I

wouldn't do to be able to see Liam and to have grandchildren. And I thought, hang on, I just told you that I'm childless and you still said this. So, that really bothers me more at the moment. Probably. That is where I am with my, being grouchy with everybody situation.

C: I'm sure it will continuously change. That is really fascinating. You've developed this new friendship group – you let your old friends go and then here's this new group of people who you've gotten a lot of comfort from and …

G:..now I'm segregating them as well.

C: Well, that might be human nature. Inevitably you'll find where you feel most comfortable. When something shakes your work so enormously, it seems only natural to try and find the place where you belong now. It's interesting to hear your experiences of how people are reacting to you as well as how you're reacting to them. I suppose it will continue to change throughout the rest of your bereavement journey.

G: I found an answer to them. I say, well I still feel very sorry for you. If they talk to me back like that and I say, I feel sorry for you. I think, well, they're not taking on board my position. Rather than that they're just ranting and going on and on so I just say, I feel really sorry for you. Cause I don't have to worry about my other children now do I? You're wrapping them in cotton wool when they're on holiday and clubbing or out with their mates.

C: And how do they respond to that?

G: Well they say that, yeah, we do worry. That's really nice to how considerate you are to how we worry about our children. And I'm trying to think, yeah, come on, come on. Give it back to me.

C: Yeah, that is quite surprising. I do think we'll move on now to some other things. You mentioned The Compassionate Friends and the positive aspects of being with them. I would like to learn a little bit more about your help seeking. You mentioned there was a time after Liam passed away that you didn't have TCF, so can you talk a little bit about how you started to try and help yourself? Or, how you tried to get help after losing him?

G: So, my boss at the time, when I lost Liam, was wonderful. Absolutely wonderful. He came around on the Sunday (we found out on the Friday). He sat with me for hours upon hours. He came in every two or three days. He drove from Weston-Super-Mare, you know where that is, every few days. Marvellous, marvellous chap. Look, you've got to do some counselling through work because we need to do a risk assessment for you. So, he set up this counselling with this lady in [place name redacted] through work. She was not a bereaved parent and I don't even know

what you get from counselling. But, she listened. And, she admitted that she didn't understand how I felt, which was nice. But, I did get cross with her quite a few times which I think she was expecting as I was very, very newly bereaved. I mean, we're talking about weeks. So, I said to her that she just could not understand. Unless you're a bereaved parent, you will not understand.

So, she said, tell you what, let's go on the internet so we can find a formal group who can help you and I honestly couldn't tell you what it was. I think she saw SOBS, Cruse, Samaritans and then she found The Compassionate Friends. Anyway, I didn't go for ages because the nearest one was [a town about an hour away]. It was not very well known at that point, at that time, The Compassionate Friends. And it took me months and months to go, because 1) I couldn't even drive down to the road because I was just completely cookoo and I had no confidence in anything. Then I suppose 18 months on something clicking and I thought, right, I have to do something and off I went. I drove down to Windsor.

I had gone back to work by then so obviously my driving skills had got back together. I went down to [place name redacted] and met those people and they asked where have you come from? And I said, Wiltshire. And then luckily one of the ladies there knew a lady who was doing a group in [nearby town] which had started in the last three months. So, she recommended it and I went and visited the leader in her home – lovely lady – and that's when I started going to The Compassionate Friends.

And you know what, my boss, bless him. He was magnificent. When he found out I was in hospital after I lost Liam – the first time was a bit pathetic and the second time I'd really had enough – but I got out and he came round and gave me such a bollocking. And he said: Don't you ever do that. People love you. Do you know what he did two weeks ago? He took his own life. The only other person who knew how I was feeling and has stuck by me.

C: Two weeks ago?

G: Well now, we had the funeral two weeks ago so he died two weeks before that.

C: What a shock.

G: Yeah, just a bit.

C: Oh my gosh. I am sorry.

G: So the only other person I was close to and had gone through it all with me is gone. Unbelievable.

C: It doesn't diminish the relationship you had but it's quite a shock. Especially as you had that bollocking from him as well!

G: I know! I know. But, hey, who knows what's in people's mind. He was a fully grown man and he planned it all. It was a different scenario and I don't know the whole ins and outs of that. But, you know, it's just another blow. Blooming heck.

C: Yeah, another shock.

G: Yeah, so, there we go. Anyway … sorry, I've gone off on a tangent.

C: No, please don't worry. These are all important. It also helps to build a picture of your relationships soon.

G: So, to go back, I'm back with The Compassionate Friends. We have a ladies evening once a month where we can be more intimate. We can talk about partners and relationships and all that. And, we have a group for men, women, siblings, grandparents, etc once a month as well at the local Tesco which has a free community room that people go in. So, that's lovely. But, the only problem I have up there is I am the only childless parent. So, sometimes I find it really, really helpful if we're talking about a topic that is quite generic. So sometimes they might talk about 'mediums' and things – like would you connect with your child that way. I don't mind all that sort of things, but when they're all constantly talking about how their other children are managing their bereavement. I obviously find that quite difficult.

C: So, do you know the theme in advance then?

G: I have asked them for the theme in advance. Of course, you can't help parents talk about their other children but if it's a topic that they're going to focus on then obviously I will try to avoid it.

C: That makes sense.

G: But I just started going to … I went training last Saturday or Sunday in Bristol for the volunteers. So, now I'm going to be a volunteer for The Compassionate Friends for childless parents. So, any new childless parents, hopefully I can talk to them and they don't feel like I felt.

C: Yeah, that is amazing. What a wonderful way to give back. And that will continue to increase your sense of purpose too and that will help you in lots of ways.

G: Yes, yes.

C: So, have you made other childless parent friends?

G: Yes.

C: Have you found them mainly through The Compassionate Friends or in other situations?

G: Yes, mainly through The Compassionate Friends. Through the website and through the sub-social media. Obviously there's The Compassionate Friends website and then off of that, there was some people who were part of the website and they were a bit further on and they needed something a little lighter and a bit more fun. But, not having to deal with newly bereaved so much. So, we're moving on a bit. And a lady, actually, started, it's called: Susan's Vodka Bar. You have to be invited to it. You have to be a bereaved parent and it's all a bit wild and wacky. And that's a nice thing. You can't do soppy poems. It's for swearing, hard drinking …

C: [laughs]

G … and ranting and raving. And there's another one that The Compassionate Friends has actually done. There's a suicide group and a childless parents thread. These are all separate ones that I'm part of. And, all those are so supportive. And, you know, you can go online on Facebook or Twitter at any time of the night and get to talk to somebody.

C: So, you have that extra opportunity. So, that's nice.

G: Can we take a quick break?

C: Of course, we only have a couple more questions to go. Let's take a quick break.

[take a three minute break]

C: Okay, so we've only got a couple of questions left to go. So, you've got The Compassionate Friends as you're main group but there are a couple of other things. So, there's the vodka bar and the online community. And, you had that counsellor in the very beginning in the first few weeks. Are there any other services or support opportunities that you've had as you've been grieving?

G: No. I'd say everything have been through The Compassionate Friends. They have been my lifeline so, yeah.

C: That's brilliant. So, those are the two groups – twice a month, at a home and at Tesco, is what you attend now.

G: Yes.

C: Can you think of anything else which would have supported you through this experience?

G: My partner. Um, he is not Liam's father. He knew Liam from the age of six or seven and then he moved in in 2006 or something or other. And, Liam referred to us as his parents which was lovely for [partner]. And, when Liam went, [partner] was exceptional. Not being a parent himself, he is a very caring man. He sort of, almost, like a carer type person, really. I mean I couldn't shower myself, feed

myself, I couldn't do anything. I had gone completely gaga really. And, he literally did everything for me. He was very good. I mean I sat here quite a lot but he said, come on, go and get showered we're going to go out. Then he'd make sure to take me up to shower me and then we'd go out and walk through Marlborough. If I broke down and cried he'd put his arms around me and say: don't worry about what other people think. He was brilliant. A good man.

He was dreadfully cross with me when I took tablets and things. And, yes, he's been wonderful. And then I had a health scare with some cancerous cells and he was absolutely devastated. He said he didn't want to lose me as well. I was being selfish and then I thought about him. But, he has definitely been a massive support. Now, I don't know whether or not we'd be together if it wasn't for Liam going. Um, we're quite different. But, he is a very good, kind, caring man. Our relationship is not … I would say it's more companions. It's not a 'proper' relationship as such, without going into it.

C: I got you, and don't worry, I won't delve too deeply there.

G: And, it hasn't been since he moved in. I don't know why, it just didn't work. But, together, we're good. As a companion couple. He's been marvellous. I mean, I actually want more for him now. I'd like him to meet someone else. Because, he gets very affected. You know, the two chaps who work with him have children and grandchildren. And, he gets, you know, last night, he even had a mental doda, and he just said: sometimes, I just think, you know. And, he hasn't even got his own children, let alone losing Liam as well.

So, I kind of, for him, I would love it if he would go off and meet somebody else. I know we will always be friends. But, I think he does feel responsible for me and I don't think he will. You know, if he's off having an affair, I would totally understand that. You know I wouldn't be cross with him. I'd be quite pleased for him. And, you know, he feels responsible for me. Bless his heart.

C: I mean, it's such a difficult thing to go through and to have seen where you've come from. And, obviously, you had these two surprising suicide attempts and he was there for you and he didn't want to lose you. So, you can understand where he is at.

G: I know, I know, bless his heart.

C: But, it's really wonderful that you've had that kind of support through everything. And also, from someone who knew Liam and from someone who Liam considered a parent, who he cared about.

G: Yeah, yeah. Definitely his taxi service, that's for sure! [laughs]

C: That's really great … Okay, so we've got your support groups, we've got your partner. Is there anything else? Earlier in the interview you mentioned you did writing. Was there anything else you did for yourself or that other people did for you that helped you cope with your grief?

G: Uh, I did start painting again. I haven't continued with that just through space, etc. And, I used to teach the piano and I wanted to start that up again and that is something I might revisit now. I might actually go and get a proper keyboard again and start playing again. Because, I'm now thinking …. Actually, I joined The Compassionate Friends choir and I can't really sing. Well, when I'm drunk I can sing to karoke, but I do love music. Although that wasn't a part of it, that is something for the future. But, I did start painting again. I used to quite like art. Just trying to think what else … Gardening. I did do gardening. I spent a lot of time in the garden that first year. And then I completely. And then, it just, I lost interest completely. It went to pot. And, in fact, just this year, ripped it all out, put astroturf and paving down and decking. I can't be bothered with it anymore. I've just completely lost interest in it. It's almost like a subsconscious … Everything I wanted exactly the same and then suddenly it clicks: I don't want it exactly the same. I want a complete change. I can't live in this thing.

If I showed you pictures of how the garden was, it was a proper cottage garden with big beautiful roses and you'll see now. It's just all … pssh.

C: That is so interesting. It must mark some kind of change in your grief process.

G: Yes.

C: You know, what you wanted to preserve. And then maybe as you move forward it changes. That is really interesting. So, it seems you have done lots of creative endeavours – things where you are using your hands.

G: Yes, yes, So, I'll tell you what I did do. I started painting a lot of bottles and candles. That was something I really got into [brings out a few to show me]

C: Wow, those are amazing!

G: I sold them at craft fairs and things.

C: Oh, I love the colours. That's great!

G: Well, you can have that one.

C: Oh, thank you! This is beautiful.

G: It's been sat there a while now but that is what I was doing initially.

C: So you were selling them as well at craft fairs.

G: Yes, in the leisure centres, when I was back at work, I said oh, well, I'll paint some bits and bobs. And that isn't a particularly good version as you can see. But, I was painting candles and bottles. So, local people were getting me blue bottles and drinking the wine or whatever and then I was painting flowers round them and what have you. So, that was something I did quite a lot of.

C: And that was therapeutic for you?

G: Yes, and I also had to drink some wine first so that was quite good! [laughs]

C: [laughs] Yeah, no one can turn down a good glass of wine!

G: That's true.

C: So, we've covered all the themes that I want to cover for the interview. So, the last question is basically, is there anything else that you think would be important to discuss about your experience? Or, anything else you'd like to say about what you've been through? It could be something that I haven't covered that would be valuable for me to know. Or your general feelings about your experience.

G: I think my general thoughts are that child death is not open enough for parents, in terms of support networks. I think if you go to doctor's or funeral services, they should all be able to hand you information to get support. Not just Cruse or SOBS, but The Compassionate Friends and there is plenty of other bits and bobs – mental health awareness in [nearby town] – there are so many groups. I don't think there's enough awareness or signposting to support groups for parents. That's my personal opinion. And I think, um, things like, cancer and stuff like that, people put a lot of money towards that which is marvellous, obviously. But, I think things like suicide and bereaved by addiction is definitely still swept under the carpet to a degree. Not completely as it used to be but it still has an element of stigma and all that. I think it is not dealt with enough. Obviously, I'm not criticising the mental health services because I don't know enough about them but from what I glean from other people it is something that needs to be thrown some more money at to develop. But, that would be my only personal opinions.

C: That's great. I think a lot of people would agree with you on that point. You mentioned that there is an element of stigma. Would you be able to talk a little bit more about that? So, you said that suicide and bereaved by addiction has some stigma attached to that. Can you go into that a little more? What are your thoughts?

G: Well, I've experienced it. In the sense that … I'll give you two examples. The first example was Liam's school. When I had his celebration of life ceremony, a lot of people put money – I think I got £250 after that – and I wanted to, because Liam at school, obviously he loved his sciences and maths. One of the science teachers

asked Liam to help him to teach the younger children. So, he took time out of school and I think he was paid to do it as well. Maybe even a YTS scheme. And that is what he was doing for a year. And, when he went, I wanted to pass the money to the school so the end of year when they do the presentation he could have a trophy in Liam's name for someone who had done well in science and maths or whatever. And, that was all done and agreed in principal until the inquest was published in the paper: suicide. And they didn't want to know.

C: Really?

G: Really.

C: So, they didn't want to accept the money for the award?

G: Wouldn't even entertain it. Every time I tried to contact them it was all, no no no we can't discuss this now. And I thought, you know what? And, that was actually one of my old friends who works in the school who was supposed to be the liaison.

C: So, it was quite direct in your mind. So, definitely when that was published, this opportunity with the school stopped.

G: Yes.

C: Wow, okay.

G: And the other thing is, I think, I don't know if it's a generational thing but my partner, he is one of a big family. He is the youngest but the rest of his family are in the hundreds. Um, they don't talk about Liam because of the suicide thing. You just don't discuss it. Which hurts. Which makes me alien from them as well. In fact, I got quite good pleasure one day when I'd had a few, I said: You're coming back to the house and you're going to see Liam in his bedroom. And they were mortified.

C: Presumably, like your partner, they had a relationship with him? And, it seems strange that that relationship would be changed due to the nature of his death.

G: Well, they probably only met Liam a couple of times. Um, a lot of the family, because they're all quite spread out, you know. I think because, I just … We went to a party or something and I was really upset. I think this was only two years on. And my partner was very upset and he actually broke down at this do and his sister-in-law said oh for god's sake pull yourself together, this isn't the time or place. And I was fuming with her! I just thought, you insensitive old boot! And, you know, people just expect you to …They just think you can turn it off and on and you can't in the beginning. It is never ending, constant. It is only at this point in time that you can sort of turn it on and off and it doesn't mean that you aren't going to get caught out. Someone could walk in at a party and look like Liam from the back and

I'll be like 'Oh my god!' and my partner will know exactly what I'm thinking and he'll say 'It's not' and I'll say 'Are you sure?'.

C: Have you ever had bad experiences, similar to what the sister-in-law said, at other times? You know when people have expressed to you or dictated to you when you should or shouldn't be grieving? Or challenged your grief in some way?

G: Um, the only time I can remember was at that party. She said 'This is the time for being happy.' I said I'm sorry but I just can't be – you're all being happy and my life is finished. You're having a laugh aren't you? But not, if there has been it doesn't come to mind, off the top of my head now. I could probably think of something later on – that is the one that stands out.

C: Well, that was quite a key experience really.

G: She's dead now anyway. She died.

C: It won't happen again then [both laugh loudly]

G: Isn't it awful that we can laugh about it? Just don't say to my partner or he'll tell me off.

C: Well, is there anything else you'd like to say before I turn the recording off and complete this part of the interview?

G: I just think, one other thing is, when parents have lost their children or when anybody is bereaved by somebody you should still say their name. Wherever, whenever.

C: Yeah. I agree.

G: And, one of The Compassionate Friends, bereaved parents, produced a film called 'Say Their Name' and it's a little mini-film and it is absolutely wonderful and it's something people should be made to watch in schools and surgeries. If they actually see the raw grief that's from these people maybe people would be a little bit more sensitive to stuff.

C: I haven't heard of the film…

G: So, if you go on The Compassionate Friends website I think you'll find the video on the homepage.

C: I will definitely check that out.

G: If not, I will send it to you.

C: That's wonderful. That's a really good thing to point out. I'm going to definitely check out that video. It's so important.

Thank you so much Grace. So, I'm going to turn off the recording now then we're going to have a little break and afterwards we can do a bit of writing together. Thank you so much for that interview.

Creative Writing and Bereavement by Addiction Study
Interview 2

Basic Details

Interview Date	Participant Pseudonym	Deceased Pseudonym	Deceased's Relationship to Participant	Date of Death / Time until interview	Cause of Death
03/08/2016	Grace Stevenson	Liam Stevenson	Son	27/01/2012 / 4.5 years	Butane/ Suicide

C: This is Christina Thatcher from Cardiff University. I'm here with my participant, Grace Stevenson. It is August 3rd and we're doing a second interview for the Creative Writing and Bereavement by Addiction Study. So, Grace, we're going to have our second interview now. So just to make you aware that in this interview we will talk a little bit about what's going on the last couple of weeks while you've been doing your writing.

I'll also ask you about your grief experience again and how others are relating to you. There might be some similar questions in this interview as there were in the first one. So just answer them honestly in terms of how you feel at the moment. If there are any questions that you don't want to answer please know that you don't have to. You can also stop the interview at any time and ask me to turn off the recorder. Does that sound okay?

G: Yes.

C: So the first thing I want to talk about is how it has been going the last couple of weeks with your writing. So how have these few weeks been in terms of doing the prompts and writing the prompts that I've given you?

G: I quite enjoyed doing them actually because I think recently I haven't - when I say recently I mean in the last sort of few months - I haven't had the opportunity to express my grief in any sort of way properly. I do and have written stuff previously, but it's been sort of as and when ad hoc. Whereas this being prompted to do it and actually raising my awareness to my grief has been useful for bringing it, it's almost having, you know, a fizzy Coke bottle allowed to bubble over a little bit and then settle afterwards. And I think that's probably how it's made me feel.

C: Brilliant. That's great. So can you talk a little bit about the process of it? So how did you feel before you started doing writing? What about when you were writing during - did your feelings change? And then the bit now after you finished? Think about those stages. How did how did you feel during those times before you started the writing, as you were going through it and then after?

G: I think before the writing I felt quite, not necessarily high levels of stress but quite pent up. I think I would say probably my anger levels were raised. So I did feel quite sort of taunt like a rubber band really. Um, prompting and doing the writing, whilst I was doing it, um, it's even making me feel a bit emotional now. Excuse me. When I was writing some of the elements it actually, I cried, really really cried, you know. Even now it's making me do that. How strange. And then other things which was - some things were happy because obviously some of the prompts are happy prompts and some are sad prompts. But I cried at the happy and I cried at the sad prompts and I laughed at that. No. I would have laughed? I think I'd probably sort of smiled to myself let's say as opposed to laughing. But I found it sort of really helped my emotions. Um, sort of show themselves really to be honest. And also I wrote that stuff that I haven't written before which was really good because normally I write about my feelings, you know, whereas is this gave me different elements to write about. And the prompts made me assess things differently and write about things that I haven't even sort of kind of considered before. I also wrote a lot about the addiction which I have never ever spoken to anybody before. Never. No. Not about how Liam went, not about the scenario of how he went. I mean I touched on it and never in depth and certainly not about the addiction side of things, I've never ever gone into any detail with anybody about that. Even at the retreats I go to, even at anything like that. So it gave me an opportunity while writing to talk about those things and how I feel about them, you know. Obviously the sadness but the fact that I'm fuming and I'm cross and I'm angry and I'm guilty and all those things. And it basically brought to the forefront of my mind that I need to almost, sort of, I need to make people aware of this. Hang on a minute, this is something that I have not talked about. I'm sure there's a gazillion other people who don't talk about a particular element. It's not because I wanted to hide it away. I wasn't - w -hat's the word embarrassed about talking about it. I just never did it never. And the writing about it has helped me to write the word, the words, the feelings behind the words. And so since I've done the writing I actually feel another part of me, another small element of that grief has come out of the woods and I'm now going to actually take that to my groups and talk about that element in future and not so much the things about the loss and all the rest of it. I want to talk about the things: why has this happened, how has this happened? And it is a completely different perspective to my grief that doing the creative writing was brought out. So for that I feel I've actually come a long way in 10 days.

C: That's wonderful to hear actually. It sounds like it totally shifted your perspective, really got you to look at different things that you might not have written about before. So I'm going try and go a little deeper now. So you said that you had never written about addiction before and you never really talked about this. Now I know you said,, just now that it wasn't because you were embarrassed but have you been able to reflect at all and figure out why you might not have talked about those things?

G: I don't know. I suppose it's an element - I was so wrapped up in my loss that I didn't talk about how all the loss came about. And it's always been about me I suppose beforehand and how I feel and my grief and my loss and my sadness. And

as much as I feel sorry for Liam, what he went through or what he must have gone through, that element of the addictive side never even came into the argument, into a question or an answer or an argument. So I don't know.

C: That's really interesting. I suppose maybe that will become clear over time because it's sort of a more sudden realisation it's kind of about since the writing.

G: Yeah it is, it's really weird.

C: In what ways has writing about addiction and now possibly considering sharing about that benefitted you? Or why do you think this is a good thing? Why do you think this shift in perspective is positive for you?

G: Because I think it's emptying out another element of grief from me. You know I mean people go on about stages of grief but there's so many factoids, or whatever the word is, you know for grief isn't there. There's how you feel, there's ... But this is just like, I don't know, it's almost like a revelation for me because I haven't ever discussed how Liam went. And I think to do that, I need to do it and now seems to be, you know, its come to the forefront of everything and maybe I do. Maybe I need to do that, talk about it, and be more sort of aware of this type of addiction that isn't something that is widely known about, personally I don't think so because. You know, I mean I'm pretty, I would say naive about drugs and all bits and bobs. But when it comes to things like Butane and the use of that, well I knew nothing about it.

C: And there might be some other things wrapped up in that. Like if you're thinking about having lost Liam to that and you don't know about that, there could be other feelings that could come in because obviously as a mother you want to protect Liam and if you don't know much about the addiction, it's quite interesting that this is bubbling up now. It's kind of coming to the forefront of you thinking about it, thinking about how you went. And that seems to be significant and important for you. And I liked the metaphor that you talked about too, this is sort of emptying out one part of grief. It's like grief is many many bucket or lots and lots of things inside of you and emptying i could give you some kind of relief.

G: Yes. Definitely. Well because grief, I mean the first thing was loneliness, you feel completely isolated, you're the only person in the whole world this has ever happened to. And that's one little bucket of grief. Once you've talked to other people and realised you can get shot of that one and then there's another something and something else and all these buckets keep appearing but you keep emptying them. I just think I need to find out more about the way he went and the depression and stuff because I think it is something rife amongst youngsters, especially in Liam's age bracket. And I think it's something that should be maybe highlighted and focused on, possibly, don't know.

C: That's really interesting because I think the last time we talked, in our first interview, you were talking about how when you lost Liam one of the big feelings

that you had was feeling redundant. You know, you lost your child and you didn't know what to do. And then you talked a bit about joining The Compassionate Friends and helping other people and that gave you some sense of purpose again, some more meaning, not in the same way but it was helping you rebuild. And this seems like another avenue for that.

G: Yeah, uh huh, the awareness.

C: Yeah, if you were able to help people in some way when you're going on the retreats and if you're able to raise awareness you're then you're helping another population in another way. So yeah that's quite interesting.

G: Yeah, it is.

C: Well I'm glad that the writing was able to bring some of that out. I don't know, how the experience, in terms of like you had 10 prompts and how much you remember about each prompts. But could I ask you if there was any prompt in particular which was particularly challenging or caused a significant reaction for you?

G: I think, um, was it the one where it said something positive about Liam. That's hard.

C: I think that's quite near the end, the happy one.

G: Yeah, #9. Yeah. That I found really hard. In fact, I actually had to stop writing and say, no I can't do this today. I could write about the sad stuff but I couldn't write about the happy stuff cause it actually..

C: You're getting quite emotional now thinking about it. Why do you think that is?

G: Guilt. Not knowing what was going on under my roof. You know, what was happening, what he was doing. And, I think because he wasn't, I was seeing a person but I didn't know all of that person and I think as a mother you want to know, you think you know your child inside out. So when I then look back and I think the happy times. I guess, I don't know. You know when he was little and everything, obviously butane wasn't part of this life. I mean I'm guessing, I'm thinking maybe when he was about 13 or 14 it started. And I suppose I'm emotional because he went from a happy lovely child to a wonderful young man. But there was an extra part to his life, you know, his facade, wasn't what was going on behind. You know it wasn't there all the time, if you know what I mean, it was something else I think. To write about him being happy or happy times just makes me, more obvious to what I miss of him. Excuse me. So, um, and also I can't see past the rubbish bit with the happy. I don't know, I feel I'm doing a wrong by feeling of happy. I don't know. I feel a bit sort of, I don't know, I can't put my finger on it. But writing happy stuff about him affects me quite a lot.

C: It's clear. I mean this is probably the most emotional you've been in the time that we've been together. And it's interesting because now, you know, thinking back you're a few years in, a lot of your experiences when you're with other parents who have lost someone. Do you talk about those happy things? What is the general narrative when you're talking about your son normally?

G: No. I think when I go to the retreats I talk about Liam but I don't think I talk about happy times. I just talk about my loss of him not, you know, I say his name a lot. I say, 'Oh Liam went to Uni and Liam was good at science and Liam was good at maths and all that sort of thing. But I don't talk about happy experiences with him if that makes sense. Because.

C: I guess the feelings are tied to those memories aren't there. So remembering that must in some way enhance the sense of loss.

G: Yeah. Yes.

C: It's quite clear that, that one, you said you had to stop writing actually.

G: I couldn't do it.

C: Did you end up going back to it or did you end up...

G: But I think I've done it as a really sort of swayed version. Um, yeah, actually, it is #9 isn't it?

C: I think it is #9 but have a look.

G: Can I just check?

C: Yeah, of course, please do.

G: Sorry.

C: No it's fine.

G: I've got them all muddled up now, look.

C: Aw that's okay.

G: Right, hang on a minute.

C: Take your time, it's no problem.

G: They're all muddled, see this is what happens isn't it.

C: But you did write them in order I think didn't you.

G: I wrote them in order.

C: Yeah. That's alright. So it doesn't matter where they are.

G: I just put the papers all back to front instead.

G: Yes. Uh, [reads prompt] Write a positive memory of the person you lost. What do you remember? What was happening? Describe the memory, your thoughts and feelings. It floored me. I just couldn't do it. I read the 'Gorillas' which was lovely. That didn't really affect me. But it did make me think. But then when I actually wrote about Liam I've actually talked about going shopping with him. So it's really random, it's not like I'm talking about Liam and how wonderful he was. I'm just talking about we went shopping. I mean I've actually titled it 'Coca-Cola'.

C: But actually I remember, in our first interview, you talking about how hard it was for you to go back to the shops.

G: Yeah.

C: And I think it was because you shopped for them.

G: Yeah. And it's just how he was when we went shopping really and that sort of thing. You can read it later.

C: That's interesting. I think when you think about a positive memory our natural inclination is to be like 'oh the time we went to Disney World on holiday' or something kind of big. But probably a lot of the positive memories of the people that we lose are in the everyday things.

G: Yeah, yeah.

C: You know, in those moments, you know that you miss him at those times as well. So that's really interesting. I'm glad that you persevered and still tried to get to done. But it's good to hear what you find challenging when you were writing them.

C: Was there any, for a lack of a better word, you enjoyed or you were actually quite happy to write about, or felt you were enthusiastic to write about?

G: Oh yeah. That one was a good one, #6.

C: Which was that one?

G: Ugh, why didn't I put stuff in order? #6, #6,#6 ... Ah, here we go. So, describe a time when you felt sad or depressed - see it's easy! - since losing someone to addiction. Oh, yeah, yeah it was. So describing a time when when you were sad and depressed and then what did you do, how did you overcome it, blah-de-blah. So I

went to a medium about three month after Liam gone. And I met this woman in [nearby town] basically. I didn't want it to go, I was completely like what a load of old hoo ha. So anyhow, so I'm sat there with this lady. And at that point, obviously three months after, completely in black world. And I thought 'you're going to earn your marry Mrs, I'm not even going to look at you'. So I'm sat on my hands and didn't look at her. I've put all this in the writing. She did a little prayer and said about this, that, and the other and went through stuff. Anyway I was just saying, yeah, fine, whatever. She said, I do know how you feel. And of course, I was like how dare you, how dare you! And she said I do. She said, at the end, she said, see the picture behind me the chap standing by his bike. That's my son. He died at the age of 23, twenty years ago and I've written it in colour because I felt extremely emotional when she said that because three months after obviously I felt I was the only person in the whole world that lost their only child, you know. And I have written in colour how I felt etc. and I got back into the car and everything just felt, the sky was bluer, the grass was greener, everything was lighter, I just come out and I think that element of knowing I wasn't alone in this type of grief, you know, other people have lost children you know. I felt so different. I came, I did for a few weeks actually feel probably better than I felt before that meeting. And then I started to sort of go back down again. But then something else picked me up and you know and all the rest of it. But it was this very very sort of poignant moment.

C: Well that's fascinating actually because you realize now that you talked about how challenging it was wrote about a happy memory and then when you wrote about the sadness and depression you ended up writing about something which uplifted you. That's really interesting isn't it.

G: Yeah.

C: I love that you used colour for that as well to represent that moment.

G: Well, was just, it really did. It just, it was something that was so significant that I really felt to highlight how I really felt I needed to show you.

C: That's wonderful [G shows writing] Oh, I love it!

C: So yeah it's just purely very interesting to me to see the way you're interacting with the prompts and how they made you feel. And it was interesting because I mean, from a researcher's point of view, I am going in with no expectations of what they might do. So to hear from you that the positive one was so challenging and then this one of about sadness and depression was quite easy for you. I'm just now thinking about like why that might have been the case.

G: I honestly can't put the finger on it. But I find the saddest things, I'm easy to write, I can express that with a lot more ease than happy stuff. And I don't know whether that's the stage where I am that I can't accept it something. But there is obviously this huge barrier that, you know, I talk about good things and I can't do it.

C: Well I think this is really a second thing that you're highlighting coming out of the writing. So one was the shift in perspective about talking about the addiction and Liam and going through those things that you weren't really sure about. So you've got this new perspective and new bucket if you will about your grief that you can empty out through this writing. But then also you've identified a block, writing or talking about these really positive memories of him. And what Liam meant to you in a good way, divorced from him dying, that's really hard. So we've hit on two key things in such a short amount of time.

G: Yeah.

C: So that's really interesting. So can you talk to me a little bit about the difference in the prompts. How did you find writing just to the regular free write prompts vs. the poetry prompts?

G: Didn't find a massive difference with the two. I found it both easy to understand and, as I say, it was more the content of the prompts as opposed to how you wanted me to write sort of thing possibly or the structure of it.

C: That's fine. That's good. And in terms of the poetry prompts, because you know I'm looking at lots of elements with this research, what was it like for you reading the poems? How did they make you feel? Did you enjoy them, did you connect with them or not so much? Was it just sort of ortemental and then the prompt was really where you got your information from?

G: I think reading poems, I need to read them two or three times to absorb the information and to get into the person's head of where they're writing them because I would say that people who write poems, poetry writings, prose, whatever, when they do so they're obviously, they've got something in their mind that they want to get out. For me to just skim over it isn't doing them justice one. Or, even finding out, the actual where we going with this or where it's actually truly about. So I'd have to read it two or three times. Sometimes my concentration level is not intense enough and I do tend to flick, I can't focus on something for too long. So if it's a long poem, I kind of read the first bit probably skim the middle and then read the end. But having said that, I did like the gorilla one. But I didn't, I don't know, I think it just made me think of something that then triggered something for when I was doing my writing.

C: Okay that's good. And the gorillas is pne of the longer ones as well. So, was there in terms of the poems that you read, any pieces that you thought this is just terrible. I don't really like this, I don't identify with it at all.

G: I didn't really identify with any of them. But obviously, I mean, I think it's probably the gorilla one that I could read more easily. If their explanation of what they were doing at that time and their thought process was probably more evident to me than the other particular poems, that were quite sort of, I don't know. There were just some bits, I don't know. It's not everybody's cup of tea is it, necessarily.

C: Yeah completely. And I think, when I talk to everyone it would be really nice to hear the way in which people identify with different ones or not at all, or strongly, so that I can compare and see what might be useful. So if I were to develop something out of these kind of exercises, what do you think would be the best? Do you think the poems would not be included because they were not useful to you? Or, do you think they should still be included because they're nice to read? Or, do you think that different types should be included instead of the modern types which were put in. What do you think from a personal level?

G: I mean I like poetry. I do. Um I think. I think. I think sometimes they're quite sort of, um, what's the word. Like the gorilla thing made sense to me where some of these are kind of like, more abstract. Yes yes. So you know. And also, I mean I would imagine that some of the stuff that I've written, it only means something to me. It wouldn't mean nothing, anything, anything to anybody because it's my personal something that I relate to with Liam or not Liam or whatever. But it would be totally random to somebody else. You know, so I think maybe that's the thing with the abstract ones. Some of it's a personal thing to them that I can't physically relate to that particular item. And, obviously, if the poem's built out of that then I'm all a bit like bleh, I don't know. Whereas a gorilla, I know what one looks like, that's a tangible thing whereas sadness isn't necessarily is it, it's more sort of an emotion Do you see what I mean? Am I making sense?

C: Totally, yeah. You are making complete sense. And that's really valuable and really useful.

G: So I like things, going back to what you were saying, I think I like things that are something I can relate to. You know one person's sadness is a different sadness to somebody else. But a gorilla is a gorilla. So I supposes I like solid things that everybody can see.

C: So more like concrete imagery so that you can get a sense. Because with the gorillia poem you can see what's happening, it is quite filmic right.

G: Yes.

C: And then she remembers them being at the zoo and the gorilla playing with her son. And then she remembers, you know, her son is dead now, it's just the mask, he is gone. So that that narrative is quite easy. It's very easy to follow but also.

G: You can see it, you can visualize the whole thing. It's a story isn't it, as well. Whereas I think some of the other ones are a bit more like well this happened and then this happened and then I was feeling that and whatever.

C: So that's great. So thinking about the benefit of having pieces which offer a story narrative where it goes like from a to b to c to d. And also like clear imagery where we can easily visualize.

G: Yes, I like that.

C: Yeah that's great that's really helpful for me. Okay cool. So now we talked a little bit about how you liken it, and this is a great simile, you likened your grief just sort of fizzing up now out of the surface after doing the writing. So after you've finished now, you've done all the prompts. How do you feel at this moment in terms of completing the writing? What do you feel now that that part is done? That part of the study is done? Are you now in a place where you want to write more or do you think you're going to take a break? What is your general feeling now that you've completed all of these pumps.

G: I think because that was quite a lot of writing in a short period of time in comparison to what I was doing before, which was very sort of ad hoc. I probably say - what I say and what I do are two different things - so in my mind at this precise moment I probably wouldn't write anything for a few days now simply because I feel that I've offloaded my feelings and my emotions, you know, I can put the lid back on the bottle of Coke now for a bit until it decides it wants to have a shake-up again in which case then I'd probably have to do some more writing, take the lid off and let it all the fizz out a bit. But, yeah I do feel that I've got a lot out of it in the sense of the two items we already spoke about which is quite incredible really, isn't it.

C: Yeah, for such a short amount of time. That's really wonderful to hear.

G: It has identified one element that I'm - I still don't know what it's all about, you know why I can't talk about good, nice, happy things. But also at the same time I do feel that I've got something from the, 'oh right, I'm talking about something, an element here, maybe I can do something about this. Maybe I can do some positive' and I do feel quite energized by that.

C: That's really good yeah, really positive. So I think we can leave the writing for a little bit now. I might ask you another question about it in a while. In our first interview I asked you about what your grief was like at that moment, so at that moment in time, and you talked a little bit about the comparison between where your grief was when Liam first died and how difficult that was to manage, to the point now where you are feeling okay, you know, you feel like in a better place. Can you talk again now about where your grief is at this moment?

G: I don't feel as angry. But I do feel quite sensitive. You know thinking about the happy stuff, that is kind of playing on my mind and I'm trying analyze it and work out why I'm feeling like that. And it's something that I haven't talked about with me anybody. So I haven't, this is one of my little buckets that I need to now go and talk to somebody about, and find out is this - not is it normal, of course it's going to be normal, I'm presuming that other people feel like it but it's something I need to air and discuss. So with regard to my grief I do feel quite sensitive at the moment because of that portion of grief that's on my mind. I think I also feel quite - the

more we get the more time that goes by, I'm leaving them behind. So as much as I'm more accustomed to it and I deal with it more. So there's that element that I'm kind of a bit more robust about. There's other elements, you know, life's going on and he's not part of it. So I've got that element of grief that sucks at the moment, you know. You know I see his friends all doing things and he should be doing them. And I feel a bit, bitter maybe, but I'm not as angry. I was angry before, I mean I'd quite happily probably got boxing gloves on and do a few rounds with somebody. But I don't feel like that. I'm more bitter now. It's not an anger it's more of a chip on my shoulder.

C: I think is bitterness is more inward looking whereas anger is quite outward, isn't it.

G: Yeah. Yeah.

C: Yeah, okay. I think there's lots of complexities with time, isn't there because the farther you move away from when Liam died. Obviously the more the time goes by the more that he's missing, as you say. But also there is an element of, probably, from what we were talking about last time, the less able you are to talk to the immediate people around you and the more specialized you have to be when you have conversations. Like you have to go on retreats in order to have conversations about him because a couple of years have passed and people in your normal life maybe don't want to talk about it anymore.

G: Yeah that is very true. So that's the element. So that's the element, for me personally, yes I'm dealing with stuff better and I am more robust to it all. But there's that, as you quite rightly said, that's good it's pros and cons doesn't it. That's great, you're more robust, but everybody else has become more devoid of Liam and I mean I think that's sad. But I guess it's the way of the world isn't it. And part of me, when I analyze it, I think well that's just normal I guess, that's the way it's going to go, you know suck it up girl and get on with it. But then I'll have my minute where I think oh, that's not good, I don't want that to happen.

C: Yeah of course. And are you still talking to him on the Saturdays?

G: Yeah, I went in the other day and I was asking where the hell the Sellotape was, so, I quite often - where's the Sellotape Liam?! Yeah, you know, I do have chats with him and stuff.

C: Yeah. But I've just recently thrown his phone away. I don't know how I did that. And of course I've now found that I could possibly have picked stuff off of the actual phone and not the memory card thing so I'm like, ugh ... So, I don't know how I did that. But, I have, I think, in the early days, I had these huge lapses of concentration. Like I said, I can't concentrate for a long time I do get distracted very quickly. But I think I do, even now, I think I must get these momentary complete devoids of knowing what the hell I'm doing because one minute I had his phone in the study but now I can't find it anywhere. So I think, I must have thrown it away. But I don't

know why I do it. I don't know how I do it, you know. And, I don't remember stuff. So, I'm a bit pissed about that to be honest with you but it's stuff, isn't it.

C: It's hard though because there is a connection and it's difficult to let those things go.

G: Well, you become precious over ridiculous things don't you.

C: Yes of course it makes sense. I think it's natural.

G: Oh, yeah, yeah, yeah.

C: So have you, in the time since we've met, have you had any conversations with people about your grief since the last time we spoke?

G: No.

C: No. Have you talked to anyone about your participation in this study?

G: I haven't talked to anybody but I have actually told somebody online and said that I will pass on obviously not what we discussed in detail but how it's been a progressive case for me to do, you know a progressive case. It's not a case, you know, it's a ... experience to do. And they said, oh that would be really interesting. I think it was actually one of the trustees, one of the organizers, of the TCF. So, they said 'oh right, so you did do it?' and I said 'yeah'. So, because I think I found you by them posting through The Compassionate Friends. So I said I have participated and I will come back with some feedback. And they're like 'Oh cool, okay'.

C: They've been super lovely, like, they have been really helpful. So that's good. So I was going to ask you a little bit about the reactions that you might have received. But, since you haven't really spoken to anyone we won't discuss that. So that's fine. So at this moment, you know, we've just talked about that you've had 10 days of intensive writing time going on all these prompts and you might not write for a while because you're going to put the lid on the Coke and then when it bubbles up again you think you'll reach for that and maybe maybe do a bit more writing. So if you can tell me kind of generally how you think writing can impact grief? Like what are your thoughts about that, like what does writing do for grief from your experience in this short study?

G: It is definitely an avenue for allowing yourself to identify parts of the grief that you experience. I had something in my mind then and its blooming gone now.

C: Don't worry, take your time.

G: When I first loss Liam, I mean my writings were random and I'd have a piece of paper in the night and I'd scribble things down with the light off, you know, just like, literally, scribble stuff down. And it's oh, there we go. Because you know like, in the

night you suddenly think of something and you think well I can't keep it on my mind cause that will keep me awake, I need to write it down. And I think it's a kind of element of that. You know, I'm thinking of that about Liam or I feel rubbish or whatever. If I write it down, it kind of offloads it a little bit. So, I think there's that element of it. But the other thing is, I wouldn't say mine's necessarily being creative. It's almost like I'm using it as an avenue to to expel my thoughts and feelings without prejudice or judgement, etc, etc on a piece of paper that I can do with as I please. I can say what I want to say, how I want to say it. If you did that to a person or said it to a person it could be overheard and once heard, you could never forget, as they say. Somebody's already taken that onboard. But on there, that's something you can either keep it personal, private or share it. You have that option. And I think it means that you've got that scope to say, think, and write everything and anything that you actually want to.

C: I'm glad that you feel that way about it and I'm glad that it was useful in that way. That's wonderful. What I'm wondering about too is, so this is kind of grief in general. Do you think that ... Is that an ice cream truck? [both laugh]

C: So how do you feel about writing for people bereaved by addiction specifically? Because, you've very eloquently described the way that it can help with your grief and at the moment I'm trying to figure out like is there something different about this type of grief and does writing help with this type of grief in particular. And if so, in what way. Do you have any thoughts on that at all?

G: I think creative writing has a part, or writing has a part in this type of grief without a doubt because I do think, that I mean, well I said with The Compassionate Friends at our retreats, they use they actually have a workshop for writing poetry. So it is a proven method of you know giving people the allowance to express their feelings and thoughts with words. And I think with addiction, I think again, it offers people the opportunity to be able to say, do, think and write stuff that they possibly wouldn't share with anyone or everyone. I mean if they don't want to say something, you know, to family, friends, counsellors, support groups, whatever, they can say that they can hold it back until they're ready to share that something. You know it might be something that bothers them or is so inset into them, that they can write it down and hold it until they're ready to share that can't they? And I'm thinking now with with my issue, which I think it is, of not being able to talk about happy things with Liam, I think I'm going to have to use that writing to establish, maybe if I think about it and write about it, maybe something will come out from that that will help me be able to identify what that issue is. And I would say maybe, with anybody who's bereaved by addiction, or grief in any terms, there may be elements of their grief, like I've identified that they can't fathom. they can't work out why has this happened, why am I doing that? If they write it down, and I think that's an opportunity to write it down and maybe see what comes out of it. And I'm going to do that and I'm going to let you know the findings from it.

C: That would be wonderful.

G: Because I think that is a work in progress isn't it. And I would say that's probably something that would be useful.

C: Completely. Yeah. I would love to know how that goes for you..

G: So yeah. So obviously I've got two things out of it plus something that's a work in progress. So I think, you know, it's definitely, definitely worth doing without a doubt. I think it should be made compulsory. You know that people, or at least, that it's made compulsory in terms of availability for people. You know, not that they've got to write it down but you know I think people should have that option. And I think some people probably wouldn't even think to.

C: Yeah like as an additional tool to help them as they're going through it.

G: Because a lot of people I mean they resort to either eating or exercise or whatever. But, you know, I wonder how many people would ever, who've never written a poem before because they've been put off school or whatever, god forbid. But, you know, they probably think 'well, I don't want to write a poem'. But if you sit them down and, as I say, I mean the people who went to the writing classes at The Compassionate Friends some of them said 'I've written a poem in my life, you know, a part from Mary had a little lamb'. We won't go down that one,, but you know what I mean. And they've written the most incredible words that are, you know, they've had us all in tears or all in hysteric laughing and they never thought they could do it. And I think it should be something that's made more possible for people grieving, that they can sit pen and paper and have the opportunity to put something down that they don't have to share, it's their own private thoughts and feelings. So yeah I definitely think it's a very positive and it is creative, what comes out of it, not necessarily what goes down on there. But I think the creative bit is what it actually brings from those words.

C: Yeah I agree. I think that's true. That's really good to hear that you've had a positive experience with it.

G: Thank you.

C: I really appreciate that and it's nice to know that it's something that you think could be of use to other people.

G: Definitely, yeah.

C: So that's really positive. So we've actually finished the questions, I've just got some open ended questions for you now in case I've missed anything. So, is there anything that you'd like to share about your own grief experience or about you taking part in this study that we haven't covered? It's a bit open ended. Is there anything that you'd like me to know or that you'd like to share?

G: I would love to something something to, bear with me too seconds [G walks off].

C: Yeah of course.

G: Recently I've been made aware of these. It's the photo therapy cards.

C: Oh right.

G: And I don't know if you're aware of these.

C: No I'm not.

G: So, I'm tying it in and don't think I'll gone off tangent. So basically these photo therapy cards, a lady did the session with us at one of the group meeting thing-a-me-bobs. And there's two different cards - there's the youth ones and then there's the adult ones, or you can use both of them, doesn't really make any odd and they comprise of various different images. [shows cards].

C: Oh right.

G: Abstract things, washing, horses, blah blah blah. And what we were asked to do was to pick three. And then we had to hand one back and then we had to hand another one back and we were left with one picture that obviously, you know, the three we picked up we'd identified with, and we handed the two back. And then I was actually left with this one. And at the time when I did this session, it's a gnarly, old, rust bucket boat that's partly submerged, barely hanging on with a little life ring. And I described it and I described it to the group and it was awfully emotional and that's how I feel. You know I can just about show a bit of support for somebody with the ring but I could not possibly take anybody anywhere. I'm not strong enough, you know. I'm saving face I'm up there. You know, but it's not great. But I thought I kind of wanted to do this but I'm now thinking, I think I would like people to have the cards and instead of vocalising it, actually to write it down.

C: That's a great idea.

G: I think because they do evoke an awful lot of emotion if you attach it to something like grief, bereavement you know all the rest of it. You know some of it was quite sort of, I've taken out the grim ones. Cause there's ones that are, so I've taken those out because I don't want to start anyone off with horrible images. But these are all quite sort of, quite. I mean none of them are horrible.

C: Yeah, they're okay. I mean lots of them are natural images aren't they.

G: Yes.

C: But it just evokes, you know, emotions and it resonates with different people, with different visuals. Actually I've been asked to do this at a group. But I think now, in hindsight, I'm not going to get them to vocalise. And the reason is because I don't

feel I could manage them giving me their feelings and their emotions. Whereas I think if I got them to write it down, then I can read it when I need to read it. Or they can choose to keep it. But I just think it would be a softer approach than. Do you think that's good?

C: Yeah, I think it's such a good idea. One because not only as a facilitator, it would help you manage it as you say. Even in that group you could ask people who felt strong enough to read out what they have written and then you might not have everyone read maybe it's just one or two people. And then it gives them an opportunity to keep private. Because if you ask them to vocalize they might actually automatically edit their real thoughts for the purpose - if everyone is vocalizing and they don't want to be left out - they might be editing what they're actually thinking so that it's like publicly acceptable. Whereas if they write it, it doesn't matter. They can write whatever they want and then they don't have to share and that's completely normal.

G: Or they could just vocalize the bits they do want to but they've actually written down the stuff and maybe help offload it.

C: They've got the benefit then of really expressing how they truly feel and then they can edit it after.

G: Yeah do you think that's a good idea?

C: Yeah, I think that's a great idea. I want to get some of these cards. This is really cool.

G: Amazon.

C: Yeah. I've never seen them before.

G: Brilliant, absolutely brilliant. I mean, a thousand percent better than a counselling session.

C: So fascinating. Yeah they're lovely. I think in the past I've done, not related to bereavement, but I've done some workshops with visuals before but it's on craft-based stuff, like writing for setting, when I'm teaching at the university or something like that. But I've never got to use them in a way which is like therapeutic so I think it's a fascinating idea. And it's nice to see the one you use and how it affected you. But I do suspect that you were given this card and you were talking about it, maybe the feelings that you had about the card were deeper or more sinister or harder for you to manage than you were letting on. If you had writen it down.

G: Exactly that, because I was so distraught. I wouldn't say no. yeah I was bordering on distraught at the time of saying this and couldn't physically get my words out without crying and you know the rest of it. But I think the words I would have put

on paper would have been far more explanatory and visual than me saying them if that made sense.

C: Of course. And then when you actually, if you decided that you were strong enough to read out what you wrote, you would have those words to hang on to and you didn't have to stare out and look at everyone's face, you just follow the page, share what you want. And so it's a safer opportunity for people I think and also probably more personally valuable for them because they could really, truly identify how they feel and then make a decision on what to say. Yeah, so yeah. I think it's a great idea. So when will you do that with the group?

G: So I'm going to do it at a small ladies' group. I've had a practice run just with two friends and they didn't really open up. They did start to but I think the only time they would have opened up is if they had a bottle of wine to be fair. But, I can't use that at a group.

C: You can't ply them.

G: No, I can't ply them with booze [laughs]

G: So I think when I next have a ladies meeting in [nearby town] I think what I'll do is as long as there's not too many - but it doesn't matter actually if we're writing does it - because if we'd done it vocal than I don't think two hours would have been enough because some people tend to blah blah blah blah. But writing it down, I can say right you've got 20 minutes to just write it down briefly what you think about this. And then we can just say right you've got X amount of minutes and I can say look we can do two or three. So they can share them the next time.

C: Or you can put them into groups as well like one or two people or three people.

G: Oh, and talk to each other.

C: If everyone wants to share than that would give them all an opportunity to read or they can just give a small summary around the circle. What was the most surprising or telling thing about your writing? You have so much scope with it. I think it's wonderful, really good.

G: Thank you. But I think only having done that, I would never have thought to do that. So thank you for that.

C: That's great. Well I'm glad the writing sort of added to it in some way. Oh you must tell me how it goes when you do it with the ladies.

G: Yeah, I will.

C: So, it's triggered a way that you can help other people too.

G: Yeah, another creative thing from it.

C: Definitely, that's really good. OK is there anything else that you'd like to add at all before we turn the recorder off for this interview?

G: Um, no, but thank you very much. Thank you for the opportunity to put pen to paper again.

C: You're welcome. It's really been a pleasure. So what's going to happen now is I am going to turn off the recorder. But before I do, I am going to invite you if you would like to submit any of your work toward the study. In the same way your words in the interview, I won't name you, you'll have a pseudonym. If you're happy to submit your writing you'll also have a pseudonym attached to that so your words would be used but not your identity. So that's what we're going to sort off the recording on. But you do not have to submit anything to me if don't want to, but you can and we can go through that now off recording. Is that okay?

C: Yes absolutely.

G: Alright. Thanks Grace.

Appendix M: Full List of Codes, Themes and Subthemes

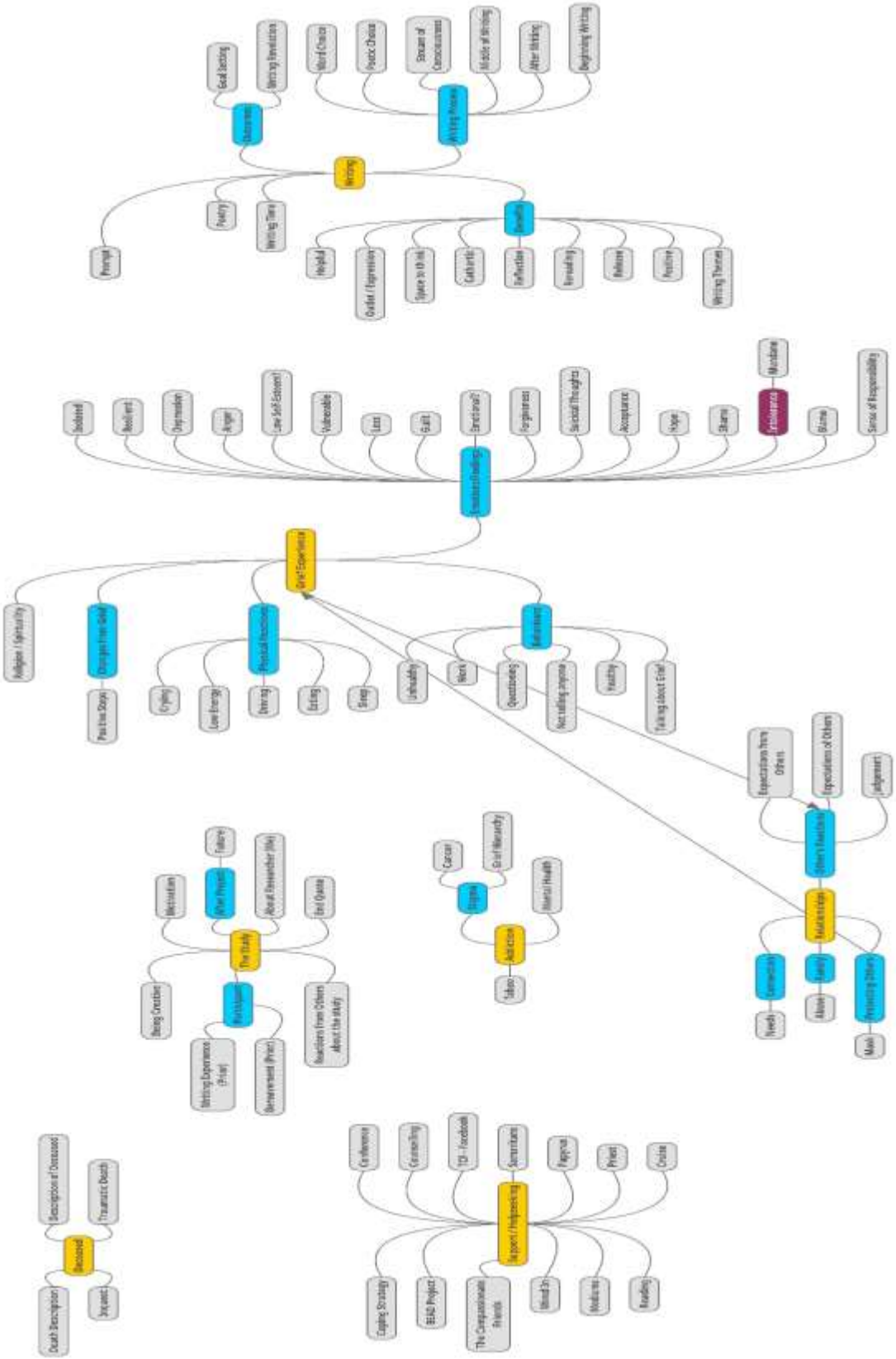
CODES	THEMES & SUBTHEMES
1. Motivation 2. Counselling 3. Relationships 4. Anger 5. Grief Experience 6. Feelings 7. Loss 8. Being Creative 9. Coping Strategies 10. Writing Experience 11. Vulnerable 12. Stream of Consciousness 13. Resilient 14. Changes from Grief 15. Isolated 16. Crying 17. Family 18. Moving On 19. Traumatic Death 20. Escape 21. Unhealthy 22. Depression 23. Outlet / Expression 24. Other's Reactions 25. Protecting Others 26. Triggers 27. Reflection 28. Work 29. Low Self-Esteem 30. Expectations of Others 31. Expectations from Others 32. Energy 33. Not Telling Anyone 34. Conference 35. Questioning 36. Mask 37. Addiction 38. Connection 39. Guilt 40. Judgement 41. Emotional 42. Writing Time 43. Space to think 44. Cathartic 45. Description of deceased 46. Death description 47. Grief description	**The Study** – Motivation – After Project • Future – About Researcher (Me) – End Quote – Being Creative – Participant • Writing Experience (Prior) • Bereavement (Prior) – Reactions from Others about the study
	Deceased – Description of Deceased – Traumatic Death – Death Description – Inquest
	Addiction – Stigma • Cancer • Grief Hierarchy – Mental Health – Taboo
	Support / Helpseeking – Conference – Counselling – Family – Friends – TCF - Facebook – Samaritans – Papyrus – Priest – Cruse – Coping Strategy – BEAD Project – The Compassionate Friends – Wired In – Mediums

48. Needs 49. Support / Supportive 50. Family 51. Friends 52. Stigma 53. Abuse 54. Middle of Writing 55. Forgiveness 56. Positive Steps 57. Prior Bereavement 58. Rereading 59. Suicide / Suicidal Thoughts 60. The Study / Project 61. BEAD Project 62. Acceptance 63. Physical Reactions 64. Hope 65. Prompt 66. Release 67. Shame 68. Support / Helpseeking 69. Facebook 70. Inquest 71. Cancer 72. Taboo 73. Religion / Spirituality 74. Poetry 75. Positive 76. Outcomes 77. Benefits 78. Writing Process 79. Word Choice 80. Poetic Choice 81. Mundane 82. Goal Setting 83. After Writing 84. Writing Revelation 85. Grief Hierarchy 86. Blame 87. Sense of Responsibility 88. Healthy / Unhealthy 89. Writing Themes 90. Helpful 91. Talking About Grief 92. Mental Health 93. About Me 94. Beginning Writing 95. Sharing – Reaction from others about the project 96. End Quote 97. Future	– Reading **Relationships** – Other's Reactions • Expectations from Others • Expectations of Others • Judgement – Connection • Needs – Family • Abuse – Protecting Others • Mask **Grief Experience** – Emotions/Feelings • Isolated • Resilient • Depression • Anger • Low Self-Esteem? • Vulnerable • Guilt • Forgiveness • Suicidal Thoughts • Acceptance • Hope • Shame • Intolerance – Mundane • Blame • Sense of Responsibility – Religion / Spirtuality – Changes from Grief • Positive Steps – Physical Reactions • Crying • Low Energy • Driving • Eating • Sleep – Behaviours • Unhealthy • Work • Questioning • Not telling anyone

98. The Compassionate Friends 99. Samaritans 100. Wired In 101. Papyrus 102. Mediums 103. Priest 104. Reading 105. Cruse 106. Shock	• Healthy • Talking about Grief **Writing** – Outcomes • Goal Setting • Writing Revelation – Writing Process • Word Choice • Poetic Choice • Stream of Consciousness • Middle of Writing • After Writing • Beginning Writing – Prompt – Poetry – Writing Time – Benefits • Helpful • Outlet / Expression • Space to think • Cathartic • Reflection • Rereading • Release • Positive • Writing Themes

Appendix N: Mind Map of Themes, Subthemes and Code*

*This mind map has been rotated 90° to fit on the page.



Appendix O: Participant Writing Samples

Grace Stevenson – Sample

#2. How long did it take to die?
The bag

That 5p piece of plastic shit
Useful, but so deadly
Bright and branded
White and logos
The container of your goods.

That non-recyclable, un-biodegrable trash
Strong enough to tail
Transparent holder
Easy grip
From shop to car and home.

We fold them, scrunch them, store
For uses we use in every day life them
They're everywhere
Blowing in the wind
Scagged in trees
A nestled in plms.

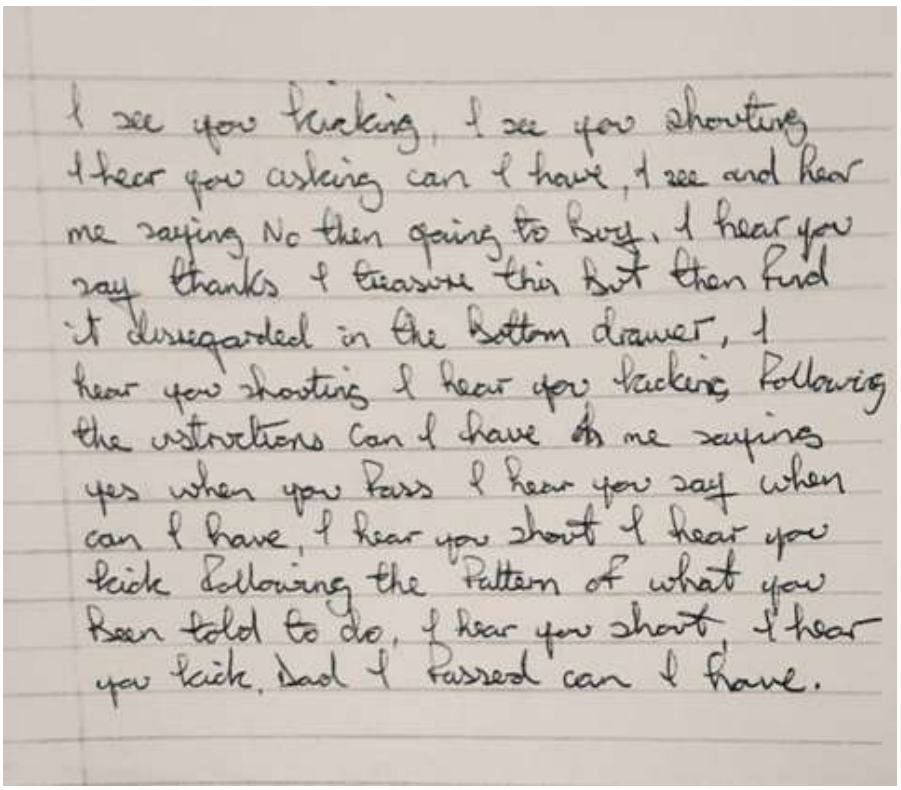
Just folded on the side
Ready to kill....
I can only imagine what happened

A smooth, melted mask
Full of gas, full of death
Sealed in by expert hands
Eyes closing, The smell of death
Breathing shallow,
The flimsey, but caring
Shrouding his face
Intensifying the death envelopping his lungs
The mask moving in and out
Failing, melting – oblivion, death

How many minutes did this take?
I hate those bloody things.... It helped
kill my son!!

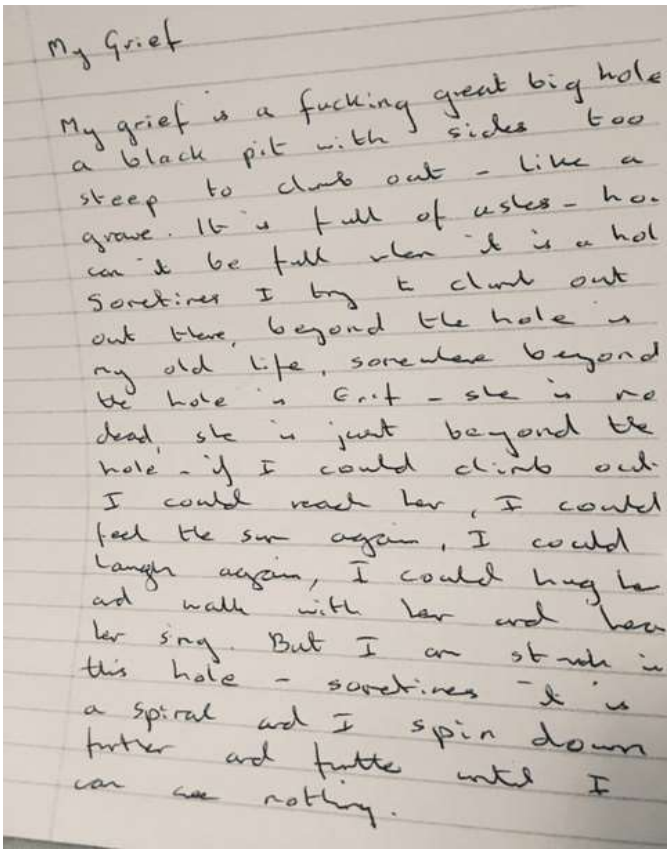
< him going shopping now. "Madam
would you like a bag, maybe 5p?">

Gerald Jones – Sample



I see you kicking, I see you shouting
I hear you asking can I have, I see and hear
me saying No then going to buy, I hear you
say thanks I treasure this but then find
it disregarded in the bottom drawer, I
hear you shouting I hear you kicking following
the instructions Can I have as me saying
yes when you pass I hear you say when
can I have, I hear you shout I hear you
kick following the pattern of what you
been told to do, I hear you shout, I hear
you kick, Dad I passed can I have.

Charlotte Miller – Sample



My Grief

My grief is a fucking great big hole
a black pit with sides too
steep to climb out - like a
grave. It is full of ashes - how
can it be full when it is a hol
Sometimes I try to climb out
out there, beyond the hole is
my old life, somewhere beyond
the hole is Grit - she is no
dead, she is just beyond the
hole - if I could climb out
I could reach her, I could
feel the sun again, I could
laugh again, I could hug her
and walk with her and hear
her sing. But I am stuck in
this hole - sometimes it is
a spiral and I spin down
further and further until I
can see nothing.

Louise Douglas – Sample

Memory

After years of watching Bob Ross through a Sunday Morning hangover haze we bit the bullet. We bought our paint and brushes and canvas. We showed our devotion to Bob by unknowingly requesting his propriotry paint brand, much to the amusement of the chap behind the till and our embarassed giggles.

We got the materials home and we're ready to start. Old clothes on, sofas protected and canvas & paint at the ready.

We couldn't keep up with Bob. He was creating trees and mountains at a furious pace. Bob could blend colours to get the exact shade of green for the leaves and graduate the colours of the setting sun. Our attempts

Appendix P: Post-Reading Email Examples

Email sent Monday, February 26th following a reading in Bristol, England

Hi Christina,

I wanted to say it was a delight to meet you at Arnos Vale on Sunday. I enjoyed our time together and, once home, I devoured your book greedily (thank you for the lovely words you wrote for me).

On reading your poems, I was full of admiration for your courage and was struck by your ability to eloquently show the complexity of relationships, the love we can feel for parents in spite of their deeply flawed parenting.

I feel we are each given a rucksack to carry through life, containing the stories of those who went before us and we make choices to either carry the full weight or try to lighten the load through understanding and healing. My sense is, through your raw and powerful writing, you help others to ease their aching shoulders.

Some parts resonated with me, as my own father died when I was in my twenties, and my relationship with him was far from easy. However, I am in the middle of processing emotions around my mother (in a home for seven years and has had Alzheimer's for about ten) and I wondered if you could recommend any books from the 300 or more you have read? I have already ordered the Jacqueline Saphra you suggested.

Thank you again…and do keep in touch

Warm regards,
[Name Redacted]

*Email sent on Sunday, Feb 11th 2018, following a presentation and reading at the Annual DrugFam Bereavement by Addiction Conference in High Wycombe, England.**

***Please note that due to the length and nature of the email, which could identify the writer, I am only providing an extract below.*

Good morning to you Christina, I hope you are doing well …

It is a Sunday morning and in order to find your contact details, I have been re-visiting your wonderful book ` More Than You Were ` and reading out loud some of the beautiful, sad, insightful poetry to my wife. I couldn`t get through one poem without gulping and forcing back the tears and my voice cracked several times. I

didn`t even attempt to read out `Finding You` the last poem in the book, as I knew I would not be able to finish it without a major meltdown !

Your poems are beautiful, clever, clear and heartfelt. They say so much, in so few words and put me right there, by your side. We have only met briefly on a few occasions and yet because of your poetry, I feel that I know you well and feel very proud of the woman you have become. I also, feel that I know your Father and share some of your grief in his loss.

I did indeed, understand him and the kindness in his soul, so …….. mission accomplished !

Every poem creates such a clear picture of your life and the life of your family and you should be very proud of yourself for such an achievement…

Thank you, on behalf of all bereaved through addiction, for sharing your story and the story of your family and be assured that your words have inspired many of us to try harder to mend our broken hearts. To be able to summarise your feelings, so sweetly and so succinctly, is a rare and precious talent and I am so pleased that you are trying to share this gift with others.

I look forward to seeing you again, hopefully at the next Drugfam Conference, if not before and to give you a hug on behalf of your Father and all of those Fathers who have died without such a wonderful elegy.

Love and Best Wishes,
[Name Redacted]