A Performative Autoethnography on the Irruption of a Healing Assemblage

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A PERFORMATIVE AUTOETHNOGRAPHY ON THE IRRUPTION OF A HEALING ASSEMBLAGE

by

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DEDICATION

This dissertation is dedicated in loving memory to my mother, Trudy Brown, the Master Gardener, Goddess, (nearly perfect) human, stewardess of nature, lover of sleeping late, lolling about in rivers, and good food and wine. Mom, you introduced me to the natural world and showed me how to be gentle. When you died, my heart broke, yet you have also helped me heal.

I could not have done this work without you.

I also dedicate this dissertation to those lost loved ones whose specters continue to haunt me: my G’Mommy Katie, my Mimi Billye, my Grandoc Vernon, my aunt Brenda, my mother’s dog, Eve, and my childhood cats, Sam, Blacky, and Missy;

and finally, to all those that hum, buzz, bark, crinkle, and crunch, and still others that do not emit sound yet nevertheless have quite a lot to say.
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ABSTRACT

In this ecofeminist poststructural performative autoethnography, I explored my own personal journey through prolonged grief, conceptualized as a grief assemblage, while critically examining the functionality of preexisting thought and practices on loss and self-care. The research questions that guided this dissertation were: (1) Who and what constitutes a grief assemblage? (2) How does a grief assemblage—a fluid entity of nonhumans and humans that somehow functions together—produce me as a woman, a graduate student, and a counselor? (3) How can a reconceptualization of grief as assemblage expand thinking and practices on loss, grief, and self-care? (4) How can an applicable, customizable tool arise from this work that can further the aim of helping others heal from grief and engage in self-care practices in therapeutic settings?

I worked closely with ecofeminist poststructural theory and performative autoethnographic methodology and became enmeshed in a fluid process that interrogated the confines of traditional research studies. This enmeshment also generated interrogations of preconceived notions about binary systems supposedly separating self and other, life and death, and nature and culture, until these separations collapsed into constant movements along infinite lines of flight. As I assembled artifacts related to my experiences of grief, loss, and self-care, the assemblage continued to vibrate with the constant fluctuations at work among a myriad of forces, thereby necessitating that I think and work with data differently. St. Pierre’s (1997) transgressive data irrupted along these lines of flight as concrete artifacts, dreams, hauntings, memories, emotions, and performative knowledge through living the assemblage with my body. I employed writing as a method of inquiry (St. Pierre & Richardson, 2005) and analysis to assemble a rhizomatic narrative in which I showed the many identity performances I enact as a person who
is simultaneously grieving and healing. I used photo-text to illustrate how the grief assemblage is becoming a healing assemblage. Just as the assemblage collapses, folds, vibrates, and performs constant movements, I found myself assembling, dismantling, and re-assembling the data into various configurations which culminated in the alternating pages of photographs and text as I conversed with my mother and all the other forces in the assemblage. I found that I am performing healing as I continue to move with the assemblage.

To further the aim of social justice for others who are grieving and trying to heal in a world that is far too often focused on work and achievement at the expense of self-care, I created a healing-gram, which is a practical therapeutic tool mental health professionals can use with their clients. The healing-gram itself is an assemblage of artifacts with which grieving individuals become entangled as they work with their selected artifacts in empowering and creative ways. The healing-gram includes a protocol that serves as a standardized guide for therapists, yet which also honors the unique experiences and identity locations of diverse populations. I created this tool to bridge the gap between counseling-specific theories and practices about loss, grief, and healing, and poststructural thought. I conceptualize this work as an ongoing process that does not provide straightforward answers to questions such as those that guided this study. Instead, more questions continue to irrupt which I hope will lead to future studies and practices on these topics.
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Chapter One

Introduction to the Study

The purpose of this study is to explore my own personal journey through prolonged grief, conceptualized as a grief assemblage, while critically examining the functionality of preexisting thought and practices on loss and self-care. Deleuze and Guattari (1987) described *assemblage* as a fluid gathering of multiple forces. As I will explain, my grief assemblage is comprised of an entanglement of nonhumans and humans. I worked toward the purpose of this study using an ecofeminist poststructural performative autoethnography. That is, in this study, I used my personal experiences as data (autoethnography) in ways that show fluidity, multiplicity, and doing as a way of knowing (performative) while also showing interactional connections and an interrogation of static, entrenched, and objectivist systems of thought (ecofeminist poststructuralism).

Although I am considering multiple losses in my life through this study, the death of my mother and the impact of this event on my life as a graduate student and counselor is the focal point around which this study was built. I used my mother’s garden, literally and metaphorically, as a healing mechanism that can be adapted in therapeutic settings to help others who are grieving a loss. I will now provide the personal context for why I chose to work with the identified issue at hand: healing through *complicated grief*.

The Context of the Study

Personal Identification of the Problem

In the summer of 2008, my mother was diagnosed with stage-four stomach cancer. She had been to a gastroenterologist at least twice and returned with medicine for acid reflux. When the doctors finally caught the cancer, it was too late. However, our family remained hopeful. My
mother underwent an operation to try to remove the tumor, but it was already so entangled with her other vital abdominal organs that this surgical intervention did little to help. We were told that at this point, treatment might prolong her life and give her some comfort, but that the particular form of cancer she had was incurable. So, she began treatment with chemotherapy, which turned out to be just as devastating as the cancer itself. In August of 2008 I had moved back home to live with my parents right before I began my master’s program for clinical mental health counseling.

On a daily basis during this time, I witnessed the devastation of my mother’s illness. My mother, who had always been relatively healthy, strong, and active, became a shadow of the woman we knew. The woman who had often complained about wanting to lose weight became a fragile shell of skin and bones encasing the relentless mass growing inside of her. The pants she once so desperately wanted to fit into fell off of her. The woman who was intelligent, warm, and quick to smile and laugh became a subdued person I no longer recognized, often staring into the distance and unable to sustain focus and retain consciousness at times. Even before she passed away, I felt like she was already gone; she was so distant and could no longer be the mother I needed.

My mother died on May 7, 2009. I took a summer counseling course and resumed my job at an animal clinic. In July of 2009, my paternal grandmother died. In March of 2010, my maternal grandfather died. That year, I attended a few grief counseling sessions and support groups. I continued taking classes to complete my degree. I graduated with my master’s degree in May of 2011. In August of that year, I began my doctoral degree in counseling. From my undergraduate studies in psychology, I was familiar with Kubler-Ross’s (1969, 1974) work on the stages of grief. I guess I thought that, in time, I would pass through these stages and be over

So, I continued working and waiting for the pain to subside.

However, it wasn’t that easy. It never is. What happened in my grief was messy, ugly, and traumatic. In the aftermath of these experiences of loss, I have become, at times, a person I no longer recognize. My face has lost the healthy fullness and glow of youth to acne scars and a mean slanting thinness. I have trouble gaining weight. I have gone through periods of intense depression and anxiety, in which even the motivation to get out of bed has been absent. I keep thinking of getting “back” to myself—whoever that person is—that motivated person who was a “good student” who was “on top of things.” I have struggled with how to come to terms with my grief in a way that works for me.

Theoretical Identification of the Problem

Older models of loss and grief. Well before Kubler-Ross, Freud (1957) developed the standard psychoanalytic model of mourning in which several assumptions still predominate current views on grief and loss (Hagman, 2001). In this model, mourning is a private internal psychological process with the ultimate goal of detachment, or decathexis, from the object of grief, which allows for resolution, or a foreseeable endpoint, to the process. Hagman (2001) and Neimeyer (2001, 2007) have elucidated other problematic assumptions stemming from this early model. First, the idea of mourners going through predictable stages was assumed to be universal. Stage models imply a forward progression wherein mourners reach an identifiable ending to the grief process and can move on now that they are over it. Furthermore, movement through the stages is positioned as passive, wherein mourners have little control or agency in negotiating this process, perhaps because of these older models’ emphasis on emotions over cognitive and behavioral components. Failure to reach a conclusion to the process implies pathology,
and moving on entails a relinquishing of bonds the mourner has to the object of loss. The idiosyncrasies of how different cultural and subcultural groups practice grief and healing have been largely ignored, as has the profound influence of the various systems in which people operate. Certainly, these assumptions are in keeping with the modern Western narrative of rugged individualism, but I question their usefulness in actually helping people heal. The problem I have observed is that these assumptions inherent in older grief models are still influential in Western society, and that they can be constraining and even marginalizing when put into practice.

**Societal implications of the identified problem.** Foote and Frank (1999), Harris (2009), and James and Gilliland (2017) have made extensive observations on the standardization and institutionalization of death and grief that reflect the predominant sociocultural beliefs and practices surrounding this topic. For example, the dying process tends to happen in hospitals, outside of the public realm, sending a powerful message that “grief ought to be private and controlled: clean, quiet, and quick. Grief should be sequestered: contained, confined, not allowed to flood or overwhelm lives” (Foote & Frank, 1999, pp. 169-170). People are given a relatively short amount of time to mourn the loss of loved ones, after which they are expected to get back to work. It is common practice in American culture to return to one’s place of employment the very same day after having attended a memorial service or funeral. Grief that floods over these constraints is labeled as pathological.

These observations point to the marginalization of death and grief, but from where does this phenomenon stem? The relationship that any society has to the concept and reality of death is an important consideration. Joffrion and Douglas (1994) identified Western society as death-defying. Medical and technological advancements and access to better nutrition, among other
factors, have resulted in members of our population living longer than ever before (James & Gilliland, 2017). An obsession with youthfulness can be seen in advertisements targeting anti-aging products and services. The modern marketplace is burgeoning with messages that suggest that death is to be feared and avoided for as long as possible (Foote & Frank, 1999). Simply stated, aging, illness, and death tend to make people in our society feel uncomfortable because these natural parts of life have been positioned as antithetical to the Western values of youth, beauty, and virility.

Harris (2009) discussed how capitalism and patriarchy as the driving forces behind Western society have contributed to what is deemed to be socially acceptable expressions of loss and grief. A valuing of material goods and money over human and animal lives, an emphasis on productivity versus rest and stillness, and a favoring of stoicism over emotional expression are just some of the penalties for living in this type of society. This complex interweaving of factors manifests in the continual marginalization of death and grief that Foote and Frank (1999) described: “Grief, like death itself, is undisciplined, risky, wild. That society seeks to discipline grief as part of its policing of the border between life and death, is predictable, and it is equally predictable that society would medicalize grief as the means of policing” (p. 170). Thus, standardized models that offer a tidy, stepwise sequence to the grief process have been upheld, as have sociocultural practices that limit individuals going through this process. Unfortunately, attempts to constrain phenomena from the natural world sometimes have the opposite effect than what was intended.

**Newer models of loss and grief.** More recently, research on loss and grief has moved away from stage models to offer a different kind of framework for this process (Hagman, 2001; Neimeyer, 2001, 2007). In this framework, a shift from objectivist thought, contained within the
assumptions I outlined earlier in this chapter, has given way to social constructionist and constructivist micro-theoretical models. Micro-theories are discipline-specific theories; the micro-theories to which I refer from the field of counseling and psychology. These newer models offer assumptions that serve as counterpoints to the assumptions in earlier models. The first assumption—that mourning is largely confined to the individual—has given way to an expanded view in which mourning is a social process influenced by numerous systems in the bereaved person’s social world. Expressions of grief are seen as attempts to communicate with others in acknowledgement that humans are undeniably social creatures who strive for connections with others and for whom such social connections are crucial when grieving a loss. The assumption that the grief process concludes when grievers relinquish bonds with the deceased has been replaced with the assumption that continuing bonds with the object of loss through redefining the relationship is actually a normal and healthy response. The standardization of the grief process into universal stages that the bereaved passively follow until they reach a tidy conclusion (e.g., Freud, 1957; Kubler-Ross, 1969, 1974) is critiqued in newer models that recognize the idiosyncrasies of the grief process for each unique person (e.g., Hagman, 2001; Neimeyer, 2001, 2007).

This recognition of the complexity and uniqueness of grief has also led researchers and practitioners to question the labeling of grief as “pathological” after a certain amount of time and to acknowledge that this process is not necessarily linear but rather, can be messy and unpredictable. Also in the newer models, the emotional experience of grief is still valued, but the newer theories also offer consideration of the cognitive and behavioral aspects of the process. Hence, mourners actively renegotiate their lives after a loss, and the reconstruction of meanings and relationships is a part of this renegotiation. Cultural considerations are also given attention in
the newer models in keeping with a widened perspective on the importance of how they affect
the grief process, tying back in to the influences of social bonds and the multi-systemic contexts
in which loss and grief take place (Hagman, 2001; Neimeyer, 2001, 2007).

A key idea of the social constructionist and constructivist theories that inform these
newer models of loss and grief is that “human existence is more than simply a series of
disconnected experiences imposed on people by objective circumstances” (Neimeyer, 2007, p.
195). Rather, humans are engaged in a process of meaning making with others within a social
context; thus, reality is continually being co-constructed (Crotty, 1998). In other words, multiple
players exist and interact on the stage we refer to as “reality,” which does not represent one
overarching, universal truth, but rather different versions of experiences and meanings. In
dialectical constructivism, for example, individuals are seen in terms of an “organized
multiplicity of selves” and “there are an infinite number of ways a person can construe and
interact with the world given the multiplicity of voices and ways of perceiving experience”
(Bohart & Watson, 2011, p. 232). One can see how this idea informed newer models of loss and

grief as individuals struggle to make sense of their lives after loss, which includes actively
redefining and renegotiating their relationships with others, the object of loss, and themselves.

I will now introduce these newer models, which I discuss in greater depth in chapter two.
Stroebe and Schut (1999) developed the dual process model (DPM) in recognition that the grief
process often involves an oscillating flow between approach and avoidance of the loss (the loss
orientation) before the bereaved can be ready to enact healthy changes in their lives that signal
healing (the restoration orientation). In the adaptive model, Martin and Doka (2000) identified a
continuum of grief styles between intuitive and instrumental grieving wherein strategies for
healing through behavioral change can be used based on each individual’s style. Finally,
Neimeyer’s (2001) meaning reconstruction approach suggests that grievers actively negotiate with others in their lives to develop new roles and meanings related to the object of loss to further the healing process. Social constructionist and constructivist theories have propelled understandings of loss and grief into different onto-epistemological territory and serve as micro-theoretical underpinnings for recent research on this topic. These understandings have allowed for more options to meet the needs of bereaved individuals as they have opened space for a multiplicity of voices and experiences. However, I am curious about what can happen if even more onto-epistemological space is opened for doing work on loss and grief.

**Theoretical Framework of the Study**

In this study, I critically examined the usefulness of existing beliefs and practices and generated space for grieving and healing differently. I explored options outside of these human-made boundaries, options that honor the “undisciplined, risky, wild” (Foote & Frank, 1999, p. 170) experience that is death and grief. Feminist poststructuralism—specifically ecofeminism—framed my study. I explored what can happen by employing these theories to find new and different ways of working with the topic at hand. I will now offer a discussion on these theories, including why this theoretical framework is ideal for my particular study.

**Poststructuralism**

**Introducing the assemblage.** The Deleuzoguattarian (1987) *assemblage* is a poststructural concept that describes a constellation of entangled elements that are in constant movement. These elements do not operate in isolation; rather, they are so intertwined that they cannot be thought of as separate (Nordstrom, 2015). Instead, it is more helpful to conceptualize assemblage in terms of the movements constantly at play among a multiplicity of forces (Deleuze & Guattari, 1987; Jackson & Mazzei, 2012; Nordstrom, 2015). As I related at the
beginning of this chapter, my experience of loss did not fit into an orderly, predictable process, despite my efforts to make it so. Therefore, I have been thinking through my experiences of loss in terms of a grief assemblage. A grief assemblage is a fluid entity of nonhumans and humans that somehow function together, taking into consideration plants, nonhuman animals, humans, and works of art and literature as healing agents. Assemblage takes primary importance in my research because it offers a different way to think about and work with loss and grief.

The assemblage illustrates the poststructural view that reality is contextual and shifting, and truth is always dependent upon a particular perspective at a given moment in time. Indeed, movements within an assemblage can be chaotic. This statement represents a movement away from previous onto-epistemological theories, such as post-positivism, that have been upheld as attempts to order the world in a way that provides objectivity, stability, and universal truth. In acknowledgement of the futility of finding and representing truth, researchers operating from a poststructural theoretical stance strive to situate meaning against the larger backdrop of history, culture, society, politics, and language (Richardson & St. Pierre, 2005). Furthermore, the forces within an assemblage cannot be categorized or separated from each other; that is, the concept of the assemblage moves away from the idea of stable, separate entities in favor of seeing anything in terms of actions done in interaction with other entities. Therefore, the humanist ideal of a centered, stable, rational, individual subject is called into question to make room for a different kind of subject. This poststructural subject is created in the constantly moving negotiations that she conducts with society and its discourses as she navigates the world. As an active, dynamic constellation of forces, the assemblage is useful in working against binary systems of thought and practice. Poststructural theory rejects binary systems, or “hierarchical oppositions” (Seidman, 1994, p. 14) that have predominated Western thought. Binaries are categorical
oppositions” (Seidman, 1994, p. 14) that have predominated Western thought. Binaries are categorical systems that place hierarchical divisions between entities so that they are thought of and treated as separate and usually, unequal. For example, the divisions that have been upheld between women and men throughout human history have resulted in institutionalized barriers and violence toward women with harmful implications for all beings (Haraway, 2008). As this discussion moves into ecofeminist theory, I will focus on the binaries, sometimes termed “The Great Divides” (Haraway, 2008, p. 15) of human-nonhuman and nature-culture.

**Ecofeminism**

**Challenging binary systems.** Ecofeminism directly challenges the human-nonhuman and nature-culture binaries that position the realms of human and culture as separate from and superior to nature (Haraway, 2008). Grand (2000) identified the ongoing crisis at hand as “the increasingly virulent relationship between human beings and the rest of nature” (p. 354). As pointed out by Gaard (2001) and Smith-Harris (2003), ecofeminist theory combines feminist, ecological, and spiritual matters and posits that there are similarities between the oppression of women, the environment, and animals. Smith-Harris noted that in the resistance of oppression and the striving for a more just society, we must recognize the connections between humans and all of nature. Pursuant to this call for justice, Haraway defined the human-animal relationship in poststructural terms: neither subject nor object pre-exists the other, nor remains stable, and actions are performances. For Haraway, the term *significant otherness* refers to the co-construction of meaning that occurs between animals and humans, taking into account historical influences, the performed, ever-shifting present, and a shared future. I intend to trouble the false divisions between human and nonhuman animals, and nature and culture, by showing what continues to happen in a grief assemblage.
To summarize the macro-theories that frame this study, my plan to use the assemblage was informed by poststructural theory, while ecofeminism informed my idea to reconsider the nature-culture and human-nonhuman binaries as assemblage. This theoretical framework allows for space, movement, and creativity that is lacking in previous conceptualizations of loss, grief, and self-care that I discussed earlier in this chapter. Ignoring or negating the impact of nature and the nonhuman has resulted in a sterile, medicalized perspective on death and healing in our society that thwarts options for growth and healing. I argue that my identities and experiences with loss, grief, and self-care, and indeed those of many people, are forced into one of two binary positions, resulting in a bloated threshold that desires movement. By considering a grief assemblage, I honored the performative, rebellious, and unique experience of grief and loss, and in so doing, to produce a tool that can be utilized in therapeutic settings in working with bereaved individuals.

### Significance of the Study

**Purpose of the Study**

In this ecofeminist poststructural performative autoethnography, I assembled artifacts—centered around my mother and her garden—related to my experiences of loss, healing, and self-care through prolonged grief in order to critically examine the functionality of preexisting thought and practices on this topic. I refer to this method as *gardening as a method of inquiry*. Each artifact served as a catalyst for movements performed in my grief assemblage as I used writing as a method of inquiry and analysis (Richardson & St. Pierre, 2005) to explore and dialogue with the numerous inhabitants within it. I hope that doing so accomplished my intended goal of creating a therapeutic tool, the *healing-gram*, to help other bereaved individuals heal.
Introduction to the healing-gram. The idea to create a healing-gram as a therapeutic tool to help bereaved individuals arose through conversations with my academic advisor, Dr. Richard James. We discussed the traumagram (Figley, 1989, 1990), a self-report measure designed to assess the impact of traumatic experiences and transcrisis points throughout an individual’s life. This measure was not originally designed to detect loss and grief, but Dr. James and I believe that it can be used as such. For this study, I designed my own traumagram to document the occurrences of loss in my life. As a counterpoint to the traumagram, I developed the healing-gram as a way to navigate the grief assemblage, comprised of artifacts pertinent to each individual’s journey through grief. In other words, the healing-gram is a customizable representation of an individual’s journey through grief and healing that is designed to be restorative. Therefore, each individual’s healing-gram will look different depending on the unique aspects of their grief and what they find to be healing.

The notion of the healing-gram is founded on a conceptual model that I developed through my thoughts and research. I first made a model to correspond to my personal healing-gram that is unique to my experience as both researcher and participant in this study, reflecting in part how I approached this creative process and the particular influence of the natural world on my process (see Appendix A). I then made a more general model to correspond to the healing-gram construction protocol that I discuss at length in chapter five and included in Appendix B. In the paragraphs that follow, I describe the personalized model in depth and then briefly explain how the generalized model differs.

My personal healing-gram model. The Deleuzoguattarian assemblage (1987), as comprised of perpetually undulating movements and multiple interconnected systems, is the inspiration for the healing-gram. Setting the assemblage into motion in this study will require a
collapsing of binary systems of thought related to loss and grief. The main binary systems I will be examining in this study are that of the living/dead and nature/culture, which is congruent with the ecofeminist poststructural macro-theory and performative methodology with which I am working. Spectral data (Nordstrom, 2013) and other kinds of transgressive data (St. Pierre, 1997a, b) infuse this framework to further examine the arbitrary separations inherent in binary thinking.

One component of the older models of loss and grief that stands out to me is the idea that readjustment to loss should result in relinquishing one’s attachment to the object of loss. I question how I can relinquish bonds with my mother when she inhabits every cell of my body and my surroundings. I conceptualize this sense of my mother as always all around and within me as a haunting. I first encountered this idea in Nordstrom’s (2013) article on spectral data—that which is generated between the living and the dead—in which the researcher’s ancestors haunted objects they once owned. Using objects of sentimental value and characteristics passed down genetically, researchers can conjure conversations with deceased loved ones and in doing so, the bonds between the living and the dead are not relinquished. As Nordstrom wrote, “The genetic fragments grandmother Naomi and I share are the constant physical reminders of the relationship we have formed that transgresses the living/deceased binary” (p. 316). Other qualitative researchers have also worked with the idea of hauntings. For example, Doucet (2008) and Mulcahy, Parry, and Glover (2009) discussed hauntings that came from a physical and emotional investment in one’s research. Pineau (2012) considered “when and why it matters to engage the bodies of the dead as partners, as inter-corporeal collaborators, which is to say, as articulate bodies in their own right” (p. 460).
The next level of this model for the healing-gram is the micro-theoretical framework comprised of several components. Kirmayer’s (2004) *hierarchy of healing mechanisms* is a biopsychosocial hierarchy showing the interconnections of multiple intra- and interpersonal factors involved in the healing process, beginning with the evolutionarily primitive brainstem and moving up to higher-order levels of mechanisms such as the family, community, and society as a whole. Next, I have included social constructionist theory as it has informed Laura Brown’s model of *social locations* (2008), which highlights the importance of all the multicultural factors encompassing each unique person in treating trauma, in addition to Miller’s (1986) *Relational-Cultural Theory (RCT)*. This theory underscores the value of maintaining connections with others through relationships across one’s life, and also considers how relationships are strongly influenced by the cultural milieu in which they occur.

Social constructionist theory also helped lead to my choice to incorporate Neimeyer’s *meaning reconstruction of grief* model (1998, 2001). This model views the grief process as one in which the bereaved are actively engaged in rebuilding their experiential worlds, including a redefining of an ongoing relationship with the deceased in which the relationship is not relinquished, but actually continues. A meaning reconstruction perspective views each individual as involved in their own idiosyncratic journey through grief that honors multiculturalism, including important local healing traditions, and also views the individual in terms of cognitive and social reactions to loss. This perspective furthermore considers the influences of wider systems at work in individual grief processes. At this micro-theoretical level I also give attention to Stroebe and Schut’s (1999) *dual process model (DPM) of coping with bereavement*, which posits that grieving individuals often go through shifts, much like an ebb and flow, between loss-oriented and restoration-oriented approaches to coping and healing.
These theoretical groundings lead to my enactment of healing actions through immersion in nature. My interactions with the natural world include horticulture therapy through gardening, touching, thinking, and writing with concrete objects I find in nature, and maintaining tender, respectful relationships with non-human animals. By performing these healing actions in consideration of all the levels of the model I developed, I assembled my healing-gram, which is the product I generated in this study. The general healing-gram model I created is very similar to the personal model I have just described, except for the absence of the highly individualized elements that are unique to my grief-turned-healing assemblage. The general model serves the purpose of making this model and accompanying healing-gram construction protocol customizable for future use with other individuals.

**Empathic Therapeutic Tool.** One of the benefits of autoethnography in general is the critical application of deeply personal understandings to the wider sociocultural milieu in which the autoethnographer operates (Chang, 2008; Hughes, Pennington, & Makris, 2012). Conquergood (2002) referred to “articulation” (p. 152) of these understandings as a practical outcome of conducting performative studies that can reach wider audiences, while Denzin (2003) wrote, “But performance narratives do more than celebrate the lives and struggles of persons who have lived through violence and abuse. These narratives must always be directed back to the structures that shape and produce the violence in question” (p. 273). Spry (2006) elaborated on these concepts in terms of an *empathetic epistemology* that serves to connect people through a researcher’s embodiment of pain, messiness, and uncertainty. By approaching research in this way, I aimed for an *epistemic/aesthetic praxis* (Spry, 2011) in which performative autoethnographic works can produce research that is simultaneously creative, aesthetically pleasing, and useful to larger groups of people. At the intersection of autoethnography and
performance, I designed the healing-gram to be a therapeutic tool that will put these concepts into practice in real ways, thereby disarming previous approaches to loss and grief in order to do things differently.

**Research Questions and Plan**

The purpose of this ecofeminist poststructural performative autoethnography was to explore my own personal journey through prolonged grief, conceptualized as a grief assemblage, while critically examining the functionality of preexisting thought and practices on loss and self-care. The research questions that guided this work were:

1) Who and what constitutes a grief assemblage?

2) How does a grief assemblage—a fluid entity of nonhumans and humans that somehow functions together—produce me as a woman, a graduate student, and a counselor?

3) How can a reconceptualization of grief as assemblage expand thinking and practices on loss, grief, and self-care?

4) How can an applicable, customizable tool arise from this work that can further the aim of helping others heal from grief and engage in self-care practices in therapeutic settings?

I will now preface the work I have done in chapters two, three, four, five, and six. Appendix C contains the implementation schedule for this dissertation. Chapter two is my comprehensive literature review on the identified issues, beginning with problems faced by graduate students and mental health professionals that are compounded by the crisis of loss and grief. I contrasted older bereavement models with newer models and outlined the micro-theoretical perspectives and research studies supporting them. I also explained how I plan to use the chosen macro-theoretical and methodological framework for this study—ecofeminist postsstructural performative autoethnography—to address the dearth in poststructural
applications for loss, grief, and healing in counseling research and practice. In chapter three, I built on my discussion of these methodological and theoretical frameworks to show how they functioned together to guide me through collecting, assembling, and writing with the data that unfolded. I detailed the specific steps I took to do this work and how these methods generated transgressive data (St. Pierre, 1997) with which I could best address my research questions. I also concluded by addressing ethical implications for this study and prefacing chapter four with a discussion of writing as a method of inquiry and analysis. Writing as a method of inquiry and analysis (Richardson & St. Pierre, 2005) led to my presentation of the transgressive data using photo-text to in chapter four. Drawing inspiration from Nordstrom (2013) I formed this chapter as a continuous conversation that began between my mother’s specter and me and which quickly picked up speed to include the countless forces—living and dead, human and nonhuman, natural and cultural—moving about in the grief-turned-healing assemblage that unfolded throughout this study. This chapter is interspersed with photographs of the artifacts that continue irrupting that I assembled into different configurations to help generate this dialogue.

In chapter five, I shifted to a focus on the practical tool that was one of my aims in conducting this study, the healing-gram. I designed this chapter as several mock therapy sessions between a client and therapist in which I play both roles, drawing on my own experiences to first create a traumagram and to then construct my healing-gram using some of the artifacts I assembled and wrote about in chapter four. I interspersed the sample therapeutic dialogue with commentary backed by citational authority from the macro-theoretical and micro-theoretical frameworks and strong, evidence-based practices in the counseling field to fully explain the movements and rationales for the techniques enacted in the mock sessions. I also included a guide to help therapists enact this protocol with clients.
Instead of writing a traditional “concluding” chapter, I resisted drawing neat summaries and providing final answers to my research questions in chapter six to stay as close as possible to poststructural thinking. I instead chose to write about how the movements generated in the assemblage that pulsated throughout this study can fuel future research endeavors and theory- and model-building to begin to bridge the gap between newer counseling theories and assemblage thought and practice.
Chapter Two

In this chapter, I situate my ecofeminist poststructural performative autoethnography by presenting the existing research on the topics of self-care, loss, and grief among graduate students in the mental health field. I depict the struggles of mental health counseling students and professionals using peer-reviewed research studies and observations from scholars and practitioners in the field. I begin this chapter by presenting research studies on the often unmet needs and previous interventions offered to students and counselors regarding self-care. Next, I describe what can happen when loss and grief enter into the picture. In this section, I review earlier and more recent theoretical perspectives on loss, grief, and healing. Finally, I introduce and explain the application of poststructural thinking to self-care, loss, and grief to situate my aims for this dissertation.

Problem Identification

Students in counselor education programs, and indeed in other graduate programs, are quite familiar with constant negotiations of sometimes competing roles. From my personal experience, I argue that these negotiations can become more difficult to manage as graduate students enter further into adulthood, thereby increasing the number of roles and responsibilities they must handle. Graduate students must often juggle tasks related to financial matters, health concerns, and family life. In this section, I begin by describing Abraham Maslow’s (1943) theory of motivation and human needs as this theory represents a contrast to the lived realities of students and professionals in the field of mental health. I then situate the literature by presenting the work of researchers on the topics of graduate student and professional responsibilities and self-care, two topics that are often at odds.
Human Needs and Self-Care

Abraham Maslow (1943) constructed a groundbreaking theory of positive human motivation that differed drastically from Freud’s (1957) ideas of humans as motivated by aggression, sex, and even death (thanatos). Maslow’s work is now widely circulated in counselor education programs (e.g., James & Gilliland, 2003); students in such programs are generally familiar with the colorful pyramid depicting the human needs as follows: physiological, safety, love and belonging, esteem, and, at the pinnacle, the elusive self-actualization. The concept of self-care is embedded within this pyramid. In order to survive at the most rudimentary level, I must have the basics listed at the very bottom of the pyramid: fresh air, clean water, adequate food, sex, excretion, and homeostasis. If these needs are met, the next step is to achieve safety and security. If I can meet those needs, I can strive for love and belonging, which are necessary to progressing toward the esteem of others and self-esteem. Finally, I may attain self-actualization (although not everyone does), which is the fulfillment of my potential.

Problems Encountered Among Graduate Students

White and Franzoni (1990) produced the first documented research study on the mental health of graduate-level counselors in training. Drawing from a sample of 180 first-year master’s students from a large university in the United States, the researchers administered four instruments to assess the students’ mental health: the Minnesota Multiphasic Personality Inventory (MMPI), the Adult Nowicki-Strickland Internal-External Control Scale (ANSIE), the Life Style Personality Inventory (LSPI), and the Coping Resources Inventory for Stress (CRIS). These assessments measure psychological and social pathology, locus of control, social interest, and stress-coping resources, respectively. Despite the researchers’ hypotheses that the participants’ scores would indicate better wellbeing overall than the general population based on
the factors measured, they actually found that these participants “have higher levels of psychological disturbance than does the general populace” (p. 262) as measured by the MMPI scales and that these higher levels also corresponded with an external versus internal locus of control, less social involvement, and fewer stress-coping resources, as measured by the three other assessments.

Other researchers have questioned why graduate students in the social sciences and helping professions, such as counseling, exhibit compromised levels of wellbeing. Kerlin’s (1995) research addressed the many stressors that doctoral students face, drawing from the open-ended survey responses of 31 graduate students, most of who were studying at the doctoral level in higher education and public policy. Kerlin couched this discussion within the severely competitive atmosphere to which graduate students are forced to adapt or risk failure. “Doctoral students experience a myriad of emotions related to their experiences and often find powerful incentives within their programs to compete, at all costs” (Kerlin, 1995, p. 13). A key concern is the extent to which graduate students are negatively impacted when they buy into this message of sacrifice at the expense of self-care.

Kerlin (1995) addressed several areas of concern for graduate students, including those of a financial, interpersonal, and intrapersonal nature. Considering how the economic climate can affect students, she pointed out that due to fluctuations in the economy over the past decades, many graduate students must now rely solely on loans they must repay upon graduation, leaving them with significant financial burdens. An additional financial concern she indicated is that of reduced budgets for graduate programs.

Kerlin (1995) also described how other issues faced by graduate students are of an interpersonal and intrapersonal nature. Some students reported a lack of key support from faculty
and staff. The researcher gave examples of interpersonal conflicts with professors and other students and instances of academic hazing (i.e., when professors intentionally cause difficulty for students) as graduate school stressors. On an intrapersonal level, graduate students may question their own capabilities, resulting in problems with self-esteem and confidence. Some of the themes garnered from the students’ responses in Kerlin’s study include “Running on Empty” (p. 17), referring to a lack of key support throughout the degree program, and “Like a Roller Coaster” (p. 23) regarding the numerous financial, academic, and personal challenges doctoral students navigate. Such systemic, interpersonal, and intrapersonal challenges can bleed into graduate students’ personal lives, resulting in such outcomes as divorce and even in extreme cases, burnout and PTSD.

The research of Pyhalto, Toom, Stubb, and Lonka (2012) offers a more recent perspective on this topic. For this study, 669 doctoral students at a university in Finland completed a survey comprised of 55 Likert-scale questions and eight open-ended questions targeting students’ problems during the PhD process. The most commonly reported issues were those pertaining to “self-regulation, motivation, and self-efficacy” (Pyhalto et al., 2012, p. 5), which seemingly corresponds with Kerlin’s (1995) examination of the intrapersonal side of doctoral student life regarding problems with self-esteem and motivation. In the open-ended component of this survey, one participant cited loneliness and less guidance from professors as negatively impacting these intrapersonal factors.

The second most commonly reported issues related to “supervision and the scholarly community” (Pyhalto, Toom, Stubb, & Lonka, 2012, p. 5). The researchers used this finding to connect the reports from students about loneliness and the identified need for more guidance in their programs to suggest the enhancement of help-seeking skills in students. In this sample, 43%
of respondents reported that they had considered withdrawing from their doctoral programs, and these students also reported higher levels of stress, anxiety, and exhaustion than their counterparts who did not consider withdrawing. These statistics show how crucial support and self-care are during the doctoral process because if doctoral programs offer supportive resources, graduate students may be more proactive in identifying their needs and asking for help.

The previous research on graduate student wellbeing points to the need for evaluation and remediation for students who experience significant problems in their programs. Bradley and Post (1991) created a survey of open- and close-ended questions to examine how students are selected into and potentially dismissed from master’s level counselor education programs. They received faculty responses from 133 such programs across the United States and found that “emotional or psychological reasons” (p. 106) ranked second only to academic reasons for dismissing students from these programs. Other findings from this study indicated that while most of these counselor education programs continually evaluated their students, such evaluations were primarily focused on the academic performance as indicators of success and progress in the programs. Finally, the respondents replied that counseling and/or faculty review were the most commonly used procedures to determine if students with emotional issues should remain in the program.

In a study on supervision techniques and practices of 65 supervisors from 48 counselor education programs across the United States, Prieto (1998) mailed out surveys containing the Supervisory Styles Inventory (SSI) to the participants. Respondents also documented the average amount of time spent on certain activities and topics in the practicum classes they taught. Of interest to the current research is “that only 11% of practicum class time was spent on the professional and personal issues of students” (p. 30).
Roach and Young (2007) hypothesized that if counselor education programs advocated for and implemented wellness in their programs for students, then the students should exhibit increases in overall wellness over time in their programs. To determine if this is the case, the researchers surveyed 204 master’s counseling students from three universities in the United States. This sample consisted of students at three different points in time of their academic programs: beginning, middle, and end. Participants completed a wellness measure, the 5F-Wel (Myers & Sweeney, 2004). The survey included a demographic questionnaire asking about the students’ programs implementation of wellness classes, requirements that students undergo personal counseling, and an open-ended question on what the students have learned regarding their own self-care in their programs. Although the participants in this study did report having heightened awareness of the importance of self-care in certain areas like personal support systems as a result of their studies and discussions in their graduate programs, only five out of the total 204 participants mentioned “physical wellness related to exercise and nutrition in their responses” (p. 39).

Self-care for counselors-in-training has been upheld as an ethical obligation by such accrediting bodies as the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) (CACREP, 2016). Yet, researchers are finding that self-care stands behind the meeting of other competencies in such programs, such as clinical skills and research training (e.g., Bradley & Post, 1991; Prieto, 1998). Again, the question arises: Why does self-care take a backseat in counselor education programs?

Problems Encountered among Mental Health Professionals

While the process to become a Licensed Professional Counselor, Mental Health Service Provider (LPC-MHSP) varies from state to state, what remains the same is that the process is
rigorous. For example, in Tennessee an applicant must first complete a master’s program for counseling and obtain 3,000 hours of clinical work of which 1,500 must be direct, face-to-face contact with clients. In addition, graduates seeking licensure need at least 50 hours of supervision from a licensed counselor each year in the process, which can take from two to four years. To attain LPC-MHSP status, counselors must successfully pass three different examinations, all of which require extensive preparation and are financially costly (National Board for Certified Counselors, NBCC, 2016). The Tennessee Board of Licensed Professional Counselors, Licensed Marital and Family Therapists, and Licensed Pastoral Therapists mandates that mental health practitioners participate in a minimum of ten hours of continuing education each year to uphold licensure status (Tennessee Department of Health, 2015). Additionally, mental health practitioners often work very long, odd hours. Some of us are on-call for extended periods of time, meaning that we must respond to clients in crisis reaching out to us. Students who have completed a master’s degree in counseling and decide to pursue a doctoral degree must work toward licensure while simultaneously undertaking the tasks required of the academic program.

The counseling and therapy literature addresses these work-related experiences under the themes of professional impairment, burnout, and the harm that these experiences can cause professionals and their clients (e.g., Meyers, 2015; Shallcross, 2011). Most notably, Shallcross (2011) has written articles for Counseling Today describing this dilemma. She observed that counselors in the field are often so focused on helping others that they neglect their self-care, and made the point that since counselors constantly listen to other peoples’ problems and strive to help, they may be more at risk for internalizing these problems. It may be difficult to “turn off” at the end of a workday, given some of the traumatic and disturbing material counselors hear and
witness. Practitioner Sandra Rankin stated, “If you’re gasping for air, you can’t help other people” (as cited in Shallcross, 2011).

A number of researchers have focused on the threats to wellbeing posed to psychotherapists when working in the field; part of this ongoing work has involved differentiating between several interrelated terms that describe negative processes that may occur as a result of counselors and other helpers working with clients on deep, sometimes unsettling or upsetting issues. Upon developing the Maslach Burnout Inventory (MBI), Maslach and Jackson (1981) offered an early definition of burnout as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people work’ of some kind” (p. 99) that can also involve physical exhaustion and a diminished sense of efficacy. Vicarious traumatization is a related term that describes a process of internal change whereby a helping professional begins to experience some of her client’s trauma symptoms as a result of therapeutic engagement with that client (Pearlman & Saakvitne, 1995). Figley (1995, 2002) has produced extensive research on compassion fatigue and secondary traumatic stress disorder (STSD), noting that the two terms can be used interchangeably. Specifically, compassion fatigue can occur when a therapist experiences significant anxiety and excessive concern regarding work with traumatized clients; the related term secondary traumatic stress disorder (STSD) means that the therapist may actually have symptoms mirroring those of posttraumatic stress disorder (PTSD) from which their clients may be suffering as a result of what Figley (2002) described as “helping or wanting to help a traumatized or suffering person” (p. xiv).

Pearlman and Saakvitne (1995) cautioned that any therapist who works in the field of trauma might be at risk for vicarious traumatization and related phenomena; the authors had personally encountered untold numbers of practitioners who recognized these conditions in
themselves. Furthermore, the authors noted that since therapists are in the business of helping others, they may not seek help until their own personal problems become so great that they are forced to do so. Therapists may also fear being seen as vulnerable if they reveal their personal issues. Two empirical studies of mental health responders in large-scale disasters in the United States can offer an idea of the scope and nature of the problem. First, Wee and Meyers (2002) found that well over half of mental health workers dealing with the Oklahoma City bombing aftermath could actually qualify for a diagnosis of posttraumatic stress disorder (PTSD). Second, Creamer and Liddle (2005) surveyed 80 mental health workers who responded to the attacks on September 11, 2001 and discovered several factors that correlated significantly with those workers’ secondary traumatic stress (STS) symptoms. These factors included greater number of days spent helping with this disaster, more exposure to gruesome or upsetting material and vivid sensory details through hearing clients’ stories of the event, and higher percentages of time spent helping firefighters and children.

These questions are not ignored in the literature for counselors and other types of mental health professionals. To help counselors manage burnout and related reactions, practitioners and researchers have published self-care suggestions and manuals to help others in the field better manage their self-care. For example, Echterling et al. (2016) prepared a manual for students in counseling and other academic programs in the helping field that includes exercises designed to promote stress relief, healthy work-life balance, and general self-care. Shallcross (2011) summarized the following related resources. One of the first resources she offers comes from the American Counseling Association’s Taskforce on Counselor Wellness and Impairment (ACA, 2002). Following this link on the website, one is taken to a link for a self-care assessment. In addition to web-based assessments, she provides other self-care tips such as attending support
groups and therapy, exercising, gardening, having proper nutrition, journaling, meditating, and putting aside the idea that as counselors, we must be “Supermen” or “Wonderwomen.” Shallcross also mentioned that mental health workers should take vacations and holidays and not come into work when they are sick. Pearlman and Saakvitne (1995) offered similar self-care strategies, in addition to avoiding potentially upsetting material outside of the work setting, seeking supervision and consultation, and tending to spiritual needs.

In summary, while self-care for counseling students and professionals is addressed in the literature, the interventions and suggestions, and the way they are presented, fall short of leading to real change in behaviors. I argue that the dialogue on self-care and achievement is wrought with tension. On the one hand, self-care is emphasized as a good practice and an ethical responsibility. On the other hand, students and professionals are bombarded with messages that romanticize and push them toward workaholism. The pull toward work and achievement can become so strong that any meaningful self-care regimen becomes difficult, if not impossible, to achieve. To return to Maslow’s (1943) hierarchy, such dialogues and practices represent a contradiction to progression up the pyramid to higher levels of consciousness, existence, and overall good health. Throughout this dissertation, I analyzed these contradictory messages. I strove to reconstruct the idea of self-care into more workable practices that go beyond the “laundry lists” of activities found in the literature to enact real change in how counseling students and professionals care for themselves while also maintaining academic and professional responsibilities.

The Crisis of Loss and Grief

When people lose important others in their lives, crisis, which James and Gilliland (2017) described as “a state of disorganization in which people face frustration of important life goals or
profound disruption of their life cycles and methods of coping with stressors” (p. 9) can ensue. Crisis is a term that can be extended to include the loss of an important person, or people, in one’s life. The crisis of loss can bring a life to a screeching halt. Sometimes, people detach or withdraw from life and other support figures they may need when facing loss.

I will first define important key terms related to this topic and then present various theories of loss and grief as I worked closely with these definitions and theories and considered how to expand them. First, Corr (2007) defined grief as “the emotional reaction to loss” (p. 10). This reaction usually manifests in two ways. There are attempts to rebuild one’s life and reconnect with the world and attempts to find a way to carry the pain and sadness after a loss as one navigates a world feeling the physical absence of lost loved ones (Attig, 2001). James and Gilliland (2017) added that grief can also be anticipatory when a loss is expected. Scholars such as Attig (2001) and James and Gilliland (2017) have conceptualized bereavement as both a state and a process in which someone is removed from someone they love. Corr identified mourning as actions one takes in efforts to process one’s grief, including participation in rituals such as memorial services. Complicated grief represents a state of stagnation wherein the griever demonstrates an inability to move on from the loss in positive ways. The key symptoms of complicated grief look like an intense grief reaction that lasts for more than a year after the identified loss (James & Gilliland, 2017).

Early Theories of Grief and Loss

Attachment theory. The loss of key support people in one’s life can complicate the grief process, especially considering the level of closeness between lost loved ones and the bereaved. Ainsworth and Bowlby (1991) collaboratively developed attachment theory, which is grounded in psychoanalytic theory and developmental psychology. The theory posits that in infancy, a
child forms a strong bond with the mother, who then becomes an *attachment figure* for the child. The attachment figure functions as an anchor of security and protection for the child, who can then begin to investigate the world with a sense of safety, know that she can reign back in to that anchor when things become overwhelming, scary, or dangerous. The idea is that the attachment figure remains as a source of strength and comfort for the child. Problems arise, however, when some sort of separation occurs between the child and the attachment figure.

Robertson and Bowlby (1952) built upon observations of humans and monkeys who experienced maternal deprivation to classify their responses to this type of loss into three categories: protest, despair, and detachment. Of particular interest to my study is the category of despair because it relates to grief, mourning, and bereavement (Robertson & Bowlby, 1952). A lingering response to separation from one’s attachment figure can be grief that leads to detachment, or a withdrawal from life and other support figures in one’s life. I have lived through the loss of key attachment figures in my life within a short time span. In May 2009, my mother died, followed by my grandmother in July 2009 and my grandfather in March 2010. My mother and grandparents were all attachment figures with whom I was strongly bonded and who operated as sources of education, guidance, comfort, and love in my life. These losses occurred relatively close together in time as I was finishing my master’s degree in counseling. The loss of these attachment figures in succession resulted in a complication of my grief process, a process that stubbornly lingered as I attempted to heal.

**Kubler-Ross’s model.** The seminal research of Elisabeth Kubler-Ross (1969) represents an effort to address the grief process that is so fundamental to the human experience. Kubler-Ross formulated a model to describe the cognitive and emotional processes of individuals who are dying; this model is also descriptive of processes through which bereaved loved ones pass as
they prepare for the impending loss and, later after death, negotiate the loss. This is a stage model of grief that remains a widely held meta-narrative that posits grieving as a linear, stage-like process in which the bereaved progress through emotional and cognitive states (denial, anger, bargaining, depression, acceptance) in a somewhat predictable fashion. This model is linear, logical, and orderly, in keeping with the post-positivist modes of thought which still predominate our world.

Kubler-Ross’s (1969) model implies a time component in that the individuals are assumed to move forward to the next stage upon successful negotiation of the previous one. But what happens when this forward progression does not happen? The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) (American Psychiatric Association, 2013) differentiates between uncomplicated bereavement, a “normal reaction” to death, and a major depressive episode (p. 716). This manual also includes a section describing clinical conditions that may appear in later revisions, including persistent complex bereavement disorder. To qualify for this potential future disorder, individuals must experience a myriad of symptoms “for at least 12 months after the death in the case of bereaved adults and six months for bereaved children” (p. 789). These time frames “discriminate[s] normal grief from persistent grief” (p. 790). The use of the word normal is important here: The idea within both Kubler-Ross’s model of grief and loss and the DSM-V diagnostic consideration is that, at some point, you must get over it and move on. If not, you’re not normal; something is wrong. You are now abnormal and may qualify for a mental health disorder.

Unfortunately, Kubler-Ross’s (1969) stage model is not supported by evidence-based research (Neimeyer, 1998, 2001). Rather, this model is based on observations, anecdotal accounts, and presumptions (O’Rourke, 2010). Despite this dearth in evidence, the Kubler-Ross
model is still widely believed and remains dominant in the realm of pop psychology, as author O’Rourke noted in *The New Yorker* in an article on the topic of how grief is conceptualized in modern Western society (2010). This model has also been scrutinized for being overly simplistic and for purporting certain hallmarks of the grief process as truth while lacking in a number of other considerations (Hagman, 2001; Neimeyer, 1998, 2001). First, this model has a narrow focus on grief as a private, intrapsychic process. The wider system in which grieving individuals operate is largely ignored. Also, restoration is emphasized over transformation: “Restoration of psychic equilibrium and the return to premorbid conditions are the goals of mourning” (Hagman, 2001, p. 17). Building on that presumption leaves very little room for meaning making in the grief process, which can be a function of a more transformative aim, as other models highlight. Next, standard models, such as Kubler-Ross’s, point grievers to the goal of detachment to the person or object of loss rather than finding ways to continue these relationships in some capacity. Finally, stage models assume an endpoint wherein grievers no longer invest any energy in the loss (Hagman, 2001). As I stated earlier, failure to reach this endpoint means that pathology is present.

**Schneider’s growth model.** Schneider’s growth model (1984) expands on Kubler-Ross’s (1969) model by employing eight stages of grief and a positive focus on the personal growth of the griever. Schneider’s model is integrative and holistic in its recognition of the necessity of including *all* aspects of a person’s life (physical, behavioral, cognitive, emotional, and spiritual) into the process of healing. The ideal outcome in this model is for a grieving person to attain more advanced levels of processing and healing from a loss; in other words, personal growth is a desired result. The inclusion of personal growth and spirituality into conceptualizations and practices of bereavement is a need that has undergone more recent attention and study in an
increasingly secularized world (The Joanna Briggs Institute, 2006). For example, religious and spiritual rituals “may play a role in allowing the bereaved to move on but in a transformed way which may also maintain connection to the deceased rather than an absolute letting go” (p. 90). Professionals working with individuals who are grieving are urged to develop multicultural competence to appropriately assist them in this important but often overlooked aspect of loss.

The idiosyncratic nature of personal religious and spiritual beliefs and practices challenges any standardized prescriptions for healing and moving on. In my personal experience, my spirituality is primarily expressed through interactions with the natural world, as these interactions connect me in real time to nature and to my mother. Schneider’s growth model (1984) offers a message of hope through the grief process that I believe can and should be expanded with more research and practice. With the research done for this dissertation, I continued to challenge the standardization of the individual and unique experience of the grief process. As I will demonstrate in later chapters, creative and positive options can be developed as appropriate to each individual griever’s needs.

**Transcrisis states.** Researchers and authors who have contributed to the crisis counseling literature have addressed ongoing crises. Most notably, James and Gilliland (2017), who write about transcrisis states in their text on crisis theory and intervention strategies, stated, “What occurs during the immediate aftermath of the crisis event determines whether or not the crisis will become a disease reservoir that will be transformed into a chronic and long-term state” (James & Gilliland, 2017, p. 12). Even after the original crisis seems to be over (in my case, death of relatives), “the appearance of new stressors may bring the individual to the crisis state again. The emotional roller coaster may occur frequently and for extended periods of time, ranging from months to years” (James & Gilliland, 2017, p. 11). Individuals who ride this roller
coaster sometimes experience a re-traumatization that links directly back to the original trauma of loss, whether or not they are aware of it. Such has been the case with my journey through prolonged grief; at times, upsetting events have occurred that seemingly had little or nothing to do with death. I found myself being triggered by such events. In these moments, my mind quickly flashed back to the memories of my mother when she was sick and in pain, and I felt confusion and at a loss for a “rational” explanation.

**Multiple losses and societal messages.** The loss of one’s grandparents and parents is an event that many adults anticipate. Moss and Moss (2007) refer to “anticipatory orphanhood” (p. 258) as a process that can begin long before the actual death of an older family member, especially when signs of aging become apparent and in cases of chronic illness. Furthermore, the loss of older people (aged 65 and older) is regarded as somewhat less tragic than the loss of younger people. Moss and Moss cited ageism and disenfranchised grief as two reasons why more research and attention has not been given to losses involving older people. Ageism is a metanarrative, or message, grounded in binary divisions that privilege youth and life over old age and death. Moss and Moss suggested that ageist attitudes toward older people are pervasive in our society that values youth and shuns that which reminds us of death. Disenfranchised grief is a type of grief that can occur when “...a person might experience a significant loss but be deprived of the opportunity to publicly acknowledge the loss, openly mourn, and receive social support (Doka, 2007, p. 89).

The attitudes and messages about loss and grief in our society can lead to problems for mourners. Disenfranchised grief plays into ageism through the following argument: “If old persons are less valued, then grief for their death is also less valued, its significance diminished, and the adult child’s expression of bereavement is expected to be neither intense nor lengthy”
I argue that in my case and potentially others, the successive losses of multiple family members whom I viewed as attachment figures (Robertson & Bowlby, 1952) resulted in a profound sense of disruption in my world. I reached the point of a transcrisis state as the world seemed less safe and certain. Yet I did not give myself adequate time and space to process these events. I was an adult. I had to keep moving on.

Newer Theoretical Models of Loss and Grief

Martin and Doka’s adaptive model. Since the work of Kubler-Ross, researchers and practitioners have been developing newer, possibly more functional models of grief, loss, and bereavement. For example, Martin and Doka (2000) developed a continuum of grief styles represented by the two endpoints of intuitive grieving and instrumental grieving. Theoretically, this model, known as the adaptive model, moves away from discrete steps or categories a grieving person inhabits, and the majority of people most likely stand somewhere in the middle of this continuum. Instrumental griever tend to operate more cognitively and behaviorally in response to their grief, while intuitive griever generally have a more emotional response to their grief (Martin & Doka, 2000). One of my arguments throughout this project is that society encourages instrumental over intuitive expressions of grief. The more “rational” cognitive response in grieving individuals carries the following message: Take a few weeks to “get over” this, and then get back to work. Problems may arise if grieving individuals feel that they cannot engage in full expressions of their grief that match their unique styles. Another hallmark of Martin and Doka’s adaptive model is the importance placed on spirituality in helping griever adapt after experiencing loss. Adaptive strategies can be developed that are congruent with an individual’s unique spiritual belief system and are familiar and comforting to that person. A
focus on spirituality is another way in which the adaptive model furthers multicultural considerations in the knowledge and practice of helping people handle losses.

In recognition of the need for empirical research into Martin and Doka’s (2000) adaptive model of grief, Doughty (2009) surveyed a sample of twenty grief counselors and academics in the field of grief research to find agreement among these experts on this model of bereavement. Participants completed both open- and close-ended questions related to various aspects of the model, and the author statistically analyzed the results using the Delphi method. Doughty’s results showed that the participants reached consensus on the following aspects of Martin and Doka’s adaptive model: acknowledgment of griever individuality, awareness of numerous dynamics that affect the grief process, recognition of intuitive, instrumental, and blended grief styles, and the understanding that grievers are subject to pressures from within themselves and from society to grieve in certain ways.

Neimeyer’s meaning reconstruction of grief. In the field of clinical psychology, Neimeyer (2012) developed the metaphor of stage manager to suggest that grieving individuals tend to be much more active participants in this process. Neimeyer stated that mourners perform their lives after a loss. This approach is termed a meaning reconstruction of grief and opens up new spaces for doing grief differently (Neimeyer, 1998; 2001). In the counseling field, this could mean that counselors use creative techniques in helping clients find new meaning and roles in the wake of loss while also encouraging adequate self-care in the process. Creative techniques include narrative techniques (e.g., imaginal dialogues, remembering conversations) and dramatic-expressive methods (e.g., recruiting a cast of characters for social support on the life stage). More contemporary explanations such as Neimeyer’s meaning reconstruction of grief (2001) have resulted in a movement away from the image of the bereaved individual going it
alone while waiting for the passage of time to bring less suffering, to the image of the bereaved individual actively reaching out to their experiential world, including social supports, to arrive at new identity roles while finding meaning in the loss as a way of healing.

In their study on older adults grieving the loss of a spouse, Coleman and Neimeyer (2010) surveyed 250 participants at 6, 18, and 48 months after the loss on the presence of grief symptoms, depressive symptoms, and sense of well-being. The researchers found that arriving at a meaningful understanding of the loss corresponded with more positive outcomes for these participants, with opposite effects found in those participants who did not arrive at meaningful understandings. I still struggle with finding meaning in my mother’s suffering and death; I realize that at times I have cultivated an angry hostility and nihilistic response that nothing matters and can see how damaging it was for me to stay in that emotional space. Continuing the bonds with my mother in the ways that I am able has been a much more purposeful and helpful strategy in navigating my grief.

**Stroebe and Schut’s dual process model of coping with bereavement.** Stroebe and Schut’s (1999) dual process model describes the cognitive processes involved in coping with stressors associated with bereavement as an oscillation between loss-oriented coping strategies and restoration-oriented coping strategies. The researchers specified that loss-oriented coping occurs when an individual directly works through an important loss; this orientation is focused on details of the loss, including the deceased loved one and how the loss occurred. The researchers recognized that restoration-oriented coping occurs when a bereaved individual begins to work through the “secondary consequences” (Stroebe & Schut, 1999, p. 214) of loss; this orientation involves a widened perspective of working through grief as mourners begin to adjust to living within the multiple systems in their lives in absence of the lost loved one. Essentially,
the bereaved begin to navigate the intricacies of their lives as they come to terms with their identities without the deceased. Professionals in the helping field need to recognize that this oscillation is necessary for positive adjustments to loss. As James and Gilliland (2017) stated:

One of the major advantages of this model is that it recognizes that grief is not static, but is a series of waves with crests and troughs that ebb and flow at their own pace but gradually move into more quiet, placid, and calm affective, behavioral, and cognitive waters that nourish growth. (p. 381)

Bennett, Gibbons, and Mackenzie-Smith (2010) organized two grounded theory studies examining the dual process model (DPM) of coping with bereavement among older women who had been widowed. In the first study, the authors found that two components of the DPM, intrusion of grief (a form of loss-oriented [LO] coping) and new roles/identities/relationships (a form of restoration-oriented [RO] coping), were associated with positive adjustment to the loss. Of interest for my study is that intrusion of grief is actually a positive construct because it refers to the continuing bonds between the bereaved and the deceased. For example, this construct is manifested when a bereaved person engages in conversation with their deceased loved one, or incorporates part of the identity of the deceased with their own. The construct of new roles/identities/relationships is also supported by Neimeyer’s (2012) investigations into coping techniques during the grief process.

In their second grounded theory study, Bennet, Gibbons, and Mackenzie-Smith (2010) found that RO coping was most helpful in the form of new roles/identities/relationships; in other words, many participants engaged in new activities, but doing so was most helpful when paired with a corresponding identity renegotiation. The conclusion arising from these two studies is that there is a need for a balance of LO and RO coping. Essentially, the goal may be achieving a
balance between confronting the loss and focusing on things in life not related to the loss. In my experiences of grief, I see now, in retrospect, that by diving back into work and school soon after my mother’s death, I tried to force my healing. While I did engage in activities related to both loss- and restoration-oriented coping, I failed to arrive at a space where my mother’s absence in my life made sense. I did not integrate the loss in terms of how I would actually function and identify without her. Thus, complicated grief arose.

Theoretical Considerations

The work of Stroebe and Schut (1999), Neimeyer (2001), and Coleman and Neimeyer (2010) is framed within constructivist and constructionist psychology. These epistemologies have been very useful in the formulation of the newer theories and have helped orchestrate the break with older, more traditional models of loss and grief, as discussed previously. In elaborating the meaning reconstruction model of grief, Neimeyer (1999) outlined how older, long-held assumptions about the processes of loss and mourning simply do not make sense. First among these is a critique of “the universality of a predictable ‘emotional trajectory’ that leads from psychological disequilibrium to readjustment....” (p. 66). This idea suggests the presence of some truth, essence, or ultimate reality that exists “out there,” and that there exists, in fact, a stable self that follows the path of that reality. Moreover, this idea represents the objectivist epistemological view that continues its influence on our culture at large and, even still, in academia. However, as much as we may long to believe in a stable, orderly, predictable world, this view is increasingly called into question. Gergen (1985) emphasized this point in an article on the utility of constructionism in psychology: “What is confronted, then, is the traditional, Western conception of objective, individualistic, ahistoric knowledge—a conception that has insinuated itself into virtually all aspects of modern institutional life” (pp. 271-272). Gergen
further explained that within constructionist theory, reality cannot be removed from its social context. In other words, knowledge, or reality, arises from a continual, intimate interplay between humans and our environment, or between observers and the observed. Therefore, humans, together with the objects they observe, construct or co-create knowledge and meaning.

Constructionism and Cultural Discourse

Neimeyer (1999) wrote, “Importantly, however, these frameworks of meaning are anchored less in some ‘objective’ reality, than in specific negotiations with intimate others and general systems of cultural discourse” (p. 67). While a focus on meaning making can be valuable in terms of healing throughout the grief process, a plethora of negative messages abound through such systems of discourse that can invalidate an individual’s needs through that process. For example, in mainstream American society, people may take a few days to attend memorial services honoring lost loved ones, but tend to return to work and other obligations fairly quickly. They may face consequences for revealing the more vulnerable aspects of themselves as they navigate their personal grief experiences. Furthermore, the discourses and accompanying practices in society situate the subject—the bereaved—at the center of the grief process. Elements of nature and the nonhuman are notably absent as dying, death, and bereavement have been situated as existing primarily within the realm of culture and human. Through my grief process, I have realized that I cannot—and should not—separate my mother from the natural world. It is and always has been part of her and our relationship.

Ecofeminist Poststructural Applications for Self-Care, Loss, and Grief

To explain my choice of ecofeminist poststructuralism as a theoretical framework to guide my research, I borrow from Jackson and Mazzei’s (2012) readings of the Deleuzoguattarian concepts of the threshold and plugging in. Jackson and Mazzei describe the
threshold as a space containing multiple points of entry and exit; it is a space that can become excessive. Imagine a large group of people standing in a threshold: as more people enter from the doorway leading outside, the space becomes increasingly crowded and movement is restricted if people do not cross the threshold and move into other spaces. This image describes what happens when we choose to remain in certain onto-epistemological spaces and cannot move in new directions. Jackson and Mazzei stated: “The excess of a threshold is the space in which something else occurs: a response, an effect. Once you exceed the threshold, something new happens” (p. 6). I argue that the research and practices of self-care, loss, and grief (CACREP, 2009; Kubler-Ross, 1969, 1974; Neimeyer, 1999; Roach & Young, 2007; Shallcross, 2011) may have exceeded the available space of the threshold for some people. Perhaps a few steps in any number of directions can allow for more movement.

**Departing from binary thinking.** One of my goals in this dissertation has been to explore how binary thinking can restrict movement in terms of self-care, loss, and grief. Poststructural work often involves an examination of and chipping away at binaries, which represent how phenomena in the world have been positioned into one of two fixed identity categories. “Identity categories are never merely descriptive, but always normative, and as such, exclusionary” (Butler, 1992, pp. 15-16). Because of their hierarchical nature, binaries “are implicated in dividing and constraining the world in ways that may be violent in their effects” (Gannon & Davies, 2012, p. 73).

The binaries I identified and with which I will be working around the topics of self-care, loss, and grief are human-nonhuman and nature-culture. Ecofeminist scholars such as Grand (2000) and Haraway (2008) have been especially critical of the binary system of thought, and the violent consequences of such thought, that falsely divides humans from nonhumans and culture
from nature. King (1990) has critiqued how binary ways of seeing and being in the world has resulted in a stifling nature-culture dualism that harms everyone, but especially women, nonhuman animals, and the entire ecosystem. In a similar critique, Wilshire (1989) discussed how knowledge production in Western society has been removed from the body, nature, emotion, and femininity. In contrast, knowledge is thought to represent the mind, culture, rationality, and masculinity. For example, Ehrenreich and English (1978) documented how, over the past few centuries, medical interventions moved away from traditional healing practices performed mostly by women in their communities—often involving knowledge based on generations of practice and observation, and the inclusion of herbal remedies from nature—to the realm of male medical practitioners. This movement has been problematic, as Ehrenreich and English asserted:

But too often the experts’ theories were grossly unscientific, while the traditional lore of the women contained wisdom based on centuries of observation and experience...Women did not learn to look to an external ‘science’ for guidance until after their old skills had been ripped away, and the ‘wise women’ who preserved them had been silenced, or killed. (1978, p. 40).

This quote speaks to the violence that can erupt when binary systems of thought are maintained.

**Social locations and the assemblage.** As an alternative to binary thinking, my dissertation departs from traditional frameworks as I explore the topics of self-care, loss, and grief through the lens of *assemblage*. Assemblage is a concept that was developed extensively by Deleuze and Guattari (1987) that will appear prominently in this research as a way to further understandings around the topics at hand. Wise (2005) offered a useful definition of the assemblage as that which describes “the play of contingency and structure, organization and
change” (p. 77). Jackson and Mazzei (2012) refer to the interconnected parts that constitute any assemblage as forces; Deleuze and Guattari (1987) describe them as elements. However, it is important to not get too caught up in the question of what an assemblage is, for that is ultimately a structural question. To move into poststructural territory, we must focus on how an assemblage operates, shifting from noun to verb (Deleuze & Guattari, 1987; Jackson & Mazzei, 2012; Nordstrom, 2015). Indeed, Jackson and Mazzei (2012) assert: “An assemblage isn’t a thing—it is the process of making and unmaking the thing” (p. 1). To think and work with self-care, loss, and grief as assemblage, I examined the nature-culture and human-non-human binaries in terms of how they come together as assemblage. Doing so departed from the traditional system of thinking of these elements as separate and in opposition to each other.

For example, people are extremely complex assemblages that can be thought of as constantly plugging and unplugging in to other assemblages, never operating in isolation. Throughout this chapter, I have identified various roles I inhabit: woman, student, counselor, daughter, and bereaved. If we take any one of these roles and look at it in isolation, what would that look like? A fixed identity category covers the entire lens of focus, blotting out other salient roles. In terms of action, what would happen? I could achieve movement within this fixed identity category—student, for example—yet that movement would be stilted, jerky, and would constantly crash against the confines of the identity category and the activities associated with that category. The experience would be, and has been, very limiting. Jackson and Mazzei (2012) might say that the threshold had been exceeded, burgeoning with energy desperately searching for an outlet(s).

If we look at grief as an assemblage—what I have come to know as my grief assemblage—we can see the futility of attempts to isolate any one component of it. Attig (2001)
stated that every part of a person is implicated in the process of grieving that involves “an intimate combination of parts or elements not easy to unravel or separate” (p. 33).

Conceptualizing both individuals and the grief process as assemblages hearkens to Laura Brown’s (2008) theory of social locations, a multicultural theory of viewing individuals in consideration of the myriad identity factors that make them unique. By conducting this research, I show quite a different type of experience of loss and grief, one in which nature and the nonhuman are not on the periphery of experience, but move to the forefront. In other words, a shift occurs. I illustrated how a variety of tensions and conflicts arose from these binaries. I also illustrated movements leading to self-care and healing when I as assemblage—a woman, daughter, student, counselor, bereaved—brush up against assemblages of nature and the nonhuman. When I honor my mother by honoring nature and the nonhuman, I feel her presence moving around in the assemblage. I feel small movements toward healing in which I do not have to be engulfed in the mania of workaholism, nor do I have to be engulfed by debilitating grief, depression, and anxiety. Sometimes, simply having more options and more freedom to move can help us attain the healing we so desperately desire. All of these elements come together and work actively; they do not exist in isolation or in discrete categories. My argument is that when we look at self-care, loss, and grief through the lens of assemblage, previously unknown possibilities come into awareness that can help move us toward healing. Assemblages can offer a much richer and more complex understanding of reality and how we navigate it.

In this chapter I situated my study through funneling down from basic human needs for survival and self-care that are often in opposition to the specific demands faced by graduate students in general and counseling graduate students in particular. I followed these findings from the literature with the difficulties mental health professionals encounter since I approached this
study with the identity locations of being both a graduate student and a counselor. Next, I offered a thorough discussion on the crisis of loss and grief, entailing key definitions and a critical analysis of older models juxtaposed against newer models of loss and grief supported by research and theories, some of which are discipline-specific to the mental health field and others that stem from the larger ontoepistemological knowledge base. In the next chapter I detail the methods I used to assemble and analyze the transgressive data (St. Pierre, 1997a) that irrupted in this study by working from a performative autoethnographic methodological framework.
Chapter Three

Methodology and Methods

Performative Autoethnography

My methodological choice for this dissertation was autoethnography, which is “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (Ellis & Bochner, 2000, p. 739). The lens of the deeply personal should always be widened to include social, cultural, historical, and political analysis. I am specifically using performative autoethnography, which Spry (2011) defined as “a critically reflexive methodology resulting in a narrative of the researcher’s engagement with others in particular sociocultural contexts” (p. 498). Performative autoethnography helped me explore my own personal journey through prolonged grief, conceptualized as a grief assemblage, while critically examining the functionality of preexisting thought and practices on loss and self-care. I used performative autoethnography to address each of my research questions:

1. Who and what constitutes a grief assemblage?
2. How does a grief assemblage—a fluid entity of nonhumans and humans that somehow functions together—produce me as a woman, graduate student, and counselor?
3. How can a reconceptualization of grief as assemblage expand thinking and practices on loss, grief, and self-care?
4. How can an applicable, customizable tool arise from this work that can further the aim of helping others heal from grief and engage in self-care practices in therapeutic settings?

In order to help foster understandings of what performative autoethnography can accomplish, I will now provide key terms and definitions pertinent to this methodology.
Key terms, definitions, and concepts. Alexander (2015) described autoethnography in the performative sense, “as intersectional praxis, and as a particular pedagogy of doing” (p. 143; emphasis mine). I place emphasis on doing because that term directly addresses what performance means, and even more importantly, what performance does. Alexander, Anderson, and Gallegos (2005) defined performance in the following ways:

...the strategic and the often aestheticized engagement of bodily activity with the intent of knowing through doing and showing... performance as a strategic rhetorical construction of social influence, performance as it relates to cultural practice and the materiality of bodies—hence a displayed enactment of ideology and enfleshed knowledge— influenced and motivated by the politics of race, gender, power, and class in the forms of folklore, ritual, spectacle, resistance, and protest... (p. 1)

The performative-I is a researcher positionality, developed through performance studies and performance theory, that I will inhabit throughout this project. Jackson and Mazzei (2008) referred to the performative-I as a shifting, sometimes illogical “I” that is produced through experiences and constantly enmeshed with power dynamics operating in the world at large. The performative-I is an active, embodied position that allows for critical reflection on the multiplicity of identity factors and how they are constantly produced, undone, and reproduced through performances that are necessarily enmeshed within society, culture, history, and politics (Spry, 2011). The performative-I positionality in my study aligns with the assemblage I introduced in the previous chapters to conceptualize my grief process. Deleuze and Guattari (1987) developed the assemblage to describe multiple forces that come together in a constellation of movements. As I noted in chapter two, an assemblage is best thought of as a process in terms of the activity produced within it. Within an assemblage, then, are multiple
players on the stage: countless nonhuman and human forces enacting performances against a backdrop that is always social, cultural, historical, and political. Jackson and Mazzei (2008) formed the connection between the performative-I and assemblage in consideration of how this researcher positionality might work in autoethnography. The shifts, fluctuations, and undulations in the assemblage produce the performative-I, a complex, multifaceted “I” that is always growing, moving, shifting, and becoming. With these concepts at play in my study, nothing remains stable, so knowing must happen through doing.

**Theoretical and Methodological Interactions**

Performative autoethnographic endeavors seek connections between intensely personal experiences and multiple systems in which we operate (Chang, 2008; Conquergood, 2002). By recognizing multiple truths, performative autoethnographers may consider what possibilities arise by disrupting the wide-sweeping notions of a complete narrative that reveals the truth, or even a truth, about any given topic. Putting artistic and creative means of knowing to work through performative autoethnography can allow for the consideration of possibilities for applying self-care to the experiences of loss and grief in different and accessible ways.

The disruption of an objective view, posited as truth, can generate space for new possibilities through performance works. Denzin (2003) noted that resistance is an imperative of performative ethnography in which “the autoethnographer is theoretically informed in poststructural and postmodern ways. There is a commitment to connect critical ethnography to issues surrounding cultural policy, cultural politics, and procedural policy work” (p. 268).

**Entering a Different Onto-epistemological Space**

Ecofeminist poststructuralism informed my research purpose for this project—to examine my own personal journey through prolonged grief, conceptualized as a grief assemblage, while
critically examining the functionality of preexisting thought and practices on loss and self-care. I must consider the onto-epistemological space in which I am doing this work. In chapter two, I introduced the threshold, which is a concept Jackson and Mazzei (2012) developed to describe a crowded space, or passageway, that begs for different ways of thinking and doing. They stated, “The excess of a threshold is the space in which something else occurs: a response, an effect. Once you exceed the threshold, something new happens” (p. 6). Poststructural theories demand interrogations of preexisting thought and practices on any given concept in the move away from postpositivist and humanistic modes of thought into different onto-epistemological spaces. I believe that performative autoethnography and writing as a method of inquiry offer a methodological way to look at poststructural spaces, and the movements they generate, to see new possibilities for practical applications.

**Writing oneself into a space.** Richardson and St. Pierre (2005) conceived of writing as a method of inquiry as a methodological endeavor that can “disrupt the known and the real” (p. 967). Rather than employing writing as a tool by which structures, foundations, meaning, and “truth” can be revealed, writing can be used to shift focus from questions of *what* to questions of *how*. The assemblage is all about movement and what continues to happen. Amatucci (2012) used writing as a method of inquiry by writing narratives, both fiction and nonfiction, based on her experiences as a teacher and a doctoral-level graduate student. The researcher found that writing helped her enter into spaces in which her entire subject matter—teaching—could be questioned and disrupted in ways that eschewed the limits of post-positivist thought. The more she wrote, the more questions arose. Writing as a method of inquiry thus provided a catalyst through which the researcher could enter into poststructural territory, creating an embodied experience of being “alive here in the post-” (p. 271). Spry (2011) described how she used
performative writing to craft her performative autoethnography from a position of loss and fragmentation. “Embodying this performative turn on grief activated an intervention on dominant cultural performances of grief...” (Spry, 2011, p. 504). In her work, writing became a performance, or multiple performances, of grief.

Richardson and St. Pierre (2005) discussed writing as an activity to think and do alongside data collection and data analysis. They assert that there is really no difference between fieldwork and writing, as these activities can happen simultaneously. St. Pierre (2005) stated, “...for me, writing is thinking, writing is analysis, writing is indeed a seductive and tangled method of discovery” (p. 967). Similarly, Jackson and Mazzei (2012) described their practice of plugging in the various elements of the research process into each other—theory/practice, data/theory, and researcher/researched—to disrupt the binaries that separate them. Poststructural theories forge connections and recognize multiplicities and fluctuations between the elements of the research process as they are put into practice. The assemblage becomes useful, then, if we think of self and others, or data, or any phenomena we can conceptualize, as an entanglement of inseparable movements. I will now show how I put these concepts to work in this study.

Site Selection and Participants

When I think of the field and participants in relation to my dissertation, I realize that they are all around me. My childhood home where I grew up with my parents and where my father and I currently reside will be the primary site of data collection. At this location, artifacts and memories surround me. As I wrote in the previous chapter, my mother kept an herb and flower garden and eventually earned the title of Master Gardener at the end of her life. The garden she once cultivated had been in a state of decay since her death nine years ago, although, from time to time, new growth rose up out of the ground. I have begun to cultivate her garden and have
found that working there helps me to process thoughts, memories, and emotions I incorporated into my dissertation, thus making her garden a primary site for the irruption of sensual, emotional, dream, (St. Pierre, 1997) and spectral data (Nordstrom, 2013) that connect me to nature and to my mother. The natural world is intimately connected to my lived experiences with my mother and how I continue to grieve and heal from her death. Our mother-daughter relationship was nurtured through exploration of the natural world and phenomena within it. I find that the easiest way to now engage with her in a healing sense is by immersing myself in nature. Engaging with her garden helps tease apart the separation between nature-culture and human-nonhuman because they are assemblages infused with many different elements.

Although my mother’s garden is the primary site of data unfolding in this study, I also assembled artifacts from other parts of nature to which my mother and I are connected. Over the years, I have amassed a collection of shells and rocks that my mother and I have both collected at sites of rivers and oceans from rivers in Arkansas and beaches in Florida that I assembled for this study. Pursuant to the purpose of this study and my research questions, I must also acknowledge sites of productivity and achievement, and related artifacts, that connect to my roles as a student and counselor. These sites include the university at which I am enrolled, the office at which I work, and my desk at home.

While I am the primary “subject” in this ecofeminist poststructural autoethnography, the participants I have identified for my study include both sentient and non-sentient parts of nature (e.g., humans, non-human animals, landscapes, plants, books, and other academic tools). Participants in this study, then, are not limited to humans, as they are in traditional qualitative inquiry. By considering forces outside of conventional definitions of research participants, I interrogated the confines of traditional research and self-other boundaries to see what other
possibilities could arise from doing this work, thereby putting these concepts under erasure (Derrida, 1974), as I will explain shortly in this chapter.

Finally, I must identify that parts of the field and certain participants cannot necessarily be seen, held, or touched in the same way that we think of being able to see, hold, and touch concrete objects, people, and places. These parts of the field include my body, my mind, and my heart, which serve as a landscape of sorts for my memories, my dreams, and my emotions. All of these interconnected parts that somehow make up what we recognize as me, whatever that is—a person, a human being, a woman, a doctoral student, a grieving daughter, a healing daughter—have a story of loss and longing to tell. Some of the participants in this study are deceased loved ones, including my mother, grandmothers, grandfather, pets, and still others with whom I may continue to interact even after I complete this dissertation.

Methods

As data unfold and assemble (Nordstrom, 2015) in this study, I thought with the Deleuzoguattarian assemblage (1987), the performances enacted in it, and how to engage with this data in the constantly fluctuating assemblage through writing as a method of inquiry. Doing so involved being attuned to shifts in the grief assemblage as it unfolds, as well as working actively to interrogate traditional conceptualizations of data to see what else that data can do (Jackson & Mazzei, 2008; Nordstrom, 2015; St. Pierre, 1997). This interrogation of so-called truths and assumptions about loss, grief, and self-care became a constant exercise in putting data under erasure. Derrida (1974) introduced this term, which is translated from the French, sous rature, to describe how one can trouble any given concept to expose the limitations of preconceived meanings while opening up the possibilities of what else that concept might be able to do. Therefore, in this autoethnographic endeavor, I follow other qualitative researchers such as
St. Pierre (1997) and Koro-Ljunberg and MacLure (2013) in “troubling” and “problematizing” data in its traditional conceptualization as something objective that is “out there” passively waiting to be found by researchers to reveal truth.

Through chipping away at binary systems of thought and wide sweeping metanarratives, I show the fallibility of such divisions and reveal greater possibilities for movement and healing. Therefore, I interrogated the data that unfolds, and previous humanistic assumptions connected to it, by positioning the data in traditional forms (e.g., linearly) alongside the same data as assemblage (Nordstrom, 2015). Drawing heavily from Chang (2008), who described various data collection methods and the types of data that can be generated through such methods when conducting an autoethnography, I will now detail how I assembled this data.

**Artifact assemblage.** The grief assemblage is the catalyst for the irruption, analysis, and representation of the data in this study. I assembled a variety of artifacts related to the multiple roles I perform along my journey through complicated grief, and to write about the movement they produce in the assemblage. Material artifacts can be manifestations of cultural values (Chang, 2008), the meaning of which may drastically shift depending on the historical time period and societal milieus, and depending on who is interacting with the artifacts and in what ways (Esterberg, 2002). Assembling artifacts is an appropriate choice as a data collection method for my dissertation because any meaning placed on these objects can only be fleeting and provisional. Furthermore, Esterberg (2002) described the non-linear nature of material artifacts; in other words, there is no set way in which these artifacts may be “read” or analyzed (p. 118). Non-linearity fits well with my usage of the assemblage throughout this dissertation. Specifically, I am more interested in what these artifacts do than what they are, or even any meaning they may have at any given point in time.
The artifacts I used in this study reflect the human and nonhuman and living and dead elements of my assemblage and the multiple roles that I perform within it. Chang (2008) identified a broad spectrum of objects that may be considered artifacts, such as textual artifacts (e.g., official documents, scholarly articles, newspaper clippings, poems, letters, and writings of a personal nature), photographs, videos and other digital recordings, memorabilia, heirlooms, and pieces of art. Within my unique grief assemblage are elements of achievement, progress, and even workaholism that constantly move about alongside elements of self-care and healing. The events leading up to and during the loss of my mother—her prolonged illness, unsuccessful treatments, and dying process—are also there. The painful, messy, and sometimes hideous grief I experienced in the aftermath of her death and leading up to the present day somehow co-exists in the shifts and undulations with the other forces in the assemblage.

As a counterpoint to achievement and workaholism, I gathered artifacts that represent the self-care and healing aspects of my experiences. I often find that interacting with parts of the natural world and engaging in creative processes is soothing, rejuvenating, and helps to keep me grounded despite all the responsibilities inherent in the roles I perform. From the literature on loss and grief, Attig (2001) described the usefulness of artifacts related to deceased loved ones in the healing process. For Attig, such artifacts can help bereaved individuals maintain continuing bonds with deceased loved ones. As I discussed in the literature review, the concept of continuing bonds is a helpful strategy discovered by Stroebe and Schut (1999) as they developed the Dual Process Model (DPM) of Coping with Bereavement.

Esterberg (2002) also defined material artifacts simply as “objects that people produce” (p. 117). In keeping with my research question regarding how the various entities in the grief assemblage continually produce me in the performances I enact, alongside countless others,
within multiple systems in which we operate together, I also became interested in objects that produce people. Nordstrom (2015) inspired me with her research of how she and family history genealogists use objects to “create the lives of their ancestors” (p. 170). Nordstrom (2013, 2015) observed the unfolding of spectral data as hauntings from these ancestors that permeated the objects, participants, and herself as researcher. For my study, I asked how the grief assemblage shifts as the specters of my mother and other lost loved ones, both human and nonhuman, move within and around it. I considered what these hauntings can do as they come into my awareness and how they might affect the ongoing process of grief. Figures 1 and 2 below depict some of the artifacts I assembled as I began data collection for this study.

Figure 1. A Memorial Garden, Summer 2017. In the bottom right of this photograph are herb and butterfly-themed plates my mother picked out and loved, surrounding sage, rosemary, and a collection of rocks my mother collected from a beach in Port Townsend, Washington. Behind that grouping, surrounded by ferns and lemon verbena, is an urn I found as a small child buried in our yard; sitting atop the urn is a sundial. Located behind the plates, a corgi and frog co-exist. Behind that, in the far left upper corner of this photograph are my Coleus plants and more ferns.
Figure 2. A Grief Assemblage Becoming Healing-gram, Summer 2017. Artifacts pictured here include a program for my mother’s memorial service, a tiny watering can, my mother’s pet dog Eve’s ashes, my mother’s Master Gardener intern badge, a tiny picture of my grandmother against a larger picture of my mother, shells we collected, insects I found in her garden, a card with a rosemary plant, and a tiny turtle.
Specific Data Collection Plan

I will now describe the specific steps I took to assemble this data. As I have stated, the grief assemblage is the catalyst and inspiration for this study. Therefore, for practical purposes, the grief assemblage serves as a starting point for the irruption and assembling of data. As I mentioned in the first chapter, a dissertation committee member suggested that I incorporate my own *traumagram* (Figley, 1989, 1990) into this study to depict the significant losses in my life. Creation of my traumagram resulted in a chronological listing of each loss I have experienced and the level of stress connected to each loss and is congruent with Chang’s (2008) suggestion to chronicle the past through autobiographical timelines. However, to stay close to poststructural theory and the assemblage, I juxtaposed any linear representation of my experiences against representations in assemblage form that refuse order and linearity to work against the binary system of thought that falsely divides the components of the assemblage.

As a counterpoint to positioning my experiences of loss in the linear format of the traumagram, I also created a *healing-gram* in response to my traumagram as suggested by that same committee member. My healing-gram is an assemblage of objects and events that have helped and continue to help in the healing process from loss and grief. I repeatedly visited the sites I have identified to gather artifacts related to my identity performances as a woman, graduate student, counselor, and bereaved daughter. Any of the artifacts I have listed so far were included in this assemblage, and I expect that many more artifacts than I can even imagine unfolded as I continue to assemble data.

As I entered into certain parts of the field to observe and engage, I photographed each artifact and used free writing (as suggested by Chang, 2008) to record not only my thoughts, emotions, and behaviors as they happened, but also rich descriptions of what I saw with my eyes,
heard with my ears, smelled with my nose, and felt with my skin. Photographs and other visual images are uniquely powerful forms of artifacts because, as Harper (2002) noted, “...the parts of the brain that process visual information are evolutionarily older than the parts of the brain that process verbal information. Thus images evoke deeper elements of human consciousness than do words...” (p. 13). By combining photographs with creative writing, I acknowledge the therapeutic value of writing that has been recognized in the mental health community for at least 70 years (Allport, 1942). Neimeyer’s book, Grief and the Expressive Arts: Practices for Creating Meaning (2014) contains a whole section of articles on the therapeutic use of creative writing. I recorded all photographs and accompanying writings in a research journal.

To construct the healing-gram, I made a miniature garden filled with artifacts and representations of events that I assembled. In addition to what my mother taught me about gardening, I consulted the American Horticultural Therapy Association (AHTA), which provides a plethora of information on the practice of therapeutic gardening, as I worked in her garden and created the miniature garden. The miniature garden is transportable and each artifact in the garden reflects the different roles I perform as I continue to work through complicated grief. Furthermore, each artifact is unique to my experiences as they bring about movement in my grief assemblage. I inserted certain artifacts into the healing-gram, which is the representation and practical result of this study. I became interested in the shifts that occur in my assemblage as I interacted with each artifact and with the healing-gram as a whole. In constructing this healing-gram, I put prior tidy, linear prescriptions for healing from loss and suggestions for self-care under erasure. By creating a healing-gram that is in some ways a messy, artistic, sometimes-transgressive assemblage, I show audiences ways of performing grief and self-care differently. This work is featured in chapter five of this dissertation. The creation of a healing-gram aims to
be a practical application that may be used to help other bereaved individuals in therapeutic settings. In Appendix D, I have included a guide I followed in constructing my personal healing-gram. Appendix E contains a sample protocol mental health professionals can use to help bereaved clients create their own healing-grams, which will most likely look quite different based on each person’s unique experiences.

Earlier in this chapter, I identified that certain parts of the field and participants cannot necessarily be seen, held, or touched in the concrete sense, yet they are still interwoven into the assemblage. I indicated that my body, heart, and mind comprise a type of landscape for my memories, my dreams, and emotions. Similarly, my garden is the landscape for flowers, herbs, and insects, and my desk is the landscape for artifacts related to work and achievement. The concrete artifacts that have and will continue to irrupt are haunted by the specters of lost loved ones. The assemblage shifts as we move about together. In addition to concrete objects, my body, mind, and heart are also haunted; these hauntings visit me in the form of intense emotions, dreams, and conversations with those who have passed away. I recorded these hauntings in my research journal; for example, I wrote about what happened when I hold a shell my mother collected from the beach years ago. As another example, I wrote about what happened when I gazed at a photograph of my mother and engaged in conversations with her. When reviewing my academic and career achievements and setbacks, I often imagined what my mother would say to me: the warm praise she would give in response to a successful presentation at a conference or an article publication, or the encouragement she would give in response to perceived failings on my part. I will now elaborate on the data I have introduced in this section that unfolded from the data collection methods I selected.
Data

From the methods I have described, I worked with transgressive data, which are data that resist interpretation and categorization (St. Pierre, 1997). I worked with four kinds of transgressive data—emotional, dream, sensual data, (St. Pierre, 1997) and spectral data (Nordstrom, 2013). St. Pierre (1997) conceptualized emotional data as powerful actions that bring about movement and connections amidst the entanglement of the research process. Upon reflecting on the emotional experiences swirling around in my assemblage, I have experienced what St. Pierre described in the following quote, “I find my own validity when I write and cry and then write some more” (p. 181). Dream data also figured prominently into my study as I depicted, through writing and other artistic mediums, several recurring dreams I had and continue to have about my mother, animals and other elements of the natural world, and graduate school experiences. Sensual data are that which pertains to the actual physical and emotional connections people have to certain places. Connecting to important landscapes through attention to sensual data is an embodied experience, as St. Pierre (1997) described: “If our understanding of the world has been and is influenced by the earth itself, then my question is whether we can ignore those effects on our bodies and, in turn, on our mental mappings?” (p. 183). I felt how the assemblage shifted, for example, when I connected with the earth by digging my hands into the very same soil my mother used to garden and found that embodied knowledge irrupted from my actions. Finally, I worked with spectral data, which arises from the relationship between a living person and someone, or multiple people, who has died (Nordstrom, 2013). Spectral data can involve emotional, dream, and sensual data, such as when the spirit of my mother comes to me in dreams or when, overcome with emotions, I cry out to her in despair. My ongoing relationship
with my mother is one of continuing bonds as a therapeutic strategy in the Dual Process Model of Coping with Bereavement (Stroebe & Schut, 1999).

By becoming embodied in the shifts and undulations that is the grief assemblage, I show the transgressive side of grief—that is, the sometimes “undisciplined, risky, wild” (Foote & Frank, 1999, p. 170) experience of loss with which I have struggled, and transgressive data is the most ideal way to approach this topic. Grief is not disciplined, nor is it orderly, and I fear that attempting to constrain grief processes in such ways as I have described is not helpful at best, and at worst, harmful.

Analysis

As I have discussed, writing as a method of inquiry is a central component of this ecofeminist poststructural autoethnography. To engage in writing as a method of inquiry, I maintained a research journal. Richardson and St. Pierre (2005) encouraged researchers to write up field notes in research journals as one way to “serve the processes of discovery about the self, the world, and issues of social justice” (p. 973). When personal writing is located against the larger backdrop of society, culture, history, and politics, the binaries that are upheld in traditional research—researcher and researched, subject and object, process and form—begin to blur. To see where writing can take my readers and me is an exercise in being more comfortable with uncertainty. Personal narratives produced through writing as a method of inquiry “can evoke deeper parts of the self, heal wounds, enhance the sense of self—or even alter one’s sense of identity” (Richardson & St. Pierre, p. 965).

As I assembled the data, I engaged in a form of writing called photo-text, in which photographs and texts are presented as a “continuous narrative of alternating pages of texts and photographs” (Nordstrom, 2013, p. 316). In her article on spectral data, Nordstrom used photo
text as a method of working with spectral data as she dialogued with her deceased grandmother wherein she and her relative occupied a space between life and death, thus putting the concepts of selfhood and the life/death binary under erasure. I used photo text to analyze the artifacts I assembled through my data collection methods. Specifically, I photographed the artifacts and used writing as a method of data analysis to think and write alongside these objects. Of course, I also used photographs of lost loved ones in my life, including human relatives and pets that have died. These photographs, and the accompanying text, became a part of the data assemblage I have discussed. This form of data analysis resulted in the epistemic/aesthetic praxis (Spry, 2011) I mentioned in chapter one wherein research produces an application that is accessible and pragmatic yet also artistic and creative. This analytic generated the healing-gram, a way of critically thinking and doing loss, grief, and self-care differently so as to create a new possibility for those who are grieving.

**Ethics**

Although I am the primary subject in this study, I worked with sensitive topics and with participants that cannot necessarily give consent. In consideration of ethical imperatives for conducting this type of research (Tisdale, 2004), I had to consider the vulnerability inherent in the countless participants in the field and of myself as researcher. For example, I questioned how I can enter respectfully into parts of the field, such as my mother’s garden. I also questioned how I interacted with vulnerable participants such as plants and nonhuman animals in my assemblage. I had to be careful to present my experiences in non-absolute terms in keeping with my chosen theory and research goals.

A committee member brought to my attention several ethical considerations for this study. While I created a healing-gram that is unique to my personal experiences, it is important
to acknowledge that the healing-gram is a therapeutic intervention that should be adapted for each client based on their experiences of loss. Each client’s social locations (Brown, 2008) must be taken into consideration as therapists work with clients to guide them in the construction of their healing-grams. Accordingly, each client’s healing-gram will likely look very different and indeed, each client’s creative process in constructing the healing-gram will look different. I had to recognize my own bias toward nature and nonhuman animals as a potential limitation of this study; in other words, the healing-gram, as I present it based on my experiences, may not resonate with everyone. Practitioners who may use this tool in the future must take care to avoid placing their own expectations and interests on the process of helping clients build their healing-grams. Therefore, I recommend that this tool be used only after a strong therapeutic alliance is built between therapists and clients, wherein clients can feel comfortable enough to actively engage in this creative process.

Another ethical consideration for this study is that I am operating under the assumption that the healing-gram will be therapeutic and may even prevent complicated grief in bereaved individuals. I am working with a new therapeutic intervention that has yet to be tested for effectiveness. As such, this study is essentially a pilot study in which I am the primary “subject.” A potential risk is that having clients revisit their grief experiences leading up to and during the construction of the healing-gram could potentially be re-traumatizing for some individuals. Therefore, I recommend that therapists thoroughly brief clients about the healing-gram protocol to assess their ability and agreement to engage in this therapeutic endeavor. I engaged in my own briefing during and after construction of my healing-gram for this study. I tread carefully, yet with courage and despite my broken heart, as I engaged in this endeavor.
In this chapter, I outlined my chosen methodological approach—performative autoethnography—beginning with key terms and continuing with connecting this approach to ecofeminist poststructural theory to show how these methodological and theoretical interactions functioned together in this study. I further demonstrated how these interactions coalesced with my purpose and research questions to inform my methods for data collection and analysis. This process entailed assembling and writing about the artifacts in the assemblage as well as creating my traumagram of loss-related events in my life and accompanying healing-gram. I also described the kinds of transgressive data (St. Pierre, 1997a)—emotional, dream, sensual, and Nordstrom’s (2013) spectral data that unfolded as unpredictable and entangled lines of flight vibrating throughout the assemblage. Throughout this chapter I challenged what counts as data and what data can do, thereby opening up space for using writing as a method of inquiry and analysis to move about along these lines of flight that pulsed throughout the rhizomatic landscape of my mother’s garden, my dreams, memories, sensations, and emotions, and body that continues to connect and perform along with the assemblage forces. In the following chapter I present my analysis of this data as a continuous conversation interspersed with photographs of the artifacts in different configurations to illustrate the movements I performed with my assemblage throughout this study.
Chapter Four

In this chapter, I am following Nordstrom (2013), who used photo-text to present a “continuous narrative of alternating pages of texts and photographs” (p. 316). The conversation that unfolds between my mother and me is a dialogue between two people, one living and one dead, thereby generating transgressive data that erupt along infinite lines of flight as we move about with dreams, emotions, memories, physical sensations, and haunted artifacts (St. Pierre, 1997; Nordstrom, 2013). The lines of flight constantly sweep us up into new and strange territories that strain against traditional conceptualizations of reality, thus collapsing the boundaries that supposedly separate my mother and me, the dead and the living, and nature and culture, and anything that was previously thought of as separate. In this conversation, then, we continually perform these movements that are a grief assemblage of fluctuations, undulations, varying speeds and temperatures, and rhythmic vibrations among infinite multiplicities (Deleuze & Guattari, 1987; Jackson & Mazzei, 2012; Nordstrom, 2015).

Prior to the conversation, it is necessary to reiterate that assemblages are not things in terms of separate entities; rather, they work as becomings, which work as rhizomes, which work as assemblages (Deleuze & Guattari, 1987). Becomings are inseparable from multiplicities, which Deleuze and Guattari refer to as packs, stating, “These multiplicities with heterogeneous terms, cofunctioning by contagion, enter certain assemblages; it is there that human beings effect their becomings-animal” (p. 242). Deleuze and Guattari go on to describe how these multiplicities cross over a threshold of sorts, which works as a becoming between two or more (and often infinite) multiplicities. The threshold springs into motion when various multiplicities connect, vibrating along lines of flight that take off into unpredictable directions, forming endless connections all the way down to the molecular level. Or, as Jackson and Mazzei (2012)
explained, the threshold can only function by *plugging in*, by forming connections. The threshold sometimes becomes excessive, and “*something new happens*” (Jackson & Mazzei, p. 6). It has become impossible to tell where one line of flight ends and one begins.

This conversation with my mother works against the idea that death, life, nature, culture, grief, and healing can be structurally contained and predicted. Therefore, we are putting the data that this conversation generates, and indeed the entire research process, *under erasure* (Derrida, 1974; Koro-Ljunberg and MacLure, 2013). For example, while our garden is a focal point of this work that we are doing, it’s not a beginning, nor is it an end. How could I possibly pinpoint structures bound by linear time in that way? Actually, this whole process, this whole thing called *research*, has been happening non-linearly. So, plugging into Richardson and St. Pierre (2005) and Amatucci (2013), we can say that research activities happen simultaneously; data, as I am working with it here, *happens*. For example, I have been doing fieldwork ever since my mother introduced me to nature through her gardening and other engagements with nature. For the sake of the work I am doing here, we can zoom in and out of the assemblage of artifacts, concentrating on each item as an area of focus through the lens of a camera, yet never forgetting that we can only arrive at these points temporarily before they take flight yet again.

As we talk about, within, without, and all around the artifacts in this grief assemblage, the boundaries that supposedly separate my mother and me, the artifacts, and the specters that haunt them continually collapse and we are constantly becoming the assemblage. Other characters are inevitably moving about in this performative conversation. Their “voices” are not always apparent as such; in other words, some of these characters hum, buzz, bark, crinkle, and crunch, while some do not emit sound yet nevertheless have quite a lot to say. As you read what follows, you inevitably become with the assemblage, moving along with the cacophony of voices.
Rosemary for remembrance... or, Here we are...

I know, honey. I’ve been watching you... I’ve always been with you.

Lambey-pie, I never left. Look up. What do you see?

Yes, yes, I see it right now. How could I forget? That’s the spot at my desk where I used to do my work from home for the doctors. Now, look over to your left.

Oh KK I love it! I am within and all around it, as are you. I feel that we can never be separate from it, nor would we want to be. Tell me more about how we have been tending this garden assemblage, and how we will continue to tend to it.

... endlessly establishing connections. Yes, I know about rhizomes!

Contagion?

What is it about that word? What’s happening?

Mom, I’ve been struggling a lot these past few days...wait, no! I’ve been struggling this whole week, this whole month... I really haven’t been doing very well ever since May 7, 2009.

Oh God. I’m so sorry. You’ve seen everything then. I have both feared for, and hoped for, that possibility. At times since you left, I’ve been terrible to people, to myself.

I see the magnolia trees in our backyard moving and glittering with the breeze and the sunlight. Do you remember the view from the picture window that looks out over the backyard?

OH! You noticed the assemblage (Deleuze & Guattari, 1987)!

The assemblage operates rhizomatically: knotted, entangled...

Every time we touch the garden, we contaminate it, for we are contagious, becoming together through contagion (Deleuze & Guattari, 1987).

Wait, hold on.

We will get there. I mean to say, we’ve been there before, we’ll be
there again, and we’re already there. Or, here we are.

*Here we are.*
(Said in unison, after deep sighs).

Yes, we can move about with the assemblage through plugging in to its various movements (Jackson & Mazzei, 2012). Only through shifting. Varying sensations of temperatures, speeds, eruptions of innumerable lines of flight. Sometimes, what we traditionally have thought as structures, or boundaries, appear to hold these forces of the assemblage together, for a time (Deleuze & Guattari, 1987).

It seems to me that this whole conversation has been a process of plugging in.

Yes, very much so. I cannot function without plugging in to the garden, dogs, insects, plants, even inanimate objects. Especially not the inanimate objects in the form of haunted artifacts that I’m working with here. In fact, Deleuze and Guattari (1987) state that the self is just a threshold, just a becoming among multiplicities.

It sounds a lot like the process of gardening. This process never ends, even in the winter, when gardens appear to be dead. Where is this line of flight taking us now, KK?

*Here we are.*
(Said in unison, after deep sighs).

Here we are. We keep saying that phrase...what is continuing to happen?
Idlewild Presbyterian Church

A Service of Witness to the Resurrection in Gratitude to God for the Life of
Trudy Reed Brown
July 31, 1948 – May 7, 2009
We are in your bedroom, in the late Spring of 2009. The day is sunny, and the Reverend has come to visit you, because... because...

... I am dying.

Yes, Mom. You are dying. I am already becoming a bereaved daughter. The Reverend asks you about your life: all the births, deaths, the high and low points, until we arrive here... here we are.

You say that with disappointment, with resignation... how can this be happening? Dad says it’s a nightmare.

The Reverend has brought a gift, a sprig of Rosemary, for remembrance.

We have kept this Rosemary over the years. Do you see, Mom?

I feel... cold, dark, and shaky. As I watched you becoming sick, becoming a dying mother, I felt so helpless. Mom...

It’s ok, Lambey-Pie, I’m here.

The room in which a person is dying, on her deathbed, is in that space outside the crowded threshold, that space where pleadings for miracles, desperate whispers of hope for life (yet devoid of hope) eventually give way to long, anxious stares into a dying face and hot, desperate tears.
It is contagious, honey... or, Of Despair and Dreams

Well, how did that work?

I tried to overcome my despair by getting back to work.

It didn’t work. I mean, I guess it did for a bit. I was gasping for breath and movement in a space that had become congested and crowded—the threshold—that which is a liminal space with multiple points of connection (Jackson & Mazzei, 2012). Between life and death...

Yes! That’s Dr. James. He’s a lot like Dad. He and Dad are even the same age!

It just did not, does not, work.

...and I was standing next to you. Oh Mom, you were in misery. You were vomiting up all the blood and mucous that your body just couldn’t handle anymore. That’s what the hospice nurse said, that your body just couldn’t take it anymore. I was holding that bright blue plastic bag for you. Oh Mom! I held the bag gingerly, and you said...

Don’t worry, it’s not contagious, honey.

But it is contagious Mom! Please don’t think that I was afraid to touch your bodily fluids. You had just gotten so frail, and I felt that if I touched you too much, I would hurt you. I’m so sorry! Oh, Mom!
Trudy Brown
for completing the requirements of public service and training for the distinguished title of
Master Gardener
together with rights and privileges thereof pertaining.
Under the 20th day of August 2011.
[Signature]
[Signature]

"Until We Meet Again
At The Rainbow Bridge"
There, now, that’s better, isn’t it?

Yes. Infinitely so. The images of you smiling, with the corgis, and as Master Gardener are much more comforting.

Yes, and over these last few days, I knew that you needed something to remind you of me as happy and healthy in my earthly body. Isn’t it funny how all these pictures, all these memories, are popping up around the house?

Yes, we’ve been enjoying them more than ever. What amazes me even more are your visits to me in my dreams.

And that’s why I visited you last night, for instance.

Yes! Thank you so much! I needed that… to see you happy and smiling, enjoying a glass of wine. I will take it all, even the uneasy dreams that blend too far into reality, when I wake up thinking for just an instant that you are still alive here on earth, fighting cancer, and am then shattered by the realization that you aren’t here. Not in the way I had become used to, though. Please, don’t ever stop haunting my dreams, nor my waking hours.

As long as you want me to visit you, and keep inviting me in.

Yes, of course you have an open invitation!

Tell me more about dreams and hauntings.

That smile… that’s how you looked last night! You’re helping me out quite a bit with your visits, you know! How could I ever close that door on you? Doucet (2008) described a “gossamer wall” as a liminal space between a living person and a person who has died. Using this metaphor, the person who has died is “always present and painfully absent” (p. 74). There you are.

Don’t you mean to say, there we are? And there we have
always already been? Or, *here we are, working together.*

Ah yes, I do need to watch my language. So, as we are working together continuously, we are generating what Nordstrom (2013) described as *spectral data.* Our relationship generates this data as you continue to haunt me, and includes our dream visits. Our relationship continues to generate the assemblage.

That adorable little flower pot full of curiosities?

Yes. And all of the photographs, plants, knick-knacks...these are usually called *artifacts* in research terminology, but I much prefer the term *curiosities.*

I will continue to haunt those curiosities!

So let us gaze at these curiosities, but more importantly, let us see what happens as the gaze is returned. You (and Deleuze and Guattari (1987), and infinite others) ask what it means to love somebody, or what is this “nasty developmental infection called love” (Haraway, 2008, p. 16) that vibrates, heats up, and erupts along infinite lines of flight.
In that photograph of me on the sofa, Red gazes at Eve as she gazes at me. And indeed, you were gazing at us as you took that photograph, capturing this moment in time.

This moment appears to be arrested in time in this photograph, but the infection of love still rages on. Love often feels hot to me. As I gaze at this photograph, I feel a heat vibrating as movements in the assemblage. Infections, contaminations of the body, are hot, angry, and red, and I think that love is no different.

I can see the heat in this photograph, how the sun’s rays are streaming through it. I can feel it now. There are curiosities nesting by the picture that I know so well. Nesting... like a bird.

Yes, Mom, I have been assembling bits of dog fur from Eve and Red.

Kind of like how birds take bits of dog fur to help build their nests! How did you do that?

Before and after Eve died in 2011, I gathered tufts of fur from her and kept them. I continue to gather tufts of fur from Red. Some of these tufts even came from your perch on that sofa in the photograph, a favorite resting spot for you after the day’s work.

As there is never any shortage of hauntings in this household in which I grew up. I also found a hairbrush you used, from which I extracted a strand of your hair, Mom. I carefully placed your hair in the middle of the downy dog fur. To the left of the desk at which I do this work (and at which you used to do your work), I found your knitting supplies. From there, I took a bit of red yarn and wrapped it around all this animal hair, nonhuman and human.

There is never any shortage of corgi fur in our household!

Red yarn, the color of infections, the color of love... if we zoom out again, what happens?
“Until we meet again at The Rainbow Bridge...”
that’s Eve.

I did try to instill those values in you.

Yes, her ashes are here, in that blue velvet bag. You showed me how to love all animals.

Yes, you taught me well. I learned from the very best, a member of The Herb Society, a Master Gardener, a Great Mother. But it is so much more than just watching and learning. Contagion has been at work this entire time and continues to pulsate throughout the assemblage.

That reminds me of a beating heart, which is no surprise, given the work I did for those cardiologists.

I think it is a beating heart, continually beating, pumping red blood through veins, arteries, and cavities. I am beginning to work with this red yarn as yet another affective line of flight, pumping movement all around in the assemblage.

Where are we going now with this line of flight, KK? I am becoming more and more curious.
Working well together... or, Becoming with... or, The dance

Let us move about with the dogs, traveling as we have been with the pack.

These dogs do hunt!

Yes! We all work well together... that reminds me of helping you in the garden on summer mornings, early, before the heat and humidity became too stifling. I recall flashes of sunlight, water, soil, and flushed cheeks. I recall the scents of sweat, earth, plants, sunscreen, and that strange scent of earthworms, like the soil, but also somehow like antique furniture.

Yes, yes. Go on!

Simply put, in the words of Donna Haraway (2008), “To become one is always to become with many” (p. 4). Throughout her text, Haraway works against “The Great Divides of animal/human, nature/culture, organic/technical, and wild/domestic [that] flatten into mundane differences...” (p. 15). Also, as humans, we usually use our hands to touch, to experience tactile sensations. Haraway asks, “Whom and what do I touch when I touch my dog?” (p. 3; p. 35)

And?

Haraway goes on to describe a common inter (intra) action between humans and our companion species: the “darter-tongue kisses” (p. 15) she receives from Ms. Pepper. Such actions put into play symbiogenesis, or a cellular colonization, in which DNA, or a “molecular record of our touch” (p. 16) inextricably connects the two animals, dog and human.

Yeah, I like that. I can feel that. And I feel that when Eve and I interacted, there was even more than just the two of us. Do you remember how I first met Eve?
Yes! You had driven to Jackson to pick her up from the breeder. We had seen pictures of her. She was astoundingly beautiful. I felt like I was getting a new sibling. We were a cat family for so long; we had never owned dogs before.

Well, to the extent that one can be with such strange creatures. But we always had really sweet cats, as tolerant as they could be with a hyper child in the household. Remember when I used to play with our cats...

...and you reminded me, in your kind yet cautionary voice, to be gentle.

I did not know quite what to expect with a dog! You pulled into the driveway, and suddenly, in my line of sight, I saw her gingerly stepping into the backyard and sniffing around. I introduced myself with trepidation. I didn’t know how to act, or what to do, and at first she didn’t either. We had to learn each other. Becoming curious about each other, we reached out to touch each other, and in so doing, contaminated ourselves with each other... contagion.

That’s it. We are becoming curious together, we reach out to touch each other, and we learn to work well together.

I love this memory. Reflecting on memories like this, I experience
many sensations of freezing, heating up, slowing down, standing still, and speeding up again. Deleuze and Guattari (1987) wrote: “Becoming is to emit particles that take on certain relations of movement and rest because they enter a particular zone of proximity” (p. 273).

There is so much happening in this assemblage.

Makes it real?

I remind you of Eve, and Eve reminds you of me. So, there are ways in which we are similar, how we are like each other. Let’s see...we are both female, both dead, no longer on the earth that you inhabit. What else? We are both connected to you in that we were—are—a family unit. We define ourselves as such. Like how at the vet, Eve’s last name is “Brown.” I always thought that was funny, how they put down a last name for the dogs and cats. But there are many things that Eve is not: she’s not human, she’s not a Master Gardener...

Wait! Is Eve not a Master Gardener? Did her paws (stumpy though they were) not touch your garden, too many times to count? Did she not come over, sniffing gently, and

Sometimes I feel like I’m reeling. What I am describing is the “effectuation of a power of a pack that throws the self into upheaval and makes it reel” (Delueze & Guattari, p. 240).

Makes it real. Through these movements, these lines of flight, what appear to be boundaries collapse. We are constantly becoming in this assemblage, producing plants, animals, women, students, mothers, daughters, bereaved, healers, healing, bereaved, healing...

Yes, and it’s difficult, impossible, even, to think about you without thinking about Eve, or to think about Eve without thinking about you.
survey your work in the garden from time to time? Did the food that she ate, digested, and excreted not make its way into the garden, become part of the soil, and help with its fertilization?

Ahh, I see your point.

Deleuze and Guattari (1987) chime in here (as they do in Haraway’s book) that, “We fall into a false alternative if we say that you either imitate or you are. What is real is the becoming itself, the block of becoming, not the supposedly fixed terms through which that which becomes passes” (p. 238). Haraway (2008) expounds, “The partners do not precede the meeting [of two species]; species of all kinds, living and not, are consequent on a subject-and object-shaping dance of encounters” (p. 4).

So there’s really no separation between Eve, you, me?

Nor between us, the garden, the insects, the ferns, herbs, and flowers... we are “ordinary knotted beings” (Haraway, p. 5) constantly co-creating each other.

We are all becoming with. We are all working well together. Like a dance?

Ah, the dance. So now we’ll hear again from Haraway (2008). (She’s been listening this whole time). For her, we’ve been talking about the dance of relating (p. 25), or “embodied communication,” or “the flow of entangled meaningful bodies in time” (p. 26).
I see a little wet nose sticking out there from under the coffee table! Red, the Little Red Dragon, Eve’s relative from the same breeders. He’s... how old now?

... because he is still very much alive? And because you said earlier that you much prefer the term curiosity.

He’s over fourteen years old now, but still acts very much like a puppy. I suppose he’s perpetually performing youth. So I find it difficult to refer to him as an artifact...

Yes! Becoming with is, as we’ve talked about, becoming curious (Haraway, 2008), or returning a gaze (Derrida, 2008; Haraway; Cixous, 2013), reaching out to touch, working well together, respecting (Haraway, 2008), and yes, even loving.

Becoming curious about each other, we reached out to touch each other, and in so doing, contaminated ourselves with each other... contagion. See how happy you look here, in these pictures! But that happiness that we feel necessarily includes grief.

Yes, and losing Eve was very much like losing you all over again, as you are already always a part of each other. People who don’t own pets, or those who don’t like non-human animals (yes, those people exist!) sometimes find it difficult to understand the pain of losing a pet. It has now been shown that humans grieve just as profoundly over the death of a pet as they do for humans, and sometimes more so (James & Gilliland, 2017). The death of a pet has almost been like a form of disenfranchised grief (Doka, 2007),

I died before Eve died, although we both died from cancer.
There are those rules about grief again. You have been reading a book and came across something, didn’t you?

Yes. Toni Morrison (1982) wrote, “Good taste was out of place in the company of death, death itself was the essence of bad taste... And there must be much rage and saliva in its presence. The body must move and throw itself about, the eyes must roll, the hands should have no peace, and the throat should release all the yearning, despair and outrage that accompany the stupidity of loss” (p. 107).

Haraway (2008) referred to this idea and practice of human exceptionalism as “...the institutionalized, long dominant Western fantasy that all that is fully human is fallen from Eden, separated from the mother, in the domain of the artificial, deracinated, alienated, and therefore free” (p. 11). The Great Divide.

How funny that this line of flight has brought us, for just a moment, to Eden, the Garden, since we’re talking about Eve...

...and becoming women, becoming gardeners, becoming healers, becoming animals, as the false divisions fall away...

Clearly, the loss of pets makes us reel. And human exceptionalism... what a myth!

Let’s continue to work through these curiosities together. Let’s work well together with them.
Shells...

Ohh! Yes! There we go! It’s the summer of 2007, at Santa Rosa Beach. I love those, how they look like little angel wings.

We are under the beach umbrella on this bright day. The tide is coming in. You reach down and scoop up a handful of these little creatures, and—now look!—they’re dancing in the palm of your hand, Mom!

How did you get them to come out of their shells and dance like this?

It’s one of my favorite memories of us. It’s like water is a line of flight that continually produces us. In fact, so many of my fondest memories with you involve water, and nature. Therefore, who I am, who we are, is a multiplicity, a becoming, a pack. You see, I cannot conjure this memory without becoming animal, becoming woman, becoming your grieving daughter, becoming in awe of nature...

Oh Lambey, my grieving daughter! What is happening right now?

I am awestruck and grief-stricken. The line of flight is trembling and picking up speed. I feel this in my body and in my broken heart. My hands are trembling, and it’s difficult to type. I remember how soft your hands are, and how gently they touched everything. Those little sea snails inside the shells, they certainly felt it. They sensed that it was safe to come out and frolic on the palm of
Yes, it is safe... go on.

... we are in the river in Arkansas, below the Star Falls lookout, and I am singing our old Girl Scout anthems to you while the river flows around us...

... and constantly, constantly flowing. Dancing.

I had been dead for a few days, and they had prepared my body for burial. But I didn’t want an open casket, because I didn’t want people to see me like that at the visitation.

Yes, Daddy was there, and so many flower arrangements!

your hand, in that tiny pool of water that came in with the tide.

Memories are flooding, flooding, swirling about like water! You are holding me now, a small child, in the river...

... through us, within us, all around us. Here, it is both cool and warm; cool from the river water, and warm from your skin...

Becoming mother and daughter, nature lovers, the molecules of our skin becoming contaminated and contaminating the water around us. I could never forget the way your skin feels, the way it smells... And, and... at the same time I remember how your body felt at the funeral home.

Yes, so it was right before people started arriving for the visitation, in the little chapel at the funeral home. I was there, and Dad was there, and a few other people that I just can’t remember.

Yes, the day was bright and sunny, and the room was stifling in the way that funeral homes are, despite their best efforts to disguise the sense of death (because we tend to do that, don’t we, to hide death?). Maybe it’s all the efforts people take to try to hide death that makes it seem so stifling in those rooms, crowded with flowers, and eventually with living people, surrounding the dead.
Go back to the moments before everyone else started arriving. Stay with that for a bit.

Ok, the funeral directors had opened the casket so that those of us closest to you could gaze at you one last time before they shut the lid. So I stood there and gazed down at you lying there. And...

No. Your cheeks were pink, and you appeared to be resting quietly, hands folded across your stomach. Oh God, your stomach, where the cancer took hold!

But Mom!

It still hurts so much! It is contagious! Every time I touched you, I became more and more infected with love, loss, and grief. And I knew that you did not want to be remembered like that, lying in a coffin, cold, and feeling like clay, or wax. But I reached down anyway and touched your hands, and part of your stomach, and that’s what you felt like. And then they closed the lid of your coffin, and I begged them to open it again. Please, just one more look, just a few moments more! But Dad gently led me away.

Oh honey, that wasn’t really me. I mean, not really. I’ve always thought of myself as a shell in that state. But I still felt you and saw you there, in those moments in that room at the funeral home. But not encased in the shell that was my body. My body becoming sick with cancer, my personality, my spirit, seeming to drain away bit by bit after each surgery, after each chemo treatment...

I confess that as you grew sicker over time, you were becoming someone I found more and more difficult to recognize.

I know, Lambey. The surgery didn’t work. The treatments didn’t work. It was really hard to think...
straight at times, much less voice my thoughts.

KK, what’s behind the anger?

No! No! It’s not right! I’m still so angry! How could you be rendered speechless, sick, dying?

It’s despair, and grief. They took you away from me! The doctor, the cancer, even the chemo that was supposed to help, to make things right! You were already dying, slipping away from me. There’s a memory...

I am in my room. I had actually, somehow, been fairly productive with my schoolwork, despite what was happening at home.

And I was such a good little student, transcribing interviews, coding them into meaning units for the research team I was on. But that was so stupid! Why did I do that? I should have been with you the entire time!

I shake my head.

I’m in my room. I had been working hard on my appointed tasks for the research team. Then, suddenly, I was overcome with longing, and the tears came. Your sister, my aunt, walked by my doorway. She gently led me by the hand to where you were reclining on the sofa in the den. She said to you, “She needs her mom.”

And I replied, “Hi, Mom. Oh, wait, I’m the mom.” I’m sorry, KK. I know that’s not what you needed
then. I wasn’t in my right mind. I felt hazy, cloudy, confused, in that instant.

Oh mom, please don’t apologize. I know you couldn’t help it. Could it be that in that instant, like a flash, I was becoming mother to you? What I needed most in that moment was my mother, you, but that did not happen, not in that instant. Movements in the assemblage don’t always make sense in a logical way. I think what happened was what Corse (2004) described in her memoir of her mother’s illness and death from cancer. She wrote, “My mother and I found the calm at the center as we became fully present to caring and to dying. And we were not alone. Daughter mothering mother mothering daughter—we were cradled all the while in the strong arms of God, the Great Mother” (p. 172).

And so, we crossed through a threshold. Hi, Mom.

Something different...something new happens (Jackson & Mazzei, 2012). The assemblage shifts yet again as I see you constantly becoming a small awestruck child, caretaker of our garden, grieving daughter, a female human animal, a member of the pack, striving for achievement as a student and counselor, struggling for self-care, becoming healer and healing...

Oh, wait, I’m the mom.

I am always awestruck by your teachings—you, the Great Mother—I am an awestruck child. It is a summer of my childhood, and we went to visit the Butterfly Lady, bringing back cocoons, some of which hatched into plump, bright green caterpillars, some of which evolved into Luna Moths. We nurtured them, and in turn they taught us so much.

Yes, KK. What did we learn?
They are all there, mattering in their own little ways. They all play a part. Here is a seashell from the ocean, holding a shell from the river, holding three little creatures that have died: a June Bug, a Bumblebee, and a Scarab Beetle. I’ve capitalized their “names” you see, because they matter. Their deaths are tiny tragedies to be mourned. Even the snails that once inhabited those shells, and have long since disintegrated, long before we found them together—remember, Mom?—they matter.

I know that you’re thinking about the Turned In-To’s.

“...over in the Daisy Starred Meadow by the Still and Silent Pool...”
(said in unison)
(Gordon, 1920)

You taught me so well to respect these tiny things. You showed me how every garden needs them, in some way.

There is a humming, a vibration.

Yes, for these tiny creatures have done their fair share of nurturing our garden, as they have infected it through pollination, decay and decomposition, and renewal and rebirth of infinite becomings. See the Coleus plant here, and the garlic plant that are in the brown pot? They could not be possible without the molecules contaminating the assemblage. And so, becoming curious, reaching out to touch, to gaze and to be gazed at, to respect, to love... this is how I continue to tend to all these things and am simultaneously tended as a healing bereaved daughter, broken but not shattered.

Yes, Lambey-Pie. There’s something else I wanted to say to you, for now, in this conversation. I wrote it to you a long time ago...
Yes, I still have that e-mail that you sent me during my first semester of my freshman year in college. Let me find it...

And here it is...
I just needed to say again that I love you.

I love you too, Mom.
In this chapter I presented my analysis of the data as a continuous conversation with my mother, countless forces in the assemblage, and me. Photographs of the artifacts I assembled serve as catalysts for our dialogue. This conversation generated the irruption of even more transgressive data that continues to flow in unpredictable ways. This conversation thus operates as an assemblage as I showed the collapsing of boundaries between the dead and the living, nature and culture, self-care and work/achievement, and self and other. In chapter five, I focus on the representation of this study, the healing-gram.
Chapter Five

In this chapter I focus on the practical outcome of this study—the healing-gram—a customizable therapeutic tool by which therapists can help bereaved individuals process loss and grief. The development of the healing-gram and the accompanying therapeutic protocol corresponds to my research questions three and four—to expand thinking and practices on loss, grief, and self-care, and to create a therapeutic tool that is both customizable and standardized to help clients work through loss and grief and engage in self-care practices that aid in healing. I will first briefly outline the steps therapists can take to accomplish these goals. I include a more in-depth, step-by-step guide in Appendix E that therapists can reference as they plan these sessions with clients. I will next present a sample therapeutic dialogue between a client and a therapist to illustrate what this protocol might look like when put into action. Pertinent to the autoethnographic aims of this study, in this example I am the client working through key traumatic events related to my mother’s death as documented in my traumagram (Figley, 1989, 1990), followed by processing of select artifacts in my healing-gram. I therefore present the therapeutic dialogue, infused with explanations and rationale supported by the theoretical model I built and introduced in chapter one and Appendices A and B.

After the client and the therapist have established strong rapport in which the therapist creates a safe space for the client by modeling the person-centered principles of congruence, empathy, and unconditional positive regard (Rogers, 1942), the first task for the therapist to initiate in session is the construction of the client’s traumagram (Figley, 1989, 1990). As I explained in chapters one and three, I follow James and Gilliland (2017) in adapting Figley’s Traumagram Questionnaire as an instrument to be used in the detection of loss and grief, and to track the lingering and often-debilitating effects of loss and grief events over time in a client’s
life. Using open-ended questions and gentle prompts, the therapist has the client pinpoint an original loss event using the following criteria: the loss that occurred, age of client when loss occurred, and level of stress caused by the loss on a scale of one (minimum) to ten (maximum). The therapist and client then do the same for each identified loss event that the client considers significant. Some loss events will continue to exert a profound influence over time in the client’s life as the client encounters other loss events and enters into transcrisis states with each new loss. The effects of other loss events may dissipate over time and cease to significantly affect the client’s functioning and well-being. The information gathered from the traumagram exercise can then be graphically depicted. After the construction of the client’s traumagram, the therapist asks the client to describe her behavioral, cognitive, and affective responses to the initial loss event as it happened and in terms of how the initial event continues to affect the client up to the present day.

After the assessment of the client’s trauma via the traumagram protocol, the therapist and the client will begin to construct the salutogenic counterpoint to the traumagram—the healing-gram. The therapist will ask the client to reflect on positive memories related to the object of loss, and to gather artifacts, or concrete objects, related to the positive memories. The artifacts, then, become concrete anchors with which the client associates the positive memories and thus serve to fuel the client’s movement toward a healthier approach to their grief. This approach fits with both the dual process model (Stroebe & Schut, 1999) and the meaning reconstruction model (Neimeyer, 1998, 2001) of grieving. Healing-gram construction is intended to enact a salutogenic shift (James & Gilliland, 2017) in the client’s grief process from one that is pathological to one that is healthier and more functional.
The client will complete the tasks of reflecting on positive memories and gathering artifacts in between therapy sessions and will come to the next session with the positive memories and artifacts. The task for the next session, then, is for the therapist to prompt the client to share a positive memory related to the object of loss. The client describes their behavioral, cognitive, and affective responses to this memory when it actually happened. The therapist will then ask the client to share one of the personal artifacts that relates to the positive memories with the object of loss. At this point, the client begins to actively build their healing-gram, and the therapist once more assesses the client’s behavioral, cognitive, and affective responses as the client interacts with the artifact in real time during the session. The client will then give a rating of their current stress level (using the same 1-10 scale) to determine the effects of processing the positive memory in conjunction with building the healing-gram. The therapist can begin this part of the protocol by asking the client to first share and describe one or more of their artifacts, and then go into the behavioral, cognitive, and affective components of the positive memory in which the artifact(s) plays a role.

Finally, the therapist and client will create a graphical depiction, like the traumagram, documenting the effects of the healing exercises—recalling and verbalizing positive memories, selecting corresponding healing artifacts, and overall healing-gram construction—on the client’s current stress level. The client will then take the healing-gram with them in order to easily access it. The client may wish to display the healing-gram in their home or wherever they are comfortable keeping it, but the point is that the client can access it easily as a constant, viewable, salutogenic reference. The healing-gram is intended to act as a concrete anchor with which the client has formed a strong association to positive memories and accompanying behaviors, cognitions, and emotions related to the object of loss. The healing-gram thus becomes a part of a
healthier, more functional narrative in how the client performs healing through grief as the client actively constructs and engages with the healing-gram and is able to redefine and maintain an ongoing relationship with the object of loss, in keeping with Neimeyer’s (1998, 2001) meaning reconstruction of grief model.

Each client’s healing-gram, and the manner in which they construct it, will look different and will pertain uniquely to the client’s experiences, memories, interests, skills, and the potentially infinite number of multicultural identity factors, or social locations (Brown, 2008), that the client carries with them. For example, some clients may wish to use arts-based techniques such as painting, drawing, or sculpting for the creation of their healing-grams. Other clients might prefer to use creative writing to craft a narrative such as an essay or poem to accompany the concrete artifacts they have selected for their healing-grams. If it is not practical for the client to bring in the personal artifacts due to being large, unwieldy, or impractical to transport to the therapy session, the therapist can suggest that the client capture the image of the artifact through photography. For example, a client whose positive memories and artifacts are based on fixing up old cars with a mentor who has passed away could not reasonably be expected to bring the tools and parts needed to engage in that activity. In the sample therapeutic dialogue that follows, my artifacts are centered around nature and non-human animals as they are strong connections to the life lessons my mother taught me and to the memories I have with her.

I will now present the sample therapeutic dialogue between client and therapist. For the purpose of brevity, I present this scenario as occurring over three sessions between the client and the therapist, but when put into real-world practice, this therapeutic protocol will likely take multiple sessions to complete. The first client-therapist dialogue, labeled Session #1, takes place after the first few sessions wherein the therapist has conducted an initial psychosocial
assessment, helped the client clearly define the problem at hand and establish desired goals for
grief therapy, provided psychoeducation as to what this process will entail, and established
therapeutic rapport. This part illustrates the construction of part of the client’s traumagram and
the processing of a specific loss event. In real-life practice, the client and therapist will identify
and work through each transcrisis point chronologically, beginning with the original loss event
and moving forward in time. However, here I have chosen to illustrate how the client and
therapist begin the traumagram, which is with Event #1 (when my mother first received her
cancer diagnosis). I then connect Event #1 to Event #5 (when my mother vomited up blood) in
terms of stress level rating, and work through the behaviors, cognitions, and affect the client
experienced at the time of Event #5. I chose Event #5 because I conducted extensive analysis
with this event in chapter four (referred to as “It is contagious, honey”).

The next session, labeled Session #2, illustrates the shift to processing the client’s
positive memories and artifacts and the construction of the client’s healing-gram. The therapist
will use anchoring techniques to help reinforce the positive associations between the client’s
happy memories and the healing-gram, thus solidifying the healing-gram as an anchoring
therapeutic tool. At the end of this session, the therapist will ask the client to put the healing-gram
to use in times of stress that may arise. The final session after that, labeled Session #3,
details a current stressor event that has arisen in the client’s life in between therapy sessions. At
this point, the client and therapist process the current stressor event behaviorally, cognitively,
and affectively, and the client assigns a stress level rating to the event right as it happened, and
after interacting with the healing-gram in response to the stressful event.

Setting the Scene:
A client with prolonged grief stemming back to the death of her mother some years ago has sought out grief counseling because she continues to experience debilitating symptoms and appears to be emotionally and behaviorally “stuck” as she has severe major depressive episodes at times and at other times, a significant amount of anger or anxiety that sometime seem unexplainable. These problems tend to flare up in times of stress, including other instances of loss the client has gone through after the death of her mother. Before the session begins, the therapist should have materials ready for charting out the client’s traumagram. This can be done on the computer or with pencil and paper, but the following elements are necessary: the x-axis to show the age of the client at each event, the y-axis to show the client’s stress level at each event, and the body of the chart to depict the actual events, which can be connected with lines to show the enduring influences of each event on subsequent events over the course of time in terms of stress level.

**Session #1:**

**Therapist:**

“Katie, in this session, we’ll construct your traumagram, which will give us a picture of the losses you’ve experienced over time, your self-reported stress level at the time of each loss, and how each previous loss continues to affect your stress level in conjunction with newer loss events. The idea here is that these loss events don’t happen in isolation, and that there can be a compounded effect as the losses build up over time (Figley, 1989, 1990; James & Gilliland, 2017). For instance, you mentioned that sometimes you react to stressful times in your life in ways that don’t quite make sense to you, and that you feel some really intense emotions in reaction to stress.”

**Client:**
“Yeah, it seems that some things really set me off, like I get really angry, or really depressed, and I find myself thinking about my mom for some reason, and I just get overwhelmed quickly. And then I wonder, like, why am I still so upset about this? I mean, it’s been nearly ten years since Mom died, but sometimes I think that things are just getting worse for me.”

**Therapist:**

“Right, and you’ve described how those reactions you have really affect your functioning in terms of getting in the way of your daily life at times. There’s a common misconception about what happens when we lose someone we love—that the passage of time is enough to help ease that pain. However, unless we address the loss events in a healthy way, the passage of time can sometimes add more layers of stress and pain, that compounding effect I just mentioned (Neimeyer, 2001; James & Gilliland, 2017). It might be helpful for you to realize that this is not an uncommon reaction in people, especially among people like you who have experienced multiple big losses in their lives. As we’ve talked about before, losses are often traumatic, and trauma does a funny thing to people. Trauma is essentially painful, and our brains try to trick us, sometimes, into submerging traumatic memories deep down outside of our immediate awareness (Shallcross, 2010). It’s a protective mechanism, but sometimes the ways we subconsciously try to protect ourselves don’t always pan out in the most useful ways.”

**Client:**

“I really need to turn things around and find a better way. I guess I’ve been scared to face all of this, but now I’m ready.”

**Therapist:**
“Yes, I hear that. Directly facing your pain is scary, and there’s a lot of pain connected to the death of your mother, and all the things that happened throughout her illness and afterward. We will focus on those events in this session, but we won’t just stay in that negative space. What you need is a functional way to heal despite the heavy hand you’ve been dealt, and that’s where your healing-gram will come into play, in the next session. Let’s get started on your traumagram. You can begin by telling me about what happened, and when.”

Commentary:

At the beginning of this session, the therapist provides psychoeducation on the purpose and process of the traumagram protocol, as well as on some of the older and newer theories of trauma, grief, and loss. The therapist also introduces the idea behind the dual process model (DPM) of grieving (Stroebe & Schut, 1999) in that the current session is focused on loss-oriented processing of the client’s grief with the traumagram construction and identifying the behaviors, cognitions, and affect during a key traumatic loss event.

Client:

“So, it all started when my mom was diagnosed with stage four stomach cancer in the summer of 2008, in July. I was only 23, and my parents called and said they had to talk to me about something, in person. I can be kinda impatient sometimes, so I just begged them to tell me what it was all about. Now, I can’t even remember clearly the conversation of how they told me, but I do remember they were pretty calm as they told me. I drove to their house—I was living in an apartment with a friend—and I do remember calling another friend on the way home from my parents’ house, afterward, and that she was just really supportive, and I was like, yeah, it’s gonna be ok ‘cause she’s gonna get treatment.”

Therapist:
“If you can recall, tell me more about what thoughts went through your head at that time, and any feelings that arose as well.”

Client:

“Ok. I was just... really in shock. I mean, Mom had always been pretty healthy, no major health problems. She had been complaining about this feeling she had in her stomach, like she wasn’t able to eat as much as she used to, and she said she hadn’t felt like her stomach was empty, like she wasn’t hungry like normal. And there were some acid reflux-type symptoms, so she had been to the doctor at least twice, the GI specialist, and came home each time with medicine for acid reflux. So I’m thinking, what the hell, how did this go from being acid reflux to this rare form of stomach cancer? How did this happen? But I was also thinking, she’s gonna be alright, like, we’re gonna beat this. She had surgery scheduled, and then chemo. And so, I felt scared, yet hopeful too.”

Therapist:

“It sounds like this news came out of the blue, but that you held some hope for her treatment. Now, if you can, pinpoint your stress level that this event caused you at that time, on a scale of one to ten, with one being the lowest and 10 being the highest amount of stress. After that, tell me what led you to selecting that rating.”

Client:

“Hmm... I’d put my stress level then at a six, because like I said it was a shock and she had never really been sick like that before, but we all had hope that we could get a handle on it, like prevent the cancer from growing any more, and make her comfortable and prolong her life. “

Commentary:
The client and therapist continue working on the traumagram until it is completed (see Figure 10).
Figure 3. Traumagram: Katie. This is my traumagram of loss events, beginning with my mother’s cancer diagnosis when I was 23 years old and ending with my current age, 33. I chose to graph the continuing impact of the following events over time due to the significance of these events: traumatic event #1 (my mother’s cancer diagnosis), traumatic event #5 (described in chapter four and in this chapter on the following page), and traumatic event #6 (the death of my mother when I was 24 years old). The other events with my age at the time they occurred are as follows:

**Event #2, age 23**- My mother’s surgery shortly after her cancer diagnosis, in which surgeons attempted to remove the tumor in her abdomen, only to find that the tumor was too intertwined with her other organs.

**Event #3, age 24**- A Spring Break trip I took with my mother, sister, and aunt, during which my mother kept up a brave front until we realized that her condition was significantly deteriorating.

**Event #4, age 24**- A visit to the cancer center where my mother was getting treatment; during this visit, her doctors told us that they could do no more to help her and that we, as a family, might have just a few months left with her. I attended class for my Master’s program right after this visit.
Figure 10 (Continued). Event #7, age 24- My grandmother (G’Mommy) Katie’s death, approximately two months after my mother died. My grandmother stopped eating and drinking when she figured out that my mother (her daughter-in-law) had died (we had tried to keep the bad news secret so as not to upset her, but she was too smart for us). She was ninety-nine years old.

Event #8, age 25- My grandfather (Grandoc) Vernon’s death, less than a year after my mother died; he was her father and was ninety-one years old. He died in March 2010. Just a few months prior to his passing, my sister and I both decided to travel to the West Coast to visit him, where he was being cared for by his daughter (my mother’s middle sister) and her husband. My sister and I did not realize at first that we were both planning this visit. When I was walking away to leave for the airport after this visit, I gazed back into my grandfather’s face and knew that it was the last time I would see him alive.

Event #9, age 26- My mother’s beloved Pembroke Welsh Corgi, Evening Dragon (Eve) died from cancer right before I started my doctoral program. Eve was the first dog with whom I developed a close relationship.

Event #10, age 32- My aunt Brenda’s death from cancer; she was my uncle Robert’s (my father’s middle brother) wife. While not biologically related, she and my mother shared similar characteristics of gentleness and kindness. At age fifty-six, she was too young to die.
Therapist:

“If we take a look at the fifth traumatic event on your traumagram—what we’ve been calling ‘Traumatic Event # 5’ or, ‘It is contagious, honey’—we can see that you rated it as a ten when it actually happened, in terms of your stress level. It also appears that this event has continued to impact you over time, and seems to flare up during subsequent loss events. Katie, I’m going to ask you to talk me through this memory as if it were actually happening. Imagine that this event is a video that you can play in your mind, or a scene unfolding on a stage before your eyes. I know that this memory is one of the most upsetting to you, so remember that you can always press “pause” or “stop” as you replay this scene, if you begin to feel overwhelmed, and that you are in the safety of the here and now, in this room.”

Commentary:

Here, the therapist employs guided imagery (Cormier & Cormier, 1998) so that the client can access the behaviors and actions, cognitions, and emotions the client experienced at the time the traumatic loss event happened. Ethical therapeutic use of the guided imagery technique for replaying and processing trauma necessitates that clients have a way to exit the scene and return to a safe mental space if they need to. It is also imperative that therapists never conclude a session right after the processing of trauma because doing so essentially means that clients leave the session with the painful memory in the forefront of their mind; instead, therapists are urged to have clients engage in something more positive and soothing afterward.

Client:

“Oh... let’s see. It is springtime in 2008. I am twenty-four years old. My mother had been getting progressively sicker, and the doctors had determined that there was nothing more they could do to treat her cancer. It is evening, and I am in my parents’ bedroom in my childhood
home, the house in which I grew up. My mother is sitting on the side of her bed, wearing a robe, and vomits into a bright blue plastic bag. I reach out and gently place my hand on her back. I am standing next to her watching as the vomit—a mixture of dark red blood and mucous—fills the bag almost to overflowing. I gingerly reach out to try to help her, but, fearing that I will somehow hurt her or make the situation worse, my effort seems ineffectual. She looks up at me and says, “Don’t worry, it’s not contagious, honey.” I respond, “I know, I know Mom.” I continue to stand next to her, holding one side of the bag until it is full.”

**Commentary:**

In this exchange, the therapist gently directs the client toward processing of an event the client identified as being one of the most distressing. The focus here is on the actions, or observable behaviors, that occurred at the time of the event as these are often easier to initially access than are complex cognitions or emotions. The therapist recognizes the event as a key trigger for transcrisis events in the client’s life, particularly under times of stress, and that the client likely still experiences this event very vividly, almost as if she is reliving the event. Thus, the therapist aims to give the client a sense of control as she talks through the memory by suggesting the client approach the memory as a video or play that she can pause or stop at any time. The therapist also uses the technique of mental or abstract imaging (Boswell, 1987) as a cognitive behavioral strategy that aids in both the assessment of the problem and the therapeutic process as a whole. With the therapist’s stage analogy, performative theory (e.g., Conquergood, 2002; Denzin, 2003; Spry, 2006, 2011) enters the picture, as does Neimeyer’s (2012) metaphor of grievers as being active stage managers in their processes. By enacting the role of a director or manager on the stage of their grief, clients can begin to take control over their ongoing narratives as they perform grief and healing in new, different ways.
Therapist:

“So now, I’m wondering if you can recall the thought processes that were going through your head during this event...what were you telling yourself as it happened?”

(The client squeezes her eyes shut tightly during this part.)

Client:

“OK... As I go back over this event, I experienced a block in my mind as I searched for something to do that would help my mother and ease her pain. As I attempted to help her hold the bag, my thoughts went something like this: ‘Oh God. Oh no. What should I do? What can I do? I’m not helping very well... what if I’m making things worse? She thinks that I am afraid to touch her... I should be more helpful, yet here she is, comforting me yet again despite her pain! I’ve failed her... I’ve failed her... I’m so sorry’!”

Therapist:

“Katie, I can see that this puts you in a really tough space to be in right now, so I’m going to ask you to press that “stop” button for this scene. Open your eyes. See, you’re safe here. You are doing just fine. I know it feels like you’re not, but you are. I’m wondering if you can shift your focus for a few minutes to your breath. Here, gently place your hands on your abdomen and simply observe the rise and fall of your breath, letting it come at its own natural pace. Stay with that for as long as you need to.”

(A few minutes go by as both client and therapist become silent. Eventually, the client’s breathing becomes more regulated, with longer, deeper breaths.)

Therapist:

“There, now. That’s very good work you are doing. How are you feeling in this moment?”

Client:
“Ahh, better. Not perfect, but better. I think I can talk about it more now.”

Commentary:

The therapist has prompted the client to shift to the thoughts she experienced during the event, and it becomes clear that the client harbors negative thought processes surrounding her perceived ineffectual attempts to help her mother at that time that persist to the present day, deleteriously impacting the client’s sense of efficacy and self-esteem. Such thought processes can lead to clients’ immobility in terms of taking positive healing actions. As the client verbalizes her thoughts, the therapist also remains in tune to the client’s nonverbal behaviors and realizes that the client is rapidly becoming overwhelmed. At this point, the therapist makes a quick decision to avoid re-traumatizing the client. Therefore, the therapist directs the client to utilize the video/stage analogy, come back to the here-and-now of the therapy room, and engage in simple relaxation and grounding techniques. Doing so targets both the brainstem and the limbic system in reducing the state of hyper-arousal the client has reached (Kirmayer, 2004).

Therapist:

“Ok, great. So now, let’s tune into the emotions you felt during this event. What feelings arose as this event unfolded?”

Client:

“Ok, so, as this event began, I felt panic rising when I saw my mother in such pain and upon seeing the blood and mucous. From within my own body, I felt a heating and a speeding up to the point where time seemed not to exist. The next emotion I can identify from this scene is a strong sense of helplessness as I felt that my efforts to provide comfort and help were useless and feeble. And then, like, shame for not being a better caregiver for my mother when she needed me. I felt such a strong sense of how well she had nurtured and comforted me. I was also
ashamed and embarrassed that I gave the impression to her that I was afraid to touch her bodily fluids. I still feel... I don’t know, like, stuck because I couldn’t, I did not help her.”

Therapist:

“That sounds so very jarring, to try to shift into a caregiver role for your own mother, who had been your caregiver for most of your life up to that point. It can certainly be a shock to the system when these roles are reversed, and especially when this reversal occurs outside of our control. What happens is a jump-starting of the grief process as you watch a parent deteriorate like that; some researchers even refer to it as “anticipatory orphanhood” (Moss & Moss, 2007, p. 258). Quite frankly, I don’t know if I could have responded much differently in that situation.”

Client:

“I guess I’ve never thought of it like that before.”

Therapist:

“What rating would you give your stress level now, after processing this event with me?”

Client:

“It’s still so real and overwhelming. I guess it helps to be in here talking about it, rather than just lying in bed thinking about it by myself. So, I’d put it at a seven right now.”

Therapist:

“Now, bring the image of this scene back to your mind once more—of you standing helplessly watching your mother in her suffering. I want you to imagine that you freeze this scene by pressing “pause” or “stop,” and then imagine that you have access to a knob that dims this picture until it appears gray and blurry, or that you are dimming the lights on the stage of this scene... then, I’d like you to imagine that you take a snapshot of this dim scene, and store that snapshot somewhere in your mind where it is less accessible to you. You’re not erasing it
completely; just filing it away. Can you show me where in your mind you do this by pointing that part of the brain?”

(The client points to a spot near the top and back of her head.)

Client:

“That’s where it’ll go. It’s not so much in the forefront now, and I’ve put it in the drawer of a file cabinet back there.”

Commentary:

Here, the therapist shifts to the client’s recollection of the emotions she felt during this event, using the techniques of reflection and summarization to encapsulate the client’s narrative and ensure that accurately understands what the client is communicating. The therapist also provides psychoeducation on the grief process to help reframe the client’s thoughts and feelings that she somehow “failed” her mother with her attempts at caregiving, as does her owning statement that she, too, would have probably responded similarly in that situation. Finally, the therapist returns to the video/ stage analogy by asking the client to dim the scene, thereby lessening its impact and creating distance, and to file it away in her brain where it becomes more difficult to access. This action is an anchoring technique wherein the traumatic memory does not go away completely, in recognition of the fact that memories cannot simply be erased, but becomes less painful and intrusive, giving the client some control over how the memory continues to affect her.

Therapist:

“In this session, we’ve focused on the negative aspects of the loss of your mother. The memory we talked about today shows just how painful this experience was, and remains, for you. Let’s shift our focus to the positive with the time we have left for today. As I said when we first
started this process, we’re going to work with some positive memories you have with your
mother and connect those memories to some physical objects that somehow also remind you of
her. So, before we meet again next week, I’d like you to reflect on some of the good, warm-fuzzy
memories you have of your mother. As you do that, spend some time looking around your house
for objects you’ve kept that remind you of her. If you wish, you can start by gathering these
mementos, which may help you generate some memories associated with her. Or, you can start
by generating the positive memories, and then finding the mementos that correspond with them.”

Client:

“Gosh, there’s so much of her stuff lying around the house. I mean, it’s more than just
stuff...it’s all important. And so many memories... Mom was really active in my life. She worked
so hard to teach me, to show me, about life and how to be a good person in the world. How can
I... how do I pick just one or a few?”

Therapist:

“What is one way your mother taught you to be a good person in the world? What did—
what does that look like for you?”

(The client takes a minute to think about this question; then, her eyes light up and she
becomes more animated.)

Client:

“Animals! Animals! She loved animals, all animals! Well, she didn’t care for some,
like, she didn’t really like fish and reptiles all that much, like, she didn’t wanna touch those, but
she showed me that they all play a part, that they can all work well together, because they’re all
necessary, they all have their places in the world. So she showed me how to treat animals and
you know, including humans, with respect. And now I’m like, kind of obsessed with animals. I
actually do like the creepy-crawlies. I even used to be afraid of dogs, and now I love them because she brought home our first family dog.”

**Therapist:**

“Excellent! So, take that energy, that motivation, home with you today, and use it to generate some of those happy memories of animal interactions with your mom. You may wish to write down or audio record them, or just store them in your head for next week, when we meet again. And, the mementos that you bring in to session will go into the construction of your own healing-gram, which will serve as a concrete anchor that you can access in real time to connect you back to those positive memories, whenever you need them.”

**Commentary:**

The therapist begins this part of the session by acknowledging and validating the difficult work the client did, and then shifts to a more positive focus. Doing so serves two purposes: first, it is important that the client not leave the session immediately after processing this traumatic memory, and second, the shift toward the positive helps prepare the client for the work she is to do to get ready for and anticipate the next session. The therapist gives the client some leeway in how she chooses to do this assignment. The therapist asks a question about how her mother influenced her to help the client narrow down her choice of memories and corresponding healing artifacts so that the client can approach this task with a sense of direction and motivation. By doing so, the therapist recognizes that rather than disconnecting and moving on from her mother, the client can more easily move into a space of healing by reflecting on and putting into practice the teachings her mother imparted to her. With this therapeutic maneuver, the therapist applies newer models of loss, grief, and healing that support continuing bonds with the object of loss, including Stroebe and Schut’s (1999) dual process model (DPM) of coping with bereavement,
Hagman’s (2001) formulation of mourning, and Neimeyer’s (2001) meaning reconstruction of grief theory. Furthermore, the therapist also intentionally puts into practice certain tenets of Relational-Cultural Theory (RCT) (Miller, 1986) in which the therapist recognizes that key aspects of this client’s continuing psychological development stem from her mother’s modeling of mutual empathy (in this case, empathy toward all creatures), and the client’s resultant empowerment from learning and performing acts of empathy—a construct in RCT termed *relational empowerment*. The client can continue her relationship with her mother despite the absence of her mother’s physical presence, as well as increase her motivation toward ongoing connections with others in her world (Miller). By doing so, the client can also honor the ecofeminist principles, attitudes, and behaviors instilled in her by her mother: actively caring for and nurturing nonhumans, humans, and nature, while recognizing the interconnections between all beings. The client can therefore activate Kirmayer’s (2004) two highest levels of healing mechanisms, which includes communal rituals and care for environmental activism.

Session #2, One Week Later:

**Therapist:**

“Katie, let’s take a look at the memories and mementos you brought to session today. Tell me about your process in selecting these things.”

**Client:**

“Well, I started looking for photos of Mom with the dogs, and I found this one. This picture is how I prefer to remember Mom: surrounded by her dogs, Eve and Red, comfortable, happy, healthy, smiling...”

**Therapist:**
“That’s beautiful! Now, I’m going to ask you to talk me through this moment in time, captured in this photograph, in much the same way that you recalled the painful memory during your mom’s illness last week in session. What can you recall about this moment captured in this photo? What was happening? What thoughts went through your head at the time, and what do you think now about the memory? How would you describe your emotional experience during the event, and now years later, as you gaze at this photograph?

Client:

“I actually took this photograph when I was nineteen. I think I was home from college for Spring Break, and Mom was lounging on the couch, as she often did at night after work. The bigger dog on the floor—that’s Eve, the first dog I established a close relationship with—was looking up at Mom, while the smaller one—that’s Red, whom we had just gotten a couple of months earlier, over Christmas Break, was looking down at Eve. And see, Mom was so happy and healthy, and she just adored those dogs.”

Therapist:

“Yes! Last week you mentioned that your mom was very instrumental in teaching you how to care for all living things... it seems like she modeled that behavior for you, and that outlook of respect.”

Client:

“Yes, yes! Her love for living things—people, other animals, even plants—was, like, almost... contagious. As I stood there and took this photograph, I was laughing, and I remember thinking how lucky I was to have that moment. I just felt so happy. But I remember also feeling, like, a sense of longing, because a part of me wanted to stay there with her and those dogs forever, like, I didn’t wanna go back to school and leave them.”
Therapist:  

“So there were some mixed emotions there, being happy in that moment yet knowing that it wouldn’t last forever. As you talk about this picture, it seems that you really think, and have a felt sense, that your mother, surrounded by her dogs, were safe. You felt safe in that space there. This photograph, then, is a part of your healing-gram, you see, because it engenders those positive thoughts and feelings surrounding your mom. How do you rate your stress level right now, as you look at this picture and recall the memory attached to it?”

Client: Pretty low, I’d say... it’s a 3, because of the sense of longing I have about it.

Therapist:  

“Good. Now, let’s take a look at the other items you brought in today.”

Commentary:  

This session is focused on restoration-oriented processing with the healing-gram construction and corresponding processing of positive memories related to the client’s mother. The therapist immediately begins this session by asking about the mementos and memories connected to them. She honors the client’s unique process in selecting them and guides the client through identifying the behaviors, cognitions, and emotions that correspond to the photograph. By this point, the client needs less direction in doing so because she has already gone through this exercise in the last session and because the therapist has provided thorough psychoeducation on the entire process. The therapist offers a reflection statement that succinctly gets at the gist of what the client has stated, and immediately connects the photograph, memory, cognitions, and emotions to the purpose of the healing-gram as an anchoring tool.

Client:
“Well, I’ve got some more stuff from around the house...it might be kinda random but I’ve got some yarn Mom used to knit with, and in this plastic bag here are tufts of dog fur from those dogs—corgis really do shed a lot, so there’s no shortage of fur around the house! And, maybe this is kinda weird, but I brought in Mom’s hairbrush that still has some of her hairs in it. I just can’t bear to throw it away. And then this dried rose petal, from my aunt Brenda’s funeral back in October.”

**Therapist:**

“Wow, thank you for sharing all these items that are so important to you! Now, just as you talked through your actions, thoughts, and feelings about that photograph, let’s do the same as we begin to assemble your healing-gram together. First of all, what would you like to do with these items?”

**Client:**

“Let’s see... I envision these things coming together in a sort of shrine to my mom, kind of like you sometimes see in Buddhist temples. So I want to place the photograph in the middle, because she’s the point of all this.”

(The client gently places the photograph propped up on the table.)

**Therapist:**

“Good, good. How would you bring the other items into the picture?”

**Client:**

“Hmm... I guess... I’d like to somehow connect them. I guess I can do something with the fur. See, when Eve was still alive, I made sure to gather tufts of her fur to keep forever, and I’m starting to do the same for Red’s fur. He’s still alive, but he is really old now. I feel like they

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need to be together, so I’m just gonna take these tufts here and put them next to each other, where they’re touching.”

(The client gently places the fur tufts nestled against each other and the photograph.)

**Commentary:**

The therapist continues to express empathic curiosity about the artifacts and the client’s reactions toward them. She prompts the client into actively constructing her healing-gram with the question of what she wants to do with the artifacts. The therapist also gently prompts the client to see these artifacts not as separate, but as an assemblage of forces that work together (Deleuze & Guattari, 1987) in the process of healing. However, the therapist recognizes that it is important to allow the client to work through this activity based on her own ideas, wants, and needs, and thus avoids being overly directive at this stage.

**Therapist:**

“How does that feel, Katie?”

**Client:**

“It feels really soft, really tender. I can still smell the slightly musty smell of the dogs… it’s a comforting smell, not bad at all. But this hairbrush feels really prickly, like it doesn’t mesh well with the fur. I’m not quite sure where this would go in this.”

**Therapist:**

“You don’t have to have an immediate answer. Let it come to you… what *feels* right to you?”

(The client takes a minute to think, and then begins combing through the bristles of the hairbrush.)

**Client:**
“I’ve got it! Fur and hair! I’m going to grab a few strands of hair here—my mom’s hair—and... and... I’m gonna combine it with the fur! That’s it! Her hair should be in the middle of those tufts! She brought us all together.”

(The client gingerly places the strands of hair in between the two tufts of fur. The therapist nods encouragingly.)

Client:

“That feels right. My memories of Mom are so tender, so it seems fitting that the soft fur and hair should be combined. My mom had soft, curly, auburn-colored hair, before the chemo...”

Therapist:

“Stay with that image of you mom before the chemo, as you like to remember her, in the picture. Imagine that picture of her emblazoned in your mind. What would you like to do now?”

Commentary:

As the dialogue continues, the therapist gently moves the client toward emotive imagery (Lazarus & Abramovitz, 1962) by eliciting how the client feels as she interacts with the healing artifacts. The client makes the connections between the physical sensations of the items (soft), the memories of how her mother’s hair felt, the scent of the dogs, and the emotions all of these artifacts generate. The therapist is in tune to the moments when the client begins to shift back to negative associations (e.g., the “prickly” hairbrush; her mother’s chemo) and gently redirects her to focus on the positive and to return to the empowering actions of building her healing-gram.

Client:

“Ok. I’m kinda worried that this fur and hair could like, easily blow away or something, like I need to anchor it somehow... oh yeah! I’ll take the yarn here and just wrap it loosely around the fur and hair. I snipped this bit of yarn from her knitting supplies bag. She used to sit
on the sofa, just like in the picture, and work on her knitting projects. It’s really soft too, because she would make thick socks with it.”

(The client loosely wraps the yarn around the fur and hair, and places it up against the photograph.)

**Therapist:**

“Katie, this is really coming together beautifully. You’re finding all these connections between your mother, the dogs, these mementos, and that tender memory you described earlier. It looks like you’ve got one memento left—the rose petal. Talk to me about that and how it might come into play in your healing-gram.”

**Client:**

“Thanks! Well, the rose petal is not directly related to my mom, but it’s connected in the sense that it came from Aunt Brenda’s funeral. She married my uncle, my dad’s brother, but she loved Mom and Mom loved her. They had similar personalities because they were both just so sweet. Brenda sort of took over as like a second mother to me when Mom died. They didn’t have any children of their own, you see. But... cancer took her too, so I saved and dried this rose petal.”

**Therapist:**

“Your aunt held space for you, through her loving actions and in her heart. It sounds like she knew that you needed a mother figure, and she stepped into that role.”

**Client:**

“Yes! Ahh, yes... I think I can put the hair-fur-yarn on top of the petal. The petal feels dry and kinda brittle, but it’s the perfect size and shape for the other things. It just... makes sense to me that I nestle the soft stuff on top of the petal.”
(The client puts the hair-fur-yarn on top of the rose petal and rests it against the photograph.)

**Therapist:**

“How do you rate your stress level in response to this bundle of artifacts you just put together, and the memories connected to them?”

**Client:**

“It’s at a 2 right now, because it’s soothing to have all these elements together. Like, I feel like Mom would want to be with her dogs, and Brenda and Mom would want to be together. Oddly, it’s like they’re all here together in this bundle, or traces of them, anyway.”

**Therapist:**

“Excellent! Take a minute to look at your healing-gram. What thoughts come to your mind in this moment?”

**Client:**

“I’m thinking... this is Mom as I prefer to remember her, The Great Mother, a Goddess emitting such warmth and comfort, drawing in everyone, both nonhuman and human alike, with her grace and compassion. See how Eve gazes lovingly up at her! See how she returns Eve’s gaze just as lovingly, like a benevolent queen with her loyal subjects! This is who she was, who she is to me.”

**Therapist:**

“And what feelings arise for you as you gaze at it?”

**Client:**

“It’s... like a warming sensation that I can feel extending from my heart to the rest of my body. I feel comforted knowing that I can hold these things, re-arrange them, look at them. There
is a slight sadness and longing there too, but the warmth is the main thing. It’s almost like... it’s like Mom is here, in this room with us; it’s like her energy or something, that warmth. And yet, I can’t begin to tease apart where she ends and I begin here, in this warmth.”

**Commentary:**

Here, both mental/abstract imagery (Boswell, 1987) and emotive imagery (Lazarus & Abramovitz, 1962) are used as the client creates a positive and empowering image of her mother, complete with the cognitions, emotions, and physical sensations that go along with the image. On a micro-theoretical level, the relational-cultural theoretical (RCT) concept of the relational image arises from this image the client has constructed of her mother through the construction of her healing-gram; that is, this image embodies not only the client’s relationship with her mother in life and death, but also the relationships the client maintains to nature and the nonhuman, and the performances enacted within those relationships. Miller (1986) wrote that the outcome of relational images “... is that we carry within us a base for the courage and the desire to continue to keep trying to express our experience within connections to others” (p. 10). On a macro-theoretical, ecofeminist level, this interaction and resulting image reinforces the importance to this client of connections to nature and the nonhuman, relationships among women, and even spirituality as she describes her mother as The Great Mother and as a Goddess. Finally, this therapeutic dialogue is an example of an embodied moment of spectral data as the client senses her mother’s energy in the room (Nordstrom, 2013). The binaries between the dead and the living, nonhumans and humans, and nature and culture collapse in this powerful moment.

**Therapist:**

“Oh, Katie, that’s lovely. I can sense something quite powerful in this room right now.
I’m wondering if you can assign a value, between one and ten, to your current stress level as you experience your healing-gram right now, in its entirety?”

Client:

(The client takes a deep breath and lets out a long sigh). “Ahhhh... 1.”

Therapist:

“In consideration of both the traumatic memory we processed last week, and the positive memories and healing-gram in its entirety, what would you assign your stress level? In other words, how does your healing-gram affect your behaviors, thoughts, and emotions as you think about all these things together?”

Client:

“Hmm... let me think about that for a moment.” (The client takes a minute to think). “Ahh, ok. I think it’s at a 4 right now, because I felt the same sense of dread when I went back to the bad memory, where my mom was so sick, but I imagined putting it back in that file cabinet deeper in my brain. I think that at this point, the memory is still really painful. I mean, it’ll always be, but the dogs’ fur, my mom’s hair, and the yarn has softened out the uh... the harshness of the memory. Hey! That’s kinda funny, how all the items that make up my artifact are really soft, downy things, and how they soften the sharp edges surrounding the memory, I guess. Does that make sense?”

Therapist:

“Absolutely. Sense-making can be valuable and is certainly important. But, it’s also about the emotional impact that it has for you. Finding what helps, and being active in that search and construction of what is healing to you, can lead you into what we call restoration-oriented coping (Stroebe & Schut, 1999). That is why we’ve been looking for even small, slight shifts that
occur in this whole messy process of helping and healing through your grief. Do you recall how you stored away the negative image from that painful memory we processed last week, using the analogy of a file cabinet deep in your brain?”

Client:

“Yes, I do.”

Therapist:

“I’m going to ask you to do something similar. As you look at your healing-gram here in front of you, complete with the corresponding thoughts and feelings that you just verbalized, imagine that you have access to a knob you can adjust that makes this picture appear as clear and bright as you can make it. Now imagine that you take a snapshot of this scene, and store that snapshot somewhere in your brain where you can very easily access it. Show me where in your brain this would be located.”

(The client points to a spot right in the center of her forehead.)

Client:

“It would be... right here. I want it to be in the forefront.”

Therapist:

“Good, good. And where do you plan to display your healing-gram?”

Client:

“I’ve got a little table by my desk where I do my work at home, the same desk where Mom used to do her work. That’s where it’ll go.”

Therapist:

“So now, every time you begin to feel overwhelmed by the sadness of losing your mother, I want you to use your healing-gram as leverage against the painful memories that tend
to leave you feeling frozen in your grief. I’d suggest taking a photograph of your healing-gram that you can take anywhere with you when you might need it. And, when that’s not possible, you have the photograph of your healing-gram emblazoned in your mind, easily within reach.”

Client:

“I have a feeling I’ll be needing it a lot! I get stressed out pretty easily, and there’s a lot going on.”

Therapist:

“Your healing-gram—the image of it in your mind, and the actual concrete objects that comprise it—is a tool that is meant to be used to anchor the positive memories you have with your mother. This week, as you go about your life, you can practice combating your stress with your healing-gram, which means that every time you begin to feel overwhelmed, and those negative memories pop up, I want you to immediately replace those thoughts and images with your healing-gram. If you’re at home, you can go to the table where you plan to put it, and look at it, perhaps hold the different parts of it, even rearrange it if you feel like it. If you’re not at home, you can get out the photograph of your healing-gram, or gently touch your forehead, right in the middle where you pinpointed where you’ve stored the image in your brain. The more you utilize it, the stronger the association to those positive memories will be, and over time it will become easier to use as a coping mechanism.”

Commentary:

The therapist summarizes the session and reinforces the purpose of the healing-gram as a practical tool that the client can access outside of session. The therapist offers suggestions as to how the client can utilize this tool, especially during times of stress. The client therefore has a
therapeutic homework assignment to work on before the next session. Figure D2 on the following page depicts the client’s healing-gram.
Figure 4. The Curious Gaze of Love, Again. This photograph is the healing-gram that I, as the client in this therapeutic example, have constructed.
Session #3, One Week Later:

Therapist:

“Katie, you mentioned that you’ve got a lot going on lately, so we ended our last session with an assignment for you to put your healing-gram to use when you’re confronted with a stressful, overwhelming, or even traumatizing situation. How did your week go since our last session?”

Client:

“It was definitely stressful. It’s nearing the end of the semester so it’s pretty hectic. I mean, that’s to be expected, and of course life always seems to throw some unexpected stuff at the busiest times. So, you know the dog Red that I’ve been talking about?”

Therapist:

“Yes, he’s a pretty big part of your healing-gram.”

Client:

“Well, he’s... not been doing that well lately. He’s been developing arthritis and also is becoming incontinent, which is not surprising since he’s, like, ninety-something years old in human years. So a couple of weeks ago we started him on a new treatment for the arthritis which is supposed to also help with the incontinence—it’s also related to the nerve pain in his lower back. The treatment doesn’t even seem to be working; he’s having more and more trouble getting up from lying down and he can’t even get up or down the stairs on his own anymore. So the other night, I was working on my paper, and I took Red out in the grass to go to the bathroom, and he just sat there and looked at me, and he couldn’t, he couldn’t lift up his back legs. I had to place my hand under his stomach and gently lift him up so he could go. Then, I brought him
back inside and sat back down to work again, and I just really was having trouble concentrating. Like, I stared at the same two sentences for like fifteen minutes.”

Therapist:

“It’s never easy to watch a loved one suffer, and our companion animals are no exception. Katie, in much the same way that we’ve gone through the behaviors, thoughts, and emotions of other events, I’m wondering if you can identify those for this situation with Red. You’ve already described what happened and how you responded behaviorally, so talk me through your thoughts and emotions as this was happening.”

Client:

“Ok, so I was thinking, ‘Oh God, here we are again, and I don’t wanna be here again, in this space where I’m watching helplessly as someone I love is in pain and getting closer to... dying.’ I felt scared that I would accidentally hurt Red while trying to help him, like, I’m afraid that even touching him, he’ll feel pain, and I want him to know that I don’t mean to hurt but that I want to help him. So I felt fear, and helplessness, and that awful heavy feeling that extends all the way from my throat, down to my heart, and down to my stomach, that feeling that signals that I may have to say goodbye soon. It felt very much like how it was when I was watching Mom vomiting up all that blood and mucous...”

Therapist:

“That encounter with Red, and the accompanying thoughts and feelings, must have felt all too painfully familiar for you, as it seemed to pull you back to that traumatic event with your mom—‘Traumatic Event # 5’. How would you rate your stress level at the time this happened?”
Client:

“Gosh, in that moment, it jumped up to an eight, because it did take me back to that memory, and yet I still had a lot of work to do on my paper that night.”

Therapist:

“You indicated that you had trouble getting back to work after this happened, and we’ve already identified how that pattern has been affecting you in your life. What did you do to work against that stuck place in which you found yourself, in that moment? What did you do differently this time?”

Client:

“As I was sitting there at the desk, I looked over to the table where I put my healing-gram, and I just had to be close to it, like, I knew I needed to do something. I looked at it for awhile, and then... this might sound kinda weird, but I took the bundle of dog fur, Mom’s hair, and red yarn, and just touched it to my forehead, right in the center, sort of like you had me do in the last session.”

Therapist:

“That’s not weird at all. In fact, that’s putting your healing-gram right to work, as leverage against the stressful incident of seeing your dog in such pain. That’s very good work, indeed. So now, walk me through the accompanying thoughts and feelings you experienced in that moment.”

Client:

“I thought to myself, ‘Katie, it’s ok. You’ve been through this before but it doesn’t have to break you. You can take care of Red and also take care of yourself.’ And then I imagined that somehow, the image of my mom in my head connected to the fur-hair-yarn bundle, like I was...
activating something positive. I tried to approach it almost like a meditation, and I imagined that the warmth I got from my Mom in the image of her as happy and healthy was like rays of golden light that shone from her to me, and to Red. And it was... really strange but cool, how I actually could feel the warmth on my skin, on my forehead, and then I started to feel this tingling sensation all over, like a chill but not in a bad way. I felt that warmth and comfort that I really needed, at that time.”

**Therapist:**

“Excellent work, Katie! How did using your healing-gram affect your stress level of that event with Red?”

**Client:**

“How... I’d put it at a four. I still felt somewhat stressed and definitely sad, but the healing-gram just sorta softened it all out. It just felt... less intense, less overwhelming. And now I’m like, you know what? I’m gonna do what I can to help Red, but I’m also gonna take care of myself and also get my work done. I can do this.”

**Commentary:**

This session illustrates how the client put her healing-gram to use, as a therapeutic homework assignment, in response to a stressful event involving her anticipatory grief over her aging dog’s illness and impending death. Multiple levels of Kirmayer’s (2004) hierarchy of healing mechanisms have been activated in the following ways, both inside and outside of session. First, when the client took the fur-hair-yarn bundle and touched it to her forehead, she engaged the brainstem through gentle touch and sensory stimulation, which served to lower her anxious arousal in response to the upsetting event. The client also targeted her limbic system by moving closer to a strong source of emotional attachment and support for her—her mother’s.
photograph positioned at the center of her healing-gram. When the therapist prompted the client to recall her thoughts in that moment, the client related how she utilized positive, motivating self-talk as a form of cognitive restructuring that directly affects both the left and right hemispheres of the brain through language and accompanying imagery. By stating her commitment to care for both Red the dog and her own needs, the client reaffirmed the healing value of helping self and also helping others at the individual, familial, community, and societal/environmental levels. The graph of the healing-gram effects described in this session is depicted in Figure 12 on the next page.
Figure 5. Healing-gram: Katie. This is my healing-gram documenting the effects of the healing-gram construction exercise and practice in mock therapy sessions two and three. Each event from this exercise depicted on this graph is described below in the order in which it occurred during the mock therapy sessions and according to the labels I have given each event in the legend of this graph:

**Event 5**- One of the key events that was processed during traumagram construction in the first mock session. On her traumagram, the client rated her stress level from this event as 10 when it occurred at age 24 and as 8 after recalling this memory in session, at age 33.

**Photo**- The photograph of the client’s mother and two dogs. After processing this artifact and the memory associated with it, the client rated its effect on her current stress level as 3.

**Hair-Fur-Yarn-Rose**- The bundle of artifacts the client nestled together as she continued her healing-gram construction and processing of associated memories of her mother, the two dogs, and her aunt. The client rated the effect of this tiny artifact assemblage on her current stress level as 2.
Figure 12 (Continued). **Entire Healing-Gram** - After constructing and reflecting on her healing-gram comprised of the aforementioned artifacts, the client rated its overall effect on her stress level as 1.

**Event 5 After Healing-Gram** - The client’s assigned stress level rating of 4, after reflecting simultaneously on traumatic event #5 and her healing-gram. This directly illustrates the use of the healing-gram as a counterpoint to supersede the traumatic memories graphed on the traumagram.

**Event 11 Before Healing-Gram** - The client’s stress level rating of 8 right after the upsetting event involving her aging dog that occurred between therapy sessions two and three. This event triggered the client’s past memories of watching her mother’s health deteriorate.

**Event 11 After Healing-Gram** - the client’s stress level rating dropped from 8 to 4 after she utilized the healing-gram outside of session, in response to event 11.
In this chapter, I put the theoretical model I built for the healing-gram into action. As the representation of this study, the healing-gram serves as both the coalescence of my personal work on grief, loss, and healing and as the practical outcome of this study. I therefore shifted between my intensely personal experiences and the wider macrosystemic milieu in which I live my life to accomplish my goal of generating an empathic therapeutic tool that extends beyond me to others who are struggling with loss, grief, and self-care. I created a therapeutic protocol as a manual to be used by mental health therapists to assist clients in building their own healing-grams as an empowering and creative way to work through grief.

I wrote the majority of this chapter as sample dialogue occurring over several sessions between a client and a therapist to illustrate the healing-gram protocol in practice. The snippets of dialogue are interspersed with commentary in which I give the rationale for the actions and statements of the therapist based on the macro- and micro-theoretical frameworks with which I have been working and my prior learnings on evidence-based counseling practices. In this dialogue, the client and therapist work together to process the client’s traumatic grief memories using Figley’s (1989, 1990) Traumagram protocol as adapted by James and Gilliland (2017) to examine clients’ loss timelines and to assess for the presence of complicated grief. The resulting graphical display of clients’ stress levels on this loss timeline then serves as a baseline by which clients and therapists can view the effects of the clients’ healing-gram construction as measured by their self-reported stress level ratings after utilizing their healing-grams both in session and in their daily lives. This therapeutic tool thus serves as a concrete anchor for positive memories and artifacts related to the object of loss when clients are confronted with subsequent loss events or times of stress.
Chapter Six

A Research Story

I embarked on this study from a space of loss and pain from my experience of prolonged grief following the death of my mother and subsequent deaths of other loved ones. From this space, I formed the purpose of this study. The purpose of this ecofeminist poststructural performative autoethnography was to explore my own personal journey through prolonged grief, conceptualized as a grief assemblage, while critically examining the functionality of preexisting thought and practices on loss and self-care. My research questions are:

1) Who and what constitutes a grief assemblage?

2) How does a grief assemblage—a fluid entity of nonhumans and humans that somehow functions together—produce me as a woman, a graduate student, and a counselor?

3) How can a reconceptualization of grief as assemblage expand thinking and practices on loss, grief, and self-care?

4) How can an applicable, customizable tool arise from this work that can further the aim of helping others heal from grief and engage in self-care practices in therapeutic settings?

In this chapter, I offer connections between the theories, preexisting literature, data analysis, and representation that I presented in chapters one through five, in consideration of the stated purpose and significance of this study and the research questions that guided my work. To perform this work, I first address my first two research questions as I reflect on the analysis I conducted in chapter four using photo-text to present alternating pages of photographs and conversational text (Nordstrom, 2013, 2015). I then connect my last two research questions with chapter five. To conclude this final chapter, I also offer possible directions and recommendations for future research and practice on this topic.
An Infinite Story

In traditional research projects, this chapter would be termed conclusions and would offer a neat summary of the research I have conducted, and answers to my research questions. However, I conceptualize this chapter as part of a continuous narrative on loss, healing, and self-care. This ongoing story is about death, life, sorrow, and love, and how others and I can take action in healthy and affirming ways despite the pain of loss that we all inevitably face. The voices of so many characters have helped me narrate this story; I know some of these characters intimately, while there are some I do not know yet, and still others I may never know.

Throughout this project I have used my mother’s garden as a literal and metaphorical space within which to do my work, so in this chapter I return to her garden—our garden—as a fruitful and healing space that helps me, and all these other voices, tell our story. This story, then, is also about opening up space to tend and to nurture.

A dark, stifling space. In chapter one, I discussed how I began this study from a decidedly dark, confusing, and stifling space in which I vacillated between work, achievement, and a supposed forward progression on one hand, and overwhelming grief, depression, and stagnation on the other hand. I felt mired in one of these positions at any given point in time, so I grasped for what I thought to be true. I thought that I knew one thing, which was that if I worked hard enough, if I just kept plugging along, I could be that person who has it all. I could be that graduate student who goes above and beyond, while balancing work, family obligations, a social life, and the enormous heaviness of grief. However, the image that I strove for, and the accompanying roles and actions I thought it took to maintain that image, did not fit for me, as I found myself constantly bumping back and forth between the extremes of achievement and despair. Herein began my identification of the problem on a personal level—that the attempts I
made to heal and move on from grief were not working well. That personal realization led me to question the issue on a societal level, in keeping with the aims of autoethnography as an inherently political endeavor, as specified by Chang (2008), Conquergood (2002), and Denzin (2003). Specifically, I began to ask where this image of achievement and forward progression was coming from, and what continued to sustain it. I simultaneously questioned how Western society does grief, and what it offers its grieving members for healing from loss.

As I examined my personal grief experiences against the backdrop of the society in which I operate, I found myself sifting through complex layers of societal structures—patriarchy, capitalism, and death-defiance—and accompanying metanarratives that carry implications for the identified issue. I found that functioning successfully in such a society often means adhering to values that are antithetical to carving out time and space in which to heal from the upheaval of death and grief (Foote & Frank, 1999; Harris, 2009; James & Gilliland, 2017; Joffrion & Douglas, 1994). The characteristics of youth, strength, stoicism, and health that are needed for constant achievement and production leave little room for those who are aging, dying, and for those who desperately need the time, space, and resources to approach the healing process thoughtfully in ways that actually work for each individual. The rules that govern this type of society therefore state, in overt and covert ways, that painful experiences like illness, death, and grief should ideally be sequestered, quickly and quietly, into corners and behind closed doors. I saw that my attempts to fit my grief into tiny, sequestered spaces overlapped with this overall societal trend. The need to compartmentalize my grief felt even greater as I simultaneously began my doctoral program of study and began working in the mental health field; my literature review of the demands faced by graduate students and mental health workers details the pressure that is entailed by engaging in these pursuits.
Renegotiations for hope. After reviewing the broader onto-epistemological critiques of how death, grief, and self-care are enacted and sustained over time in Western society in chapter two, I turned to the counseling-specific literature on this topic. I found that theorists and practitioners were renegotiating older models of loss and grief to allow for the development of newer models that reflected key changes in how those in the helping field conceptualize and respond to the experience of loss. The models with which I have worked most closely include Stroebe and Schut’s (1999) dual process model (DPM) and Neimeyer’s (1998, 2001) meaning reconstruction model. Thus, the isolated figure of a grieving individual moving passively along a forward trajectory through universally applicable stages to achieve an end goal—a break with the object of loss—is beginning to be replaced with a different character. This character is actively immersed in a complex interplay among multiple levels of society to recreate an experiential world where both healing and maintained bonds with the object of loss is possible. Indeed, the idea that I can maintain my relationship with my mother resonated poignantly with me, for I have wondered how I can tend to this broken heart that still yearns so desperately for her.

At this point in my narrative of this research journey, I had reviewed a large amount of the literature on the identified issue of healing through complicated grief, in addition to all of the problems that, for me, were offshoots of the larger issue. These were the problems I encountered as I tried to fulfill the role of graduate student among a myriad of other competing roles: counselor, daughter, aunt, niece, friend, girlfriend, woman, and human. I understood all of the concepts I have described above and throughout these chapters in my mind, on an academic level. I needed to find a way to somehow communicate these concepts to my heart, which can be a stubborn organ. After all, the heart communicates differently than the mind, and broken hearts can be particularly unruly.
A plot twist. A much-needed, fruitful plot twist entered into this story and disrupted my stagnation. In the overgrown garden crowded with weeds, tiny buds began to push through the soil and up to the surface; they clearly needed tending. These buds are the poststructural concepts of the threshold (Deleuze & Guattari, 1987, as developed by Jackson & Mazzei, 2012) and the assemblage (Deleuze & Guattari, 1987). I will forever be indebted to these concepts, and to those who introduced me to them. The threshold is that excessive space in which I found myself; it is an uncomfortable space that is crowded with images of this woman who can do it all, and accompanying metanarratives about what it means to be successful. This space is also congested with images and messages about how to heal quickly and quietly in order to get back to work. The problem that I encountered during my occupancy of this space is that there was very little room left for healing movements and self-care practices that actually worked, particularly in terms of my own identified issue of prolonged grief bumping up against all my competing roles.

A space that works well. To a large extent, this study tells the story of me breaking out of this threshold. Of course, in breaking out of this space, I needed to plug in to a different space, one that does work for me, which is the assemblage. The assemblage is the beating pulse that spurred my actions throughout this study and helped to bridge the gap between a cognitive understanding of my work and a felt, embodied sense that my broken heart needed. So, this study also tells the story of my movements in the assemblage, which I first conceptualized as a grief assemblage and which brought to fruition a healing assemblage. My first research question concerns who and what constitutes a grief assemblage, which I conceptualize as a fluid entity of nonhumans and humans that somehow functions together. My second research question asks how this grief assemblage produces me in the various roles I inhabit. I realized that, just as my broken heart needed tending, so too did my mother’s garden. As a key protagonist in this
narrative, her garden had much to say. It beckoned me to step away from my books, journal articles, and computer, asking me to get out of my head, into my body, and into the garden.

**Self-interrogation.** I therefore embarked on the task of tending to my mother’s garden. As I worked there, curious shifts occurred in both the physical landscape of the garden and the emotional geography of my heart. As the garden perked up, I began to experience increased energy, motivation, and improved mood as described in studies documenting the therapeutic value of immersion in the natural world (Conradson, 2005; Foley, 2011; Hansen-Ketchum, Marck, Reutter, & Halpenny, 2011). I began to change in other ways, too. As I became immersed in the task of coaxing my garden back to life, I began to interrogate my previous notions of identity as I figured out how to work well with the forces of the assemblage. This interrogation began as a practical matter, for the trappings of the woman I had tried so hard to be—the constantly-achieving Superwoman, with her admirable list of achievements, professional outfits and tidy hair—does not work well in the garden. A more functional character began to work, one who has forsaken the heels, businesslike skirt, and button-down blouse for bare feet and dirty fingernails, frizzy and tangled hair piled into a bun, and loose clothing covered in dog and cat fur. By embracing the messiness that comes along with gardening, I leaned into, rather than away from, my grief assemblage and instead approached it, as Spry (2006) related, “from that terrible liminal space” (p. 340) which formed the landscape of grief I had tried in vain to ignore.

**A character that works well.** The character that I am describing and becoming—the *performative-I*, is a woman who learns through her body (Spry, 2006). She never operates in isolation, but “rather as something that emerges within and through its relations to other people and events” as she is an inseparable force in “a dynamic assemblage of different entities, jostling and engaging with each other, continually evolving in a collective and distributed fashion”
(Conradson, 2005, p. 340). As this performative-I continued working, I observed what Conradson described in interactions with therapeutic landscapes as “an experience of physical extensivity crossing over to a particular sense of emotional expansiveness” (p. 344). The binary system of thought that initially produced the “I” that was the imposter-Superwoman gave way to a performative-I as I became more and more active in the assemblage as we continue to work together to produce this performative-I. Through the interrogation of the single, self-contained “I,” I came to move about with the assemblage as a plural “I” as the boundaries supposedly separating me from the other actors in the assemblage collapsed.

Just as the assemblage helped me to rework my previous conceptualizations of self, it also aided me in stepping outside of traditional ways of conducting research and thinking about data (Amatucci, 2013; Koro-Ljunberg & MacLure, 2013 Nordstrom, 2013, 2015; St. Pierre, 1997a, 1997b), which I explain in chapter three. The assemblage, as a dynamic constellation of infinite performances, necessitates the interrogation and collapsing of boundaries; at times, these movements happen so quickly and imperceptibly that efforts to pin down a stable thing, such as clear answers to research questions, becomes impossible (Deleuze & Guattari, 1987). By allowing the movements to happen freely and naturally, rather than containing them within a traditional research methodological and theoretical framework, I embarked on the task of working well with the assemblage. Doing so opened up landscapes teeming with the movements of the actors in the assemblage as sites where transgressive data irrupted. Performative autoethnographic methodology opens up an expansive array of research sites, including the living, breathing, feeling, performing body (Denzin, 2003; Spry, 2006, 2011). In this study, my mother’s garden is one such site, in addition to the undulating landscapes of my dreams and my memories. These landscapes have always already been fruitful sites for the transgressive data (St.
Pierre, 1997) I needed to consider in this endeavor of healing my broken heart and helping others do so.

Characters that hum, buzz, bark, crinkle, and crunch. In chapter four, I present my analysis of the transgressive data (St. Pierre, 1997) sprang forth through gardening, dreaming, remembering, and writing with artifacts that arose from my grief assemblage as an ongoing conversation between my mother, me, and countless other entangled entities inhabiting the landscapes of my body, mind, heart, dreams, and (our) garden. Ecofeminist poststructural theory informed my immersion in these performative landscapes, and I have come to realize that my mother has been teaching me all along about this theory and how it operates in lives both mundane and extraordinary. For example, my mother demonstrated that my human touch “ramifies and shapes accountability” (Haraway, 2008, p. 36) when she showed me how to engage with the natural world humbly and gently. A continual image that arose in my analysis of this study is that of my mother’s soft hands gently touching and holding tiny plant and animal forces in the assemblage, including dogs, insects, shellfish, herbs, and flowers. With these simple yet powerful actions, my mother interrogated the myth of “human exceptionalism” (Haraway, 2008, p. 32), thereby enacting a collapsing of boundaries between nonhuman and human and nature and culture. When my mother visits me in my dreams and in my waking life, or when I sense the pulsations of her beating heart within my living body, the divisions between the living and the dead also fade away, and we work well together—and with all the little characters that hum, buzz, bark, crinkle, and crunch—to generate the sensual, emotional, dream, (St. Pierre, 1997a) and spectral data (Nordstrom, 2013) that I analyzed through photo-text in chapter four.

Now, I write these sentences from an embodied position as a performer in the assemblage that has come to be my constant and very welcome companion. Although the image of the
superhuman woman I described earlier still haunts and draws me back in to the threshold from
time to time, I actively work against it as I cultivate very different roles and actions. Now, I
invite hauntings from a different specter, one that is much more real to me—the specter of my
mother: Master Gardener, Goddess, imperfect human, stewardess of nature, lover of sleeping
late, lolling about in rivers, and good food and wine. I have referred to this autoethnographic
study as one that tells multiple stories. I could say that my mother and I are the key protagonists
in this complex narrative that is a performance of grief, loss, and self-care, but that would not be
quite right. I have come to feel that there is no separation between my mother and me, and the
multiple roles we inhabit as we continue our performances together as part of this assemblage.
The arbitrary separations between my mother and me—our physical bodies, one dead, one alive,
and any notion of separate selves—collapse as I literally step into my mother’s shoes (practical,
comfortable, and definitely not high heels) and thrust my hands into the earth of our garden. This
space is where I can breathe. This space is what works for me.

Contagion. And so, I continue becoming real, becoming curious, reaching out to touch,
to gaze and to be gazed at, to respect, and to love... this is how I continue to tend to all these
things and am simultaneously tended as a healing bereaved daughter, broken but not shattered.
On the following page in Figure 13, I revisit a photograph in my analysis of my hand cradling a
large seashell cradling a smaller shell cradling the bodies of a junebug, scarab beetle, and
bumblebee. Against these rests another shell in the shape of angel wings, and yet another shell
enclosing tinier shell fragments. Intricate layers of physical sensations, emotions, and memories
rise up, pick up speed, vibrating with heat and intensity, cool off, and fall back down only to rise
up again and again. My mother whispers to me, “KK, be gentle with these things... be gentle
“with yourself.” Thus, we all continue working well together as we are swept along the tragic and beautiful lines of flight of the grief-assemblage-becoming healing-assemblage.

Figure 6. Continue To Be Gentle.
An Empathic Epistemology

Helping others. I will now shift to a discussion of how to help others who are grieving conceptualize their grief assemblages and enact the performances of self-care needed to heal. My aim in conducting this ecofeminist poststructural performative autoethnography was not only to explore my own journey through loss, grief, and healing, but also to extend my explorations from the deeply personal to the wider systems in which these concepts operate (Chang, 2008). I therefore strove for a practical outcome of this work that furthers an agenda of caring; this empathetic epistemology to which Spry (2006) referred. However, in keeping with assemblage theory, the grief assemblage generated a healing assemblage. While both are practical assemblages as evidenced by my living these assemblages, the healing assemblage attempts to provide a useful tool for therapists in practice. My third and fourth research questions concern how a reconceptualization of grief as assemblage can expand thinking and practices on loss, grief, and self-care, and how an applicable, customizable tool arose from this work that can further the aim of helping others heal from grief and engage in self-care practices in therapeutic settings. I developed these questions to correspond with chapter five, in which I detail the construction of the healing-gram.

In developing the healing-gram model, one of my aims was to bridge the gap between micro-theories and techniques on loss and grief that already exist in the field of counseling, and the macro-theoretical perspectives offered by ecofeminist poststructuralism and performative theory that I put to work as I processed my own grief and healing assemblage. I needed a way to form a standardized therapeutic intervention that also honors the unique identity factors and idiosyncratic experiences of others mourning a loss. I found that the most useful approach to this task was to incorporate a few key preexisting counseling theories in a way that functions well...
with assemblage thinking and doing. At the beginning of this chapter I mentioned that Neimeyer’s (1998, 2001) meaning reconstruction of grief model and Stroebe and Schut’s (1999) dual process model of grief informed much of my research. As theories grounded in social constructionism, these perspectives offer hope and empowerment through positioning mourners as active participants in the grief and healing process, while also offering quite a bit more leeway in how people perform grief and healing as compared to older models.

I built Relational-Cultural Theory (RCT) (Miller, 1986), Brown’s (2008) model of social locations, and Kirmayer’s (2004) biopsychosocial hierarchy of healing mechanisms into the micro-theoretical level of my healing-gram model as well. Relational-Cultural Theory upholds the importance of connections that humans form with others in their experiential worlds. This theory posits that relational empowerment occurs when we learn how to perform empathy as modeled by key attachment figures in our lives (Miller). For individuals grieving a loss (or multiple losses), this kind of empathic learning could be an example of continuing bonds as found in the dual process model (Stroebe & Schut, 1999) as individuals continue to honor the teachings and legacies of lost loved ones. The social locations model (Brown) necessitates a consideration of all of the identity factors that are unique to each individual, which is a crucial consideration in helping mourners construct their healing-grams as they choose the artifacts and how they will maneuver them during this therapeutic intervention. Finally, the biopsychosocial model (Kirmayer) offers a holistic framework for healing that touches on all levels, starting at the individual, biological level and moving all the way up to wider sociocultural systems.

I have discussed how I utilized these micro-level theories to conceptualize the healing-gram model. I found that the application of ecofeminist poststructural and performative thought and practices, as macro-theoretical and methodological considerations that permeate this model,
offers an expansive and functional way to process grief and loss that can fill the gap I identified in the field of counseling and therapy, thus addressing my third research question. Putting this model to work resulted in the healing-gram protocol I developed and present in chapter five and Appendix E. Even within the confines of a standardized therapeutic template, I designed the healing-gram protocol, and demonstrated with the sample therapeutic sessions, to enable clients to move about freely as they construct their healing-grams. Throughout the sample therapeutic dialogue in chapter five, I show how therapists can provide a safe yet creative space for their clients to do this difficult work. Therapists enacting this intervention must be adept at guiding grieving clients through the processing of traumatic memories of loss events, which is accomplished by utilizing Figley’s (1989, 1990) traumagram protocol and results in a graphical depiction of these key events and their lingering effects that tend to multiply as clients encounter subsequent loss events in their lives.

Therapists then prompt clients to select artifacts that are connected to positive memories with lost loved ones; therapists must diligently honor clients’ personal, idiosyncratic approaches to the process of constructing their healing-grams. By giving clients ample time and space to engage in this process, therapists treat the therapeutic encounter as a performative assemblage in which clients actively configure, deconstruct, and reconfigure their chosen artifacts. In the sample therapeutic dialogue in which I play the role of the client, I demonstrate how I worked through my healing-gram construction by configuring seemingly-mundane objects: bits of dog fur, a few strands of my mother’s hair, red yarn, a dried rose petal, and a photograph, which is displayed on the following page in Figure 14.
I assembled these artifacts that formed my healing-gram fluidly during the course of this mock therapy session and utilized the healing-gram outside of session when confronted with the deteriorating physical condition of my aging pet dog, a triggering event which could have become a transcrisis event as it brought back painful memories of my mother’s intense pain in her illness. However, in taking the simple action of touching the hair-fur-yarn bundle to my forehead to activate the positive memories that connect these artifacts to my mother and the accompanying positive cognitions, affects, and sensations. In doing so, I interrogated the confines of time and the limits of my living body as separated from the absence of my mother’s physical body here on earth by interacting with objects that are very much alive with my mother’s molecules.

Just as therapists create graphical depictions, guide clients through the behavioral, cognitive, and affective components of traumatic memories of loss events, and have clients assign stress level ratings to these events, they also assist clients in doing so throughout the
construction of their healing-grams. Therapists and clients can then gain concrete representations of the effects of the healing-gram on clients’ stress levels when they are confronted with current and future stressful events in their daily lives. The graphical depictions and stress level ratings that are a part of this protocol are not meant to confine clients’ experiences; rather, they serve to visually cement the work that is being done inside and outside of session. The entire protocol is aimed at working against the pain contained in clients’ traumagrams by putting their healing-grams to work. The therapy space provides a controlled, safe environment in which clients can process their work before going out into their daily lives armed with the therapeutic tool, the healing-gram.

**Future Directions**

One of my aims in conducting this study was to produce a therapeutic intervention—the healing-gram—that can be utilized by therapists in the mental health field to help clients heal through loss and grief. This practical outcome of my study accomplishes that aim. Framing this intervention in ecofeminist poststructural theory and performative methodology allows for the fluid movements of the assemblage to help clients engage in different ways in order to work through their traumatic loss memories and enact healing actions. I hope that future research efforts will continue with the expansion of preexisting theories on loss and grief in the counseling field. I recommend that future research studies, both qualitative and quantitative, be conducted to assess the effectiveness of this tool and to see new and creative directions in putting the healing-gram protocol to work in practice. Quantitatively, the stress level ratings clients assign on their traumagrams before implementation of the healing-gram protocol provide baseline measurements by which clients’ stress level ratings after application of the protocol can be compared. Future qualitative research efforts could be conducted to further examine how each
client’s unique array of social locations and idiosyncratic experiences aids them in the construction and utilization of their healing-grams. Since the only real limitation is the extent of the imagination, I am interested to see how different individuals approach this process. For example, a healing-gram that is constructed and performed using interpretive dance will look and feel quite different from one that is crafted as the script of a play, or one that incorporates woodworking, knitting, or collages of pictures and words.

In keeping with the customizability of the healing-gram protocol, I would also like to see how practitioners apply it in different ways with grieving clients. In this autoethnography, I examined my own experiences of loss, grief, and healing as the primary “subject” of my study with the particular identity locations of being a young, white, middle-class, able-bodied woman, graduate student, and counselor. Future research and practice efforts therefore need to consider how to adapt this protocol to a widely varying population of mourners, including older adults, disabled individuals, People of Color, people from other cultures, and even children and teenagers. The sample dialogue found in chapter five details individual therapist-client interactions, but the protocol could potentially be adapted for group work in order to serve a larger number of clients. Putting the healing-gram to work in group practice would also necessitate considerations of how client interactions with others in the group affect the overall process. I believe that this protocol can build on prior studies, such as that by Conradson (2005) that examined how disabled clients negotiate loss of ability and self-care through therapeutic encounters with a rural landscape.

Regarding my own continued work with the assemblage and the healing-gram protocol, I would like to expand on and continue my analysis of the artifacts that irrupted through my grief assemblage-turned-healing assemblage. I found that such a dizzying array of artifacts moved
about in the landscapes of my garden and my dreams, memories, body, mind, and heart, that it was difficult to reach a stopping point in thinking and writing with them. Therefore, I see this work as an ongoing project that I hope to publish as a larger manuscript in the future.

Not-Ending

At this point, I must give space to “conclude” this chapter and this manuscript. As I alluded above, this space is not a stopping point, but merely a place to rest for a while as I gather my thoughts and reflect on this journey that is my dissertation. As I sit writing these words, my mother’s ancient corgi, Red, snores as he sleeps by my feet. As I turn to gaze at him, I gaze at the assemblage of artifacts I have gathered, so many of which I could not include due to time and space constraints of this project. As I look at the bedraggled stuffed bunny that my father, as an infant, cried, slobbered, and loved on, that remains haunted by his mother, my grandmother Katie, the words to the beloved children’s book *The Velveteen Rabbit* (Williams, 1922) come to me in this space:

“What is REAL?” asked the Rabbit one day, when they were lying side by side near the nursery fender, before Nana came to tidy the room. “Does it mean having things that buzz inside you and a stick-out handle?”

“Real isn’t how you are made,’ said the Skin Horse. “It’s a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become Real.”

“Does it hurt?” asked the Rabbit.

“Sometimes,” said the Skin Horse, for he was always truthful. “When you are Real you don’t mind being hurt.”

“Does it happen all at once, like being wound up,” he asked, “or bit by bit?”

‘It doesn’t happen all at once,” said the Skin Horse. “You become. It
takes a long time. That's why it
doesn't happen often to people who
break easily, or have sharp edges, or
who have to be carefully kept.
Generally, by the time you are Real,
most of your hair has been loved off,
and your eyes drop out and you get
loose in the joints and very shabby.
But these things don't matter at all,
because once you are Real you can't
be ugly, except to people who don't
understand.”
Figure 8. A Grief Assemblage Becoming Healing-gram, To Be Continued. My own velveteen rabbit is nestled between the clay pot and the velvet bag with Eve’s ashes.
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Appendix A: Personal Healing-Gram Model

Assemblage:
- Living/Dead
- Nature/Culture

Ecofeminist Theory

Kirmayer’s Biopsychosocial Hierarchy of Healing Mechanisms

Social Locations Model

Performative Theory

Meaning Reconstruction Model

Relational Cultural Theory

Social Constructionism

Dual Process Model

Healing Actions:
- Immersion in nature
- Horticulture Therapy

Healing-Gram

Ecofeminist Theory

Dual Process Model
Appendix B: General Healing-Gram Model

Healing-Gram

Healing Actions

Meaning Reconstruction Model

Social Constructionism

Relational Cultural Theory

Dual Process Model

Kirmayer’s Biopsychosocial Hierarchy of Healing Mechanisms

Performativity Theory

Assemblage

Social Locations Model
### Appendix C: Implementation Schedule

<table>
<thead>
<tr>
<th>Dates</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2017 - August 2017</td>
<td>• Read scholarly literature and continue gathering resources</td>
</tr>
<tr>
<td></td>
<td>• Developed dissertation proposal</td>
</tr>
<tr>
<td></td>
<td>• Met and corresponded with dissertation committee members</td>
</tr>
<tr>
<td></td>
<td>• Worked on healing garden, gathering of artifacts, and writing</td>
</tr>
<tr>
<td></td>
<td>• Worked on self-care practices</td>
</tr>
<tr>
<td>August 2017- November 2017</td>
<td>• Applied to IRB for review and determination of exemption of this study as Human Subjects Research</td>
</tr>
<tr>
<td></td>
<td>• Meet with dissertation committee members to submit change of dissertation committee forms and to discuss the proposal</td>
</tr>
<tr>
<td>November 2017</td>
<td>• Defended dissertation proposal to committee members</td>
</tr>
<tr>
<td></td>
<td>• Edited proposal as needed per committee members’ suggestions</td>
</tr>
<tr>
<td>September 2017 - May 2017</td>
<td>• Assembled data as it unfolded</td>
</tr>
<tr>
<td></td>
<td>• Prepared analysis and representation of data as it unfolded</td>
</tr>
<tr>
<td></td>
<td>• Wrote chapters 4, 5, and 6</td>
</tr>
<tr>
<td>June 2018</td>
<td>• Defend dissertation</td>
</tr>
<tr>
<td>June-July 2018</td>
<td>• Edit dissertation as needed per committee members’ suggestions</td>
</tr>
<tr>
<td>July 2018</td>
<td>• Make final preparations for graduation</td>
</tr>
<tr>
<td>August 2018</td>
<td>• Graduation</td>
</tr>
</tbody>
</table>
Appendix D

Guide to Construction of My Personal Healing-Gram

- Sites of data assembling:
  - My mother’s garden:
    - Plants/Herbs/Flowers/Bulbs-
      * Lemon verbena- This herb was originally planted by my mother years ago and has grown in abundance every year since. My mother used this herb in cooking and crafting jars of herb jellies and vinegars, some of which are still in our pantry.

      * Coleus- This plant emerged from a seed kit I bought for a group therapeutic exercise with older adults on a unit at a local hospital in the summer of 2013. These plants have returned each year since and I have gifted them to family members and planted some in my mother’s garden.

      * Rosemary- When I was a little girl, my mother included a stuffed rabbit named “Rosemary” in my Easter basket. A little sprig of rosemary was painted on the rabbit, who also wore a hat decorated with the dried herb. As my mother was dying, she received a visit from a minister. The minister brought in a sprig of rosemary that has grown abundantly in my mother’s garden, identifying it as “rosemary for remembrance.” Sitting by my mother’s bedside, the minister talked with my mother about various important events across her lifespan. Ever since that day in the late spring of 2009, I have held on to this sprig, now brown and dried. Finally, I recently found a page of stationary with my mother’s name, Trudy Brown, printed under a drawing of a rosemary bush.

      * Garlic bulbs- My mother planted these in the few years before she passed away. They have since returned every year and are used for cooking.

    - Non-human animals-
      * Bumblebee, June bug, and Scarab Beetle- I recently found the bodies of these deceased insects in my mother’s garden. My mother taught me to respect all forms of life, even those that may seem tiny and inconsequential. I interact with these artifacts with reverence and gratitude for how they may have contributed to the ecosystem in the garden. Insects form points of connections with a book, The Turned In-To’s, that my mother read to me in which the main character forms relationships with the various insects and spiders in her garden.
Non-sentient artifacts-

* Photographs of my mother and other family members who have died- I have assembled photographs of my mother, grandparents, and other deceased family members.

* Program from my mother’s memorial service- My mother’s memorial service took place at Idlewild Presbyterian Church on May 9, 2009. The first musical piece that was played at this service was “In the Garden” and “Bringing in the Sheaves.” I recall my mother singing the latter song as a lullaby to me when I was a small child.

* Master Gardener memorabilia- I have found my mother’s ID badge as a “Master Gardener Intern,” dated 2008. I will also assemble her Master Gardener certificate.

* Turtle figurine- My mother’s childhood nickname, which persisted into adulthood, was “Turtle,” apparently because she did not like to be rushed or hurried and therefore took her time when she prepared to go anywhere. I have a collection of turtle figurines displayed in my bedroom and selected one with shades of blue and green painted onto the shell.

* Rabbit- I have included a stuffed rabbit that belonged to my father as a baby and holds connections with his mother (my deceased grandmother Katie, my namesake) and with a favorite book from my childhood, The Velveteen Rabbit, which will also be included in this assemblage of artifacts.

Non-human animals-

* Eve and Red- In the fall of 2002, my mother brought home a one-year-old Pembroke Welsh Corgi to join us as the first dog this family of cat-lovers has had. In January of 2004, a corgi puppy joined the family. Eve died in 2011, while Red is still going strong at fourteen years old. My childhood home is full of corgi-related items. I have gathered tufts of Eve’s fur that I saved, in addition to her ashes, which are kept in a tightly sealed wooden box in a velvet bag that is embroidered with the phrase, “Until we meet again at the Rainbow Bridge...”

Bodies of water:
• Bodies of water:

✓ Non-sentient artifacts-

* Shells- Over the course of her life, my mother collected shells from our annual family trips to the beach. We went to the Gulf Coast of Florida, staying at Destin and Santa Rosa. My mother remarked that some of these shells look like angel wings.

* Rocks- My family also took frequent trips to the Spring River in Arkansas, where my mother collected rocks. Added to her collection are my own rocks gathered from the Buffalo River in Arkansas. Some of these rocks are placed in my mother’s garden for decoration.
Appendix E

Protocol for Healing-Gram Construction

*Each healing-gram will be unique based on clients’ unique experiences of loss and grief. The following protocol provides suggestions for therapists to help clients build their healing-grams. Please keep in mind that this protocol is adaptable based on clients’ situations and needs for healing.

• **Develop a strong therapeutic alliance with the client:**
  
  - This therapeutic intervention should only be conducted once the therapeutic relationship between therapist and client is established. The therapeutic relationship is ideally built on the principles of openness, congruence, and unconditional positive regard (Rogers, 1942) from which the therapist operates and models for the client. Trust must be present before embarking on this activity with clients because the material being processed, the clients’ experiences of loss and grief, is sensitive, emotional, and potentially traumatic.

  - The therapist should never force this activity on clients. Clients must be ready to engage in this activity, and it may be that therapists hold off on this activity until they deem that clients are stable enough to engage in it. Therapists must also keep in mind that the processing of clients’ experiences of loss and grief could potentially be re-traumatizing to them. Therefore, ongoing clinical assessment of clients’ stability and functioning needs to take place. Therapists need to repeat that at any point during this activity, clients should cease participation if they become significantly upset or uncomfortable, or simply feel that they are not ready for this intervention, for whatever reason.

• **Assist clients in construction of traumagram:**
  
  - The therapist provides information, instructions, and materials for traumagram construction to graphically illustrate clients’ histories of loss. (Therapists may refer to *Crisis Intervention Strategies* by James & Gilliland, 2017, pp. 165-168 for description and sample case for trauma-gram construction). The traumagram can be completed using a spreadsheet and scatterplot on a computer, or can be done by hand using paper and pencil.

  - The client identifies an original loss event, the client’s age at which it occurred, and stress level experienced at the time of the loss on a scale of 1 (minimum) to 10 (maximum). The client’s age at each event is placed on the x-axis of the graph, while stress level is placed on the y-axis. The therapist and client then identify subsequent loss events chronologically.
• **Process the initial and most significant loss events behaviorally, cognitively, and affectively:**

  - The therapist guides the client in identifying what happened during the loss event, the actions the client took during the event, the thoughts the client had during the event, and the emotions the client felt during the event.

  - The therapist asks the client to rate her current stress level immediately after processing the behavioral, cognitive, and affective components of the loss-related memory.

  - Therapists should exercise caution during this part of the therapeutic exercise as clients may easily be overwhelmed or even re-traumatized by the processing of these difficult loss-related memories; therefore, therapists are urged to conduct this part of the protocol slowly and at a pace the client can handle.

• **Process significant positive memories related to the object of loss behaviorally, cognitively, and affectively:**

  - Therapists are advised to avoid ending the therapy session with a negative memory; instead, after a client processes a loss-related memory, the therapist can guide the client in recalling and processing a positive memory related to the object of loss. In this way, the therapist maneuvers the client between processing of one traumatic memory of loss, followed by processing of a positive memory. Doing so fits with Stroebe and Schut’s (1999) dual process model (DPM) of coping with bereavement in that these therapeutic activities shift between loss-oriented coping (i.e., directly discussing the losses and stress experienced over time) and restoration-oriented coping (i.e., shifting to positive recollections, behaviors, thoughts, and feelings to create a new and more functional sense of being and acting in the world without the object of loss).

  - The processing of positive memories can act as a springboard for the client’s selection of personal artifacts related to the object of loss.

  - If the client has difficulty pinpointing significant positive memories, the therapist can prompt the client to first make an inventory of personal artifacts related to the object of loss, which may then assist the client in recalling key positive memories with the object of loss. The aim for this part of the protocol is to shift into healing-gram construction.

• **Assist clients in construction of healing-gram:**

  - The therapist provides information, instructions, and materials for healing-gram construction. The only “rule” that clients follow is that there are no rules here (barring any activity that causes harm to the client or identified others). In other words, therapists should let clients know that they may include any personal artifacts they wish pertaining to their unique experiences of loss and grief.
- The therapist asks the client to bring the personal artifacts into session that are related to the object of loss and the positive memories associated with that object of loss. Once in session, the therapist guides the client in actively constructing the healing-gram.

- Therapists should anticipate that the artifacts and mediums clients use to build their healing-grams will likely vary greatly. For example, one client’s healing-gram might be comprised of creative writing pieces, while another client’s healing-gram might be expressed in musical form or through interpretive dance. As another example, clients who state that they are not artistically-oriented may find it useful to voice-record memories of their lost loved ones that they can play back at any time. Simply gathering various artifacts once owned by lost loved ones and assembling them in one place could also be a less intimidating activity for those who express apprehension or discomfort with creating art.

- Therapists may feel free to share their own healing-grams with clients, but must always avoid placing judgment and expectations on clients throughout this endeavor. Therapists are urged to reassure clients that the process of constructing the healing-gram, and the finished product, are for the client’s healing. The point is not to create something that will be evaluated by others, but that will aid clients in their journeys through grief.

- Process the healing-gram construction activity behaviorally, cognitively, and affectively:
  - The therapist prompts the client to talk through the actions taken, thoughts experienced, and emotions felt during the construction of the healing-gram in session.

- Obtain a graphical depiction of the effects of the healing-gram on the client’s current stress level rating:
  - The therapist prompts the client to rate her current stress level after construction and processing of healing-gram. The therapist and client can then examine the graph of the healing-gram effects alongside the graph of the client’s traumagram. In this way, the traumagram acts as a baseline by which the impact of the therapeutic intervention can be compared.

- Assign therapeutic homework for practicing and reinforcing the use of the healing-gram outside of session:
  - The client locates an easily accessible location to place the healing-gram. The therapist could also suggest that the client take a photograph of the healing-gram to carry around in case the client experiences a stressful event and cannot at that moment immediately access the healing-gram.

  - The therapist prompts the client to interact with the healing-gram in times of stress or future loss events. The therapist encourages the client to reflect on the positive memories associated with the artifacts in the healing-gram and to engage in similar therapeutic
actions as was done during the healing-gram construction. For example, a client whose healing-gram incorporates a miniature garden could tend to that garden during times of stress or when traumatic memories are triggered. A client whose healing-gram involves drawing could add to the drawings initially completed in session during healing-gram construction.

- **Continue to reinforce the client’s utilization of the healing-gram and monitor its effects during subsequent therapy sessions:**
  
  - The therapist helps the client process events related to loss, trauma, and high stress that may arise throughout the continued course of therapy.
  
  - The therapist helps the client identify the positive effects of the healing-gram when applied to events related to loss, trauma, and high stress that may arise throughout the continued course of therapy.
Appendix F

IRB Exemption E-Mail

Beverly Jacobik (bjacobik) <bjacobik@memphis.edu> 11/15/17

to Katherine, Richard

Dear Katherine Brown and Dr. James,

From the information provided on your determination for “A Performative Autoethnography on the Emergence of a Healing Assemblage” the IRB has determined that your activity does not meet the Office of Human Subjects Research Protections’ definition of human subjects research and 45 CFR part 46 does not apply.

This study does not require IRB approval nor review. Your determination file will be administratively withdrawn from Cayuse IRB and you will receive an automated email similar to this correspondence. Your protocol will be archived in Cayuse IRB.

Beverly Jacobik
Associate Director of Research Compliance
Research and Sponsored Programs

The University of Memphis
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Memphis, TN 38152

901.678.4786 | memphis.edu/rsp/compliance