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Article

Narrative Renewal: Investigating the Practice of Writing a Grief Memoir Through the Lens of the Practitioner-as-Researcher

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Abstract

The existing scholarship surrounding grief memoirs is sparse compared to the substantial body of memoir scholarship (Birkerts, 2008; Couser, 2012; Gutkind, 2012; Rak, 2013). This paper investigates my practice of writing a young widow memoir from the perspective of practitioner-as-researcher, undertaken as part of a doctorate in creative writing. Creative practice itself can act as an engine for scholarly insight. The intention is to contribute knowledge to grief memoir practice and scholarship. I argue that memoir is a genre that is well-suited to the representation of grief and that a variety of research strategies, such as the role of the first draft, crafting, research, reading and ethical considerations are quintessential components of the creative process. This article investigates these strategies as part of my process of writing a grief memoir.

Keywords: Practice-led research, grief memoir, memoir, grief, meaning-making

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Introduction

The genre of memoir has seen extensive scholarly investigation in the last few decades. By contrast, it is noteworthy that the existing scholarship surrounding grief memoirs is sparse compared to the substantial body of memoir scholarship (Birkerts, 2008; Couser, 2012; Gutkind, 2012, Rak, 2013). Thanatologist and literary analyst Kathleen Fowler's notion that the grief memoir, specifically women's grief memoir, is a 'relatively new literary form' (2007, p. 525) might explain why it has seen limited scholarly attention. I agree that it is a relatively new sub-genre and my research has shown that it is characterised by predominantly female authors. While the grief memoir has received limited scholarly attention, it has enjoyed noticeable popularity from the public (Brennan, 2012). This paper investigates my practice of writing a young widow memoir from the perspective of practitioner-as-researcher, undertaken as part of a doctorate in creative writing. The intention is to contribute knowledge to grief memoir practice and scholarship. Fowler contends that there is much 'to explore in the rich harvest of women's grief memoirs' (2007, p. 527). The notion of the rich harvest captures the impetus behind this article. I argue that memoir is a genre that is well-suited to the representation of grief and meaning-making. I wish to emphasise that I am suggesting that memoir *can* facilitate adaptation to grief, *not* that it inherently or necessarily will bring this about.

Further, I contend that a variety of research strategies, such as the first draft, crafting, research, reading and ethical considerations are quintessential components of the creative process. This article investigates these strategies as part of my process of writing a grief memoir and analyses the stages involved in crafting a memoir. The scope of the practice-led-research which I am undertaking in regards to the writing of my memoir is extensive and goes beyond this paper. Ethical considerations in relation to writing a grief memoir, for example, are of paramount importance, and I have examined these in a book chapter entitled 'Investigating ethics in the young widow memoir' (Den Elzen, 2019). Another important focus for a paper would be the meaning-making processes that the memoir portrays.

The memoir '*My decision'* (Den Elzen, 2018) narrates my husband Mark's illness, during which he was locked in his body, fully paralysed, for a period of about eight months, in 2004, and his subsequent death. 'Locked-in-syndrome' describes a condition in which the sufferer is unable to move or speak, yet is consciously present. The memoir depicts my adaptation to grief over the following decade and portrays the fragmented and complex nature of recovery from this

trauma, becoming a single mother, and reconstructing my identity. Further, the text conveys an inner struggle of coming to terms with multiple injustices within medical and legal institutions, specifically my husband's misdiagnosis by his General Practitioner (GP) and the resulting medical negligence trial, and my attempt to break free from these experiences without bitterness. The memoir presents two distinct experiences: first that of witnessing my husband's illness, and second my widowhood, each related in a unique voice. The first third of the book portrays Mark's illness up to his death, my experience of witnessing and being traumatised by his intense suffering, and becoming an advocate for his rights in a rigid medical system that sees an illness and not the whole person. The remainder of the memoir conveys my grief journey, processing of my trauma, single parenthood, a medical negligence trial, postgraduate studies, my research into trauma and bereavement theory, and the role of writing in the integration of my loss. I contend that my autobiographical writing facilitated my adaptation to grief and played a key role in the transformation of my trauma. However, this needs to be seen as a multi-layered, developmental process rather than a simplistic progression. This integration of grief and trauma was incremental, and took place over a period of a decade.

In the writing of the illness story I drew on the extensive journals that I kept during that time. This was a crucial resource that included events and dates such as the multiple surgeries my husband underwent and discussions with medical staff, and also my emotional reactions and landscape. The names of medical staff have been anonymised. Further, I also drew on 450 pages of court transcripts in the narration of the medical negligence trial.

I have included an author's note in the beginning of the memoir to inform the reader to that effect:

> In writing this book, I drew upon my personal journals, my husband's medical notes, court transcripts and researched facts and called upon my own memory, in particular emotional memory, of these events. I have changed the names of medical staff and some individuals to protect their privacy (Den Elzen, 2018, p.3).

I chose the lens of practitioner-as-researcher because creative practice itself can act as an engine for scholarly insight. I concur with Donna-Lee Brien who argues that, in contrast to literary critics, who can only research creative works as a finished product, creative writers as researchers 'can productively reflect on the creative thinking that created such works' (2006, p.

53). The process is as worthy of scholarly attention as the final product. In the case of the grief memoir, authors can investigate the role that the writing process played for them in relation to various issues, such as meaning-making, rebuilding of identity, and ethical choices made in relation to the deceased other. Hazel Smith and Roger Dean state that 'creative practice – the training and specialised knowledge that creative practitioners have and the processes they engage in when they are making art – can lead to specialised research insights which can then be generalised and written up as research' (2009, p. 5). It is the practice itself then that drives the scholarly inquiry.

I conceptualise the genre of memoir as particularly well-suited to narrating grief. A memoir narrates a 'selected aspect of the writer's life' and, unlike autobiography, it does not recount a whole life in a linear manner (Murdock, 2010, p. 10). Vivian Gornick states that a memoir consists of two components: the situation, which is the description of events, and the story. Crafting a story out of a situation, Gornick suggests, requires a narrating voice that undergoes an inner journey, and reaches some realisation at the end: 'The story is the emotional experience that preoccupies the writer: the insight, the wisdom, the thing one has come to say' (2001, p. 13). It is the task of the memoirist to craft the story, and this depends upon the author's contemplation and reflection upon her experiences. Maureen Murdock concurs, positing that 'the art of memoir writing is the process of struggling for the emotional truth of the memory, finding perspective, and making meaning of that particular slice of a life. In that process, the writer's consciousness is changed' (2010, p.10).

Grief is one of the most powerful and difficult emotions we may experience in life, particularly in relation to premature loss: its intensity generally requires the person to undergo an inner journey in order to work through the distress and to adapt to and make sense of the loss. Memoir writing can aid in this process.

Another possible approach to narrating my story as a researcher might have been autoethnography. 'Autoethnography is an approach to research and writing that seeks to describe and systematically analyse personal experience in order to understand cultural experience' (Ellis, Adams and Bochner, 2011, p. 273). I was never drawn to using autoethnography, which combines personal narrative with research, thus 'balance[ing] intellectual and methodological rigor, emotion, and creativity (Adams, Holman and Ellis, 2014, p. 2). Right from the outset I wanted to write a memoir that would be literary, aimed at a general readership, with the intention

to publish it commercially. My purpose has been manifold. I believe that the power of story to contribute to personal and social change and transformation is strong and unique. The purpose underlying the writing of my memoir is firstly to help readers who experience loss or adversity to come to know grief better and to draw inspiration for and a deeper understanding of their own lives. Further, grief is a taboo subject, and by writing a deeply personal account of grief, I intend to contribute to expanding the public dialogue on death, dying and grief and to help people in general, in addition to those who are grieving themselves, to deepen their understanding. Secondly, I want to contribute to what I see as much needed social change in regards to the rigidity of our medical institutions.

The close affinity of grief narrative to memoir is illuminated by the work of leading bereavement scholar and practicing clinician Robert Neimeyer (2019), who explains that in the context of grief counselling the narratives of our lives consist of three story-lines. The first is the *external narrative*, which he defines as the objective story. Secondly, there is the *internal story*, which Neimeyer identifies as the emotion-focused story. The third strand relates to the *reflexive narrative*, which is the meaning-oriented story. Gornick's conceptualisation of the situation, the events, and the story aligns with Neimeyer's view of the three story-lines narrating grief. Her event story relates to Neimeyer's external narrative. It describes in vivid detail what happened. Gornick's interpretation of crafting the story combines Neimeyer's internal and reflexive narratives. It refers both to the internal, emotion-focused story, and the reflexive story. In my own writing, I can identify these three storylines. For example, in relation to depicting my husband's illness story, I had to write the external story in vivid detail first, as well as portraying the inner emotional story, before I could grasp and craft the reflexive, meaning-making story and find the emotional truth in the memories.

This interplay between the detailed description of events and a stepping back from the experience in order to contemplate it is foundational to memoir's function in mediating experience by making sense of it from the vantage of the present. As Sven Birkerts puts it, both the 'unprocessed feeling of the world' as it was experienced then '*and* a reflective vantage point' that contemplates the experience now and that realises that these events 'made a different kind of sense over time' lie at the heart of memoir (2008, p. 23, emphasis in original). For me as memoirist, this interplay formed the essence of my practice.

Investigating my Practice of Writing a Grief Memoir

This section researches the authorial decisions, narrative devices and writing processes such as drafting and crafting utilised in *My Decision* (Den Elzen, 2018), which I wrote in the context of a doctorate in creative writing. I started my PhD by writing the initial draft of my memoir. In view of my creative practice, I would argue that writing the first draft without consideration of editing, crafting or research is an especially useful approach when writing about grief and trauma. The first part of my memoir, which depicts my husband's extreme illness, had to be written in whatever way it needed to come onto the page. The initial draft that portrayed my husband's suffering did not include much reflection. Such reflection comes with hindsight and is one of the defining characteristics of memoir (Birkerts 2008, p. 23). By contrast, when I wrote the first draft of the narrative depicting my widowhood and adaptation to grief, reflection arose without prompting. By this I mean that reflection was already and naturally present in my first draft. I did not have to add it in later, as was the case with the illness narrative.

I only recognised the general absence of reflection in the illness narrative when I re-read the first draft. This was startling to me as I am reflective by nature, which is one of the reasons I was drawn to the genre of memoir. I contemplated this at length and came to understand that narrating my husband's illness and suffering represented my lived experience of being in crisis mode. Narrating the trauma evoked some re-living of the distressing experiences. Further, it mirrored that crisis mode, in which I focused in Birkerts' terms solely on my 'unprocessed feelings', and did not yet have access to and engage with the 'reflective vantage point' (2008, p.23) of the present. There was no room for reflection, either in the original experience, or in the process of translating my traumatic recollections into words in the first draft.

Patricia Hampl argues that it is vital for the creative writing process to let the first draft flow onto the pages without interference from outside sources, and without premature editing (1999, p. 28). A writing teacher who held a creative non-fiction course at the hospice where my husband had passed away had told us to 'just vomit [our experiences] onto the page'. This was always at the back of my mind during the initial drafting. Doctoral supervisor Sue Joseph gave similar advice to one of her PhD candidates who narrated personal trauma: 'just write, write it out of you … just write the poison out' (2019, p. 144). Here, both the metaphors of vomiting and poison convey the toxic nature of traumatic memory and the need to write it out, to externalise it. As such, the only way I could give voice to that experience initially was to pour

the 'situation' (in Gornick's terms) onto the page without any attempt at a shaping and narrating what Neimeyer refers to as the reflective story.

Reflexivity cannot be instantaneous at the same time as experiencing. It requires some degree of temporal distance (Knightley and Pickering, 2012, p. 19). Here is a paradox: though there was a significant temporal distance of many years between the lived traumatic experience and my conscious recall in the performative act of narrating it, the act of narrating evoked re-living in the present moment of writing to a degree that more or less excluded immediate reflexivity, because healing and transformation had not yet occurred. The narrative pattern only becomes visible in hindsight:

> it is as a result of such a pattern that we can then recognise experience and what is made of it as characterising the individual subject. … the subject remembered by the remembering subject alters and shifts from one period of his life to another, along with the meanings and values of autobiographical memories (Knightley and Pickering, 2012, p. 20).

Having said that re-living rendered initial reflexivity out of reach for me, I acknowledge that to narrate is to reconstruct. We grasp events, lived experience, 'through an act of representation, which is at the same time an act of re-creation' (Abbot, 2008, p. 37). I had to 'grasp the event first', experiences that were so extreme and distressing that I had no words for them. Whilst this act of giving voice evoked re-living, it also opened up the space for me to heal and to recognise the narrative patterns underlying my experiences.

The first draft was emotionally challenging. I do not remember exactly how long the re-living lasted, but once I took my attention off the writing, though the memories continued to echo for some time through my consciousness, when I engaged in other activities, the active re-living ceased. I had no experience as yet with self-care in the face of narratively evoked re-living, so I fumbled my way through it. In hindsight, it would have been vital to have self-care strategies in place and I would highly recommend this for others narrating grief and personal trauma. I would also suggest to have accountability processes regarding self-care strategies established, which could be with a supervisor, a writing associate or friend. I could have had access to counselling at my university.

Reflection requires agency, and I lacked agency in my experiences with Mark's doctors. According to Jerome Bruner, self is a concept defined by agency, and if agency is absent our memories refer to how we responded to the agency of another (1994, p. 41). I speculate that this lies at the heart of my inability to have been reflective in the first draft. Mark's illness in and of itself was outside my agency, as well as the actions of the hospital staff in their treatment of Mark and their conversations with me. It can be said then that there was a shift after the completion of the first draft, where I had poured my memories onto the page. The performative act of narrating and giving voice to my non-agentic, traumatic experiences evoked a shift towards regaining agency through the act of writing and of naming my experience, which was no longer voiceless, locked away internally.

There was a break of several months after I completed the first draft of the illness narrative until I re-read that part of the text and met with my supervisor to discuss it. During this time I began writing the next section of my memoir, portraying my experience of widowhood and grief. After discussing the first draft of the illness narrative with my supervisor, I recognised and acknowledged the general absence of reflection. Once I understood the exploratory nature of my first draft, I undertook a substantial redrafting within a short period of time. It is interesting to note that it took only this one major redrafting to shape the first draft into an aesthetic, literary text in accord with the conventions of the genre of memoir. I engaged in the interplay between the detailed description of events and a stepping back from the experience in order to contemplate it, thus adding in reflection from the vantage point of the present which is the hallmark of memoir. 'Discovering and constructing a sense of pattern and structure in our experience across time … is the work of the remembering subject' (Knightley and Pickering, 2012, p. 23). Later redrafts were only minor and specific to passages. In the reshaping, I did not significantly alter the initial representation of my lived experience of witnessing my husband's extreme illness. What I did do was to add in substantial passages of reflection. I also deliberately shaped the structure and rhythm of the text by alternating showing, some telling and reflection.

As mentioned, the first draft mirrored my lived experience of being in survival mode and I did not have access then to reflection. In the creative process of crafting the memoir I had more emotional distance from the 'situation' which I had given voice to in the first draft. In the performative act of redrafting, I added in reflections about the experience, in particular the hospital system. Here is one example:

> Looking back on that time, I don't know why I never confronted Dr Nemeth over his repeated assertions that there was no hope for recovery. Why had he pushed me to make a decision only a week into Mark's coma? This is not so much an existential why, as a logical why … The same day that Dr Mayer said we needed to wait for the swelling to go down, his boss, Dr Nemeth, told me that Mark had total brain-damage and urged me to withhold treatment in the same breath. It was not my nature to remain silent. But the senseless horror of having to make the decision to withhold treatment had rendered me mute. I could not find the words to give shape to what had happened. (2018, pp.18-19)

The additional reflections are an essential component of the crafting of the story. They can also be attributed to Neimeyer's reflexive narrative and meaning-making.

Re-reading my draft through the lens of memoirist was a vital part of the writing process. The author is the first reader of the narrative. 'Such reading must naturally be regarded as an integral part of the creation process' (Nahotko, 2015, p. 90). The reading of my own text was a vital part of the creative process in two ways: firstly, it was instrumental in paving the way for redrafting and crafting a recounting of the situation into a more reflexive memoir. Secondly, not only the writing of the text, but also re-reading it facilitated the processing of my trauma as well as fostering an understanding of the way I had been traumatised by the experiences. The initial draft of Mark's illness had narrated the internal and external stories. The redrafting drew on the interplay between the two in order to add the reflective, meaning-making story.

Research also played an important role in the redrafting process. Brien argues that a variety of research strategies are quintessential components of the whole creative process: 'reading, imaginative, speculative and reflective thinking, experimental and exploratory writing; rewriting and editing; and public circulation' (Brien, 2006, p. 57). Having written the first draft, I began to research theories of memoir and narrative psychology as well as published memoirs. Following theoretical engagement with memoir through critics such as Birkerts and Couser, I reworked my approach to the first part of my creative work and changed its structure by adding passages of reflection to the text. As such, an intimate interplay took place between the writing of my memoir and my exegesis, which is the theoretical part of the creative writing PhD, whereby the two informed each other.

Further, I undertook deliberate changes in structure as a result of having analysed six young widow memoirs as part of my doctorate and then applying the lens of reader to my own

work. After reading so-called '9/11' widow memoirs, I recognised the importance of occasionally shifting the focus from trauma onto more positive scenes. Having read and thought about providing a change of pace to the reader, I went back and reworked my earlier approach, which was to have flashbacks about the early life of my husband and myself, portraying happy times, as stand-alone chapters. Instead, I inserted shorter flashbacks throughout my chapters in order to provide a change of pace and perspective to the reader from the hospital scenes. Also, I decided to open my memoir with a poignant flashback of my first encounter with my future husband on a train in Egypt, in order to begin with a positive rather than traumatic scene. These decisions were based on aesthetics, pace and the narrative arc in accord with the conventions of the genre of memoir.

The Role of Narrative Devices and Strategies

In this section I investigate some of the narrative devices and strategies I used in the practice of writing my grief memoir, in particular the role of dialogue and scene-setting. Unlike the utilisation of dialogue in fiction, which has been widely researched in the fields of literary analysis and creative writing (Fludernik, 2009; Rimmon-Kenan, 2005), the use of dialogue in memoir is under-researched. In fiction the research focus has been largely on categorisation of dialogue types, and the role of dialogue in furthering the plot and character development. In this paper, I focus upon issues related to dialogue that arise specifically in memoir, such as ethical considerations of truth. Nevertheless, the strategies and effects of dialogue in memoir often overlap with those of fiction, such as the illustration of character, as shall be seen.

Much has been written about the key role metaphor plays in the representation of trauma and grief and its ability to give expression to inexpressible experience (Bolton, 2010; Neimeyer, 2001b). Since the role of metaphor in expressing trauma has been so well documented, I will focus on two more scantily-documented narrative strategies in non-fiction that have contributed to the representation of and adaptation to grief: dialogue and scene-setting. The investigation of these narrative strategies has the potential to offer new knowledge in regards to the practice of writing a grief memoir.

In writing my memoir, I paid special attention to dialogue and detailed, vivid and sensory narration and scene-setting, which allowed me to give voice to my experiences, that is the event story, the situation. According to Myers, scenes are the building blocks of narrative, including

memoir. She explains that scene-setting involves using a variety of elements: place, characters, dialogue, the situation, the action, and the time frame. Myers contends that memoir writers too often fail to use enough dialogue (2010, pp. 88-90). I concur with Myers regarding the importance of dialogue in autobiographical writing. It can be employed in a variety of ways. Firstly, it can be used to bring to life characters in the narrative. Characters reveal themselves through dialogue and action (Myers, 2010, p. 89). I used dialogue in particular in order to introduce Mark as a whole person to the reader, not just the sufferer of an extreme illness:

> 'Have you travelled much?' I make conversation. 'Well, I went to India for a month before Israel, but this is my first trip overseas,' he replies. My eyes widen in surprise. 'Really, you've never been overseas before, never left Australia until now?' 'Yep, that's about right.' 'And how long are you planning to travel this time?' 'About a year. After Egypt I'm off to Europe, I've got relatives in Holland…. I look forward to meeting them actually.' He puts his bread away into a crumpled paper bag. (2018, p.6)

This passage is designed to reveal Mark through his own words as a young man excited to explore the world. It also allowed me to show him to be characteristically Australian in his laid-back answers and language.

In fiction, direct speech can also represent a character's thoughts and consciousness (Fludernik, 2009). As a memoirist cannot convey the thoughts of characters other than themselves, direct speech becomes a crucial technique in conveying character voice, literally and metaphorically, attitudes, actions and thinking.

The dialogue and flashback scenes with Mark served another function. In reminding me of the healthy, happy Mark, it allowed me to reconnect with our love instead of getting mentally stuck with images of his illness. Bereavement theory refers to this as 'continuing bonds' (Neimeyer 2011, p. 375), which form part of the reflective and meaning-making story. Narrating happy times of our entire relationship together, depicted vividly and through sensory language, provided the space to reflect on events and view them from another perspective.

Similarly for readers, the flashbacks provide narrative and emotional space, a change of pace from the intense story of a fatal illness. Further, portraying our life together allows the reader to get to know my husband more fully as a person. Impressions of Mark were further deepened by dialogue, as he was unable to speak during his illness. Without these flashbacks,

Mark would be voiceless, his humanity diminished, in my memoir. I switched tenses between flashbacks, which I narrated in present tense, and the story, told in past tense. The use of present tense amplified the sense of a continuing connection to Mark as healthy, for me and the reader.

Secondly, dialogue was a useful tool to impart medical and legal information in a reader-friendly form. Specialist information can be quite hard for readers to digest. Dialogue, on the other hand, is generally easy to read and understand, and conveys at the same time psychological hints about the person represented as speaking. For example, I used dialogue to convey conversations with specialists and doctors in order to inform the readers about Mark's illness:

> He would need a so-called shunt. I had never heard of it. 'A shunt is a device that is surgically inserted into the brain and then tubing goes all the way down along the neck to the abdominal cavity to release the brain fluid there and to divert it into the abdomen,' Dr Mayer explained to me. 'And the shunt just stays there?' 'Yes it does.' (2018, p.18)

The doctor's complex medical language, alienating the reader and the I-character at the same time, is rendered accessible through dialogue.

Thirdly, dialogue and scene-setting were vital, in terms of narrative device and structure, to portraying the court-case. I deliberated at length on how best to convey such a complex event, both legally and emotionally. I did not want the narrative to be too dry, a journalistic recounting. Further, I did not wish to give it too much space within the overall memoir, thus overshadowing the young widow story of recovery, which was my overarching intention of expanding reader understanding of grief and adaptation to grief. Helen Garner's description of transforming a barrister's submission at a murder trial into publishable narrative is salutary in this regard: 'I still had to make it sound like talking. Hardest work I've ever done. But it gave me a terrific sense of being in command' (Interview with Garner, McDonald, 2007, p. 163). I, too, found portraying a court-case challenging, both artistically and emotionally. With deliberate intent, I conveyed the court-case largely through dialogue and concrete evocation of setting. I purposely avoided 'telling' in relation to the court-case, which would be instructing the reader how to perceive the trial. Instead, I engaged dialogue and scene-setting to 'show' the events, giving readers the space to insert themselves interpretively into the text. Here is an excerpt in which the defence barrister questions the GP:

> 'When you were taking the history, what were you thinking?'

> ‘I suppose ... well… he looked … I thought ... my index of suspicion was not as high because of the fact that he looked so well. He was well when he came to see me’ ...
> I glanced at [my friend] Ina, barely moving my head, and saw the fire in her eyes.
> Dr Harris was still speaking. ‘You’re always looking for anything urgent, you see, any red flag signs that notify you that something is serious. I felt reassured by the fact that he looked so well. So yes, I was concerned but he looked well. It made me less worried about an urgent cause.’ (2018, pp. 201-202)

Showing the court case allowed me to convey my feelings without, knowingly or unknowingly, indoctrinating the reader. Scenes allow the author to:

> ‘show’ the action as if on stage. These moments of ‘being there’, where the reader is brought into the story world, are created through the use of sensual details, dialogue, and description … As we experience the world of the scene, our senses are engaged. (Myers, 2010, p. 88)

As Garner explains, dialogue, and the portrayal of material objects and events are meant to do the ‘heavy lifting’, so I ‘won’t have to interpret or pontificate. I want to haul the readers right into the text. Push them right up against the people and the situation – make them feel and smell things so they will have to react’ (Interview with Garner by McDonald, 2007, p. 163). Dialogue and detailed evocation of scene are engaged for just such ‘heavy lifting’ in my memoir. They show a scene to a reader and prompt them to react to it emotionally.

In addition, I utilised dialogue to narrate conversations with friends and family to convey medical and legal issues. Of course I could not cite conversations that occurred years earlier word-for-word, and initially this evoked ethical concerns for me, as I have been whole-heartedly committed to fulfilling the autobiographical pact (Lejeune, 1989) with the reader from the outset, the implied contract in autobiographical writing that assures the reader that the memoirist narrates events truthfully to the best of their ability. Writing about a deceased loved one ‘poses a range of ethical questions and considerations’ (Den Elzen, 2019, p.161). Dialogue was one of them for me. On the one hand, truth-telling was paramount. On the other hand, I knew that dialogue plays a vital role in relaying information in a digestible manner, in indicating character, and in rendering a text accessible to the reader. It is a valuable and crucial narrative device, and highly conducive to ‘showing’. Lee Gutkind argues that the literary device of dialogue is as

indispensable in memoir as it is in fiction in order to narrate 'dramatic and cinematic scenes' (2012, pp.122-123).

As part of my doctorate, I had many discussions with my fellow PhD students on the issue of truth versus fiction and literary representation. I attended conferences both locally and internationally on life writing, such as *The International Auto/Biography Association* (IABA), where inevitably this much discussed and contested issue arose. Over time and as a result of deep engagement with the issue of truth and memory in autobiographical writing, I came to realise that the key to faithful dialogue in memoir was to present words that accurately reflected the personality, speech-patterns, and past actions of people I knew in place of by now hazy or forgotten specific utterances. These are truths that I remember acutely. Garner, who states that she loves dialogue, elaborates on the issue of writing it well: 'The art is in choice, but also a kind of inspired and totally legitimate mimicry. And there are times when you have to paraphrase, or the reader will die of boredom' (Interview with Garner by McDonald, 2007 p. 163). In terms of ethics, I have come to understand that it is not unethical that I cannot, with the exception of the court case, relay dialogue word for word so long as I adhere to the larger truth of the character and the situation.

At the same time, having highlighted the crucial role of dialogue and scene-setting, I became conscious of avoiding overuse of showing through my research and became aware that variation in narrative rhythm is important for the reader's engagement with the text. A lack of change in rhythm can alienate the reader. My research of young widow memoirs in particular prompted consideration about changes of pace in a text. As a reader, I found that the slow story progression in Marian Fontana's memoir *A Widow's Walk* (2005) owed much to its unchanging narrative tone. Fontana narrates her experience of being widowed as a result of 9/11 with an almost exclusive reliance on showing. Setting out dialogue and scenes in detail takes up a lot of textual space. The reader's attention narrows to a moment-by-moment focus, a valuable strategy for conveying important events but one ill-suited to portraying longer stretches of time. The fact that Fontana (2005) was well written on a sentence-level yet protracted on a larger structural scale highlighted to me the importance of the alternation of story pace. As a result of my reading as research I paid close attention to narrative construction and pace, ensuring that showing was interspersed with some telling.

Memoir and Healing

Gillie Bolton, author of eight books on the healing and personal development potential of creative writing, highlights that creative writers often use the initial stages of writing to help with self-understanding: 'we write before knowing what to say and how to say it, and in order to find out, if possible', and later such exploratory writings are redrafted and edited to create publishable material (2010, p. 111). Brien concurs with Bolton on the need for exploratory writing in the creative process (2006, p. 57). In agreement with Bolton and Brien, my initial representation of the illness story can be seen as exploratory writing that I later redrafted and shaped to literary standard. Without this exploratory writing I could not have produced that standard. I could not have given voice to the experience at all. It was an integral part of my writing process. Far from precluding me from writing a memoir, it enabled it.

A memoir may or may not be perceived by the author as healing. I contend that the process of writing and crafting *can* bring about a process of transformation, whereby the relationship of the writer to the traumatic life experience is changed. I agree with Bolton that authors depicting traumatic experiences may begin the writing process with exploratory writing for self-understanding, and subsequently craft this material into a creative text.

In terms of my personal practice, memoir writing has been instrumental in facilitating the transformation of my trauma to a level of inner peace that I did not consider possible. I am not suggesting that memoir writing offers an easy solution to the adaption to grief, far from it. Representing my lived experience of trauma has been the most taxing aspect of my writing journey.

One of the most emotionally-challenging scenes in the writing of the memoir was describing Mark's extreme physical suffering, which the hospital failed to treat with proper pain management:

> I walked down the hospital corridor towards the High Dependency Unit. Lacklustre dark brown carpet squares doused in cold, bright neon lights. Before I reached the entrance to the HDU I heard a heart wrenching moaning. A sound so excruciatingly painful that I had to stop, to hold onto the wall to steady myself. I intuitively knew that this was Mark. As I entered the HDU I saw his body distorted with pain, his limbs contracted and shaking.

> Hearing his moaning and seeing his legs convulsing in pain propelled me to the limits of my endurance. My shock was magnified by the fact that I had not heard Mark's voice in months. The edges of my reality vanished. There was nothing to hold onto. I found myself standing on the threshold of an abyss, my toes edging forwards, curling around the cold rock (2018, p.63).

It took me several attempts over a period of months to write this scene. Initially, the experience of re-living the horror was so intense that I had to stop writing. Yet, as difficult and challenging as the writing of this particular scene was, it did have the effect of externalising my memories for me. Michael White and David Epston, who developed the concept of externalising in the context of narrative therapy, define it as the narrative process whereby 'the problem becomes a separate entity and thus external to the person' (1990, p. 38). I argue that the process of externalising is even more discernible in written narrative, which exists as an entity in its own right that can be read and redrafted. This reinforces the act of distancing from the grief experience, which can now be viewed from the outside. Consequently, a shift in perspective occurs from internalising the loss to perceiving it as external. When it came to crafting the situation into story, I had much more emotional distance compared to the initial drafting process and could shape details in the style of creative non-fiction, such as the carpet squares. By the time I had written and redrafted the entire memoir and worn the hat of 'editor' in the reading of my text, I had so much emotional distance that my recollection of the scene no longer prompted re-living. This left space for the perspective of the editor focused on the text to come to the forefront. The experience of final redrafting and editing my memoir allowed me to largely enjoy the creative process for the first time. I was engrossed in the creative act of shaping not only passages and metaphors, but even single words.

Writing the memoir was hard work: emotionally demanding and confrontational. Whilst crafting the story out of the situation was difficult, the emotional work required and navigating re-living was by far the most challenging aspect of writing. Bolton (2010) too asserts that writing of traumatic experiences is 'really hard work' (p. 80), and elaborates: 'The first hard (and brave) thing I did was to allow my hand freely to write images which were usually firmly and safely held within my body. I had to trust my writing hand' (p. 130). For me, trust in the writing process and its ultimate transformative power provided me with the courage to narrate traumatic scenes. A crucial factor in addressing the emotionally demanding nature of memoir writing was

time: I deliberately spaced out the re-drafting sessions in order to take care of myself. This also allowed me to contemplate scenes and their wider context, the situation and the story.

In view of the many different processes involved in the production of a memoir, it was only when I got to the final reshaping and crafting that I felt artistic joy. This was an important moment, to have worked so hard over a period of years, to reach a point of finally being able to enjoy the craft for its own sake. This, to me, also became a marker for the vast emotional distance I had traversed in the process of my autobiographical writing. For the first time, the craft in its own right took front stage, unencumbered by the emotional landscape. I experienced a sense of freedom.

When I translated my most traumatic experiences into language, shaping them into full sentences and paragraphs, I was re-living the events. However, when I re-read the passages later on, I was no longer re-living the past, but engaging with it from the perspective of the editor. This change in perspective evoked a shift in my relationship with the experience of loss. The integration was incremental, not a giant leap, taking place over many years and throughout the different stages of writing and editing, a notion echoed by Joseph in her observation of her PhD student who wrote a personal trauma narrative. Joseph entitled her chapter 'Life writing and incremental healing: word by word, year by year' (2019).

In terms of narrative style, as an author I deliberately chose memoir from the beginning because I was drawn to its reflective characteristic, to the shaping of a story through an inner journey. I also took the implied autobiographical pact with the reader seriously: that is, I ensured my portrayal of events was as accurate as possible. As I drew on several folders of medical notes from the hospital, my own detailed journals written during my husband's illness, and over 450 pages of court transcripts, ethically, I feel confident, despite the fallible nature of memory, that I have accurately portrayed the facts of the events; accurate description of facts relating to medical and legal institutions matters to me. Most important, though, is the emotional truth of my inner journey.

Conclusion

This article has employed the lens of practitioner-as-researcher to investigate my practice of writing a grief memoir in the context of a creative writing doctorate. The investigation of creative processes such as the first draft, crafting, narrative devices and research was intended to

identify strategies for memoirists narrating grief that may be replicable, thus adding knowledge to the practice of writing a [grief] memoir. I have focused particularly on the powerful narrative device of dialogue that I deliberately employed to navigate narrating the artistically and emotionally challenging scenes of medical and legal settings, as well as utilising it as a technique to characterise Mark as a full person beyond his illness. It literally gave Mark, who was fully paralysed throughout his illness and thus unable to speak, a voice. I have theorised the importance of a first draft in the writing of a grief memoir and highlighted that painful, intimate material needs to be allowed to flow onto the page without any pre-censoring. I concur with Brien (2006) that the production of a memoir encompasses a whole range of processes, including reading, research, experimental writing, and contemplation. However, researching memoir theory and reading other young widow memoirs, which played a crucial role in the later shaping of my text, would not have served me prior to the writing of the first draft. The only research I undertook for the first draft of the illness narrative was my own journals and medical notes I obtained.

Further, I have linked the bereavement theory concepts of the internal, external, and reflexive storylines with memoir theory. The central role afforded to meaning-making and the reflexive story by constructivist bereavement theory converges with the genre of memoir which is characterised by the reflexive inner journey of the author. Through personal practice and theorising of that practice I have suggested that memoir is a genre that is well-suited to narrating grief. Finally, while the grief memoir has been under-theorised to date, this is even more true for the practitioner-as-researcher lens. More practice-led research by other grief memoirists is needed in order to add knowledge to this sub-genre.

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