2000

Studies of Grief: Narratives of Incarcerated Women Who Experienced the Death of a Significant Person While in Prison

Ginette Gosselin Ferszt
University of Rhode Island

Follow this and additional works at: https://digitalcommons.uri.edu/oa_diss

Recommended Citation

Ferszt, Ginette Gosselin, "Studies of Grief: Narratives of Incarcerated Women Who Experienced the Death of a Significant Person While in Prison" (2000). *Open Access Dissertations*. Paper 1007.
https://digitalcommons.uri.edu/oa_diss/1007

This Dissertation is brought to you for free and open access by DigitalCommons@URI. It has been accepted for inclusion in Open Access Dissertations by an authorized administrator of DigitalCommons@URI. For more information, please contact digitalcommons-group@uri.edu.

STUDIES OF GRIEF:
NARRATIVES OF INCARCERATED WOMEN
WHO EXPERIENCED THE DEATH OF A SIGNIFICANT PERSON
WHILE IN PRISON
BY
GINETTE GOSSELIN FERSZT

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY
IN
NURSING

UNIVERSITY OF RHODE ISLAND

2000

ABSTRACT

One of the most important issues that an individual confronts during one's life is the death of a significant person. Given the contextual nature of grief, incarcerated women are faced with unique challenges when the death of a person occurs during their imprisonment. Yet, little is known about grief experiences under these circumstances.

The research questions guiding this qualitative study were: What are the meanings of the grief experience of incarcerated women? How does their grieving process compare with images of grief depicted as a normal process? To what extent do the women perceive incarceration influencing their grief? In-depth interviews with three women in a medium security prison in New England were completed and analyzed with regard to self-understanding, critical commonsense understanding, and theoretical understanding based on Kvale's (1983, 1996) approach to the interpretation of interviews. In addition, narratives extrapolated from the interviews were analyzed using Gee's (1985, 1986, 1991) and Reissman's (1993) approach to narrative analysis.

For all three women two events (the delivery of the news of the death and going to the funeral home) were particularly stressful. All the women exhibited an acute grief response which could be expected given the nature of their relationship with their loved one. However, their grief was "suspended." The women were unable to express their grief, participate in important public rituals, and access adequate resources to support their coping. The context of the prison complicated the grieving process resulting in disenfranchised grief. This finding raises critical

questions regarding possible complicated bereavement, which can further impact the adjustment to the multiple challenges that women confront when they are released from prison.

Implications for nursing knowledge development, nursing practice and education, and the criminal justice system were discussed. Recommendations included longitudinal research studies, education of nurses and nursing students about disenfranchised grief, and policy changes in the criminal justice system.

ACKNOWLEDGMENTS

The completion of a dissertation is not only a personal achievement. There are many people who contribute in countless ways. First of all I want to thank and honor the three women who participated in this research. It is hoped the sharing of their compelling stories will make a difference for other women in prison.

I am truly indebted to my committee members who provided me with guidance and support during this long and arduous process. Hesook Suzie Kim, my major professor, was my beacon, guiding me with her wisdom and thoughtful responses. I admire her intellectual honesty and appreciate her genuine interest in my work. I will always be grateful to her for keeping me on track yet respecting and fostering my own ideas. Donna Schwartz-Barcott, my mentor and advisor, has given so generously of her time throughout the doctoral program. I will be forever grateful to her for walking the path of intellectual inquiry with me, challenging my ideas, and nurturing my development as a qualitative researcher. I am thankful to Gene Knott for his careful consideration of my work, his insightful suggestions, and sharing his expertise. Jean Miller has been an inspiration to me since my arrival at the University of Rhode Island. Her gentle spirit combined with a commitment to facilitate the development of others is truly to be admired. Thanks to Ann Varna-Garis for her astute and helpful suggestions.

The completion of this doctorate would not have happened without the enormous support of my family, friends, and colleagues. Words cannot describe the appreciation I have for my husband Ed. His unfailing support, enduring love, and hours spent reading and critiquing my work made it possible for me to pursue

this dream. The loving presence and understanding of my children, John Paul and Sarah Elizabeth, brought me great joy.

My sincere thanks to my colleagues and staff at the College of Nursing, particularly Holly Kennedy for always being there and cheering me on, and Dayle Joseph, Ruth Waldman, and Deborah Godfrey-Brown for their encouragement and administrative support. I am indebted to Jane Williams, my consultant, whom gave so much of her time and expertise, Roberta Richman for supporting this research, and Barbara Feeley and Betty Murray for their acts of kindness. Thanks to Kathy Thorsen and Joyce Deacon for their impeccable editorial support and The Alumni Association of St. Francis Hospital School of Nursing and Delta Upsilon Chapter, Sigma Theta Tau for their generous financial assistance.

I also want to remember several people who have had a profound impact on my life. Linda Horn, Muriel Weiner, JoAnn Downes, Sr. Dennis Marie, and Bishop Peter Rosazza, deserve special mentioning. Thank you for believing in me. I want to acknowledge my brother, Fr. Michel Gosselin, who continues to be an inspiration to me, and my sister, Colette Gosselin, who shared this journey with me and rejoiced in our mutual accomplishments. I also want to remember my deceased parents who always wanted the best for us: my mother, Georgette LeBreton Gosselin, who died this past year (June 7, 2000), and my father, Fernand Gosselin (June 12, 1988).

TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGMENTS.....	iv
CHAPTER I	
Introduction.....	1
CHAPTER II	
Background	6
The Human Phenomena of Grief	6
Conceptualizations of Grief.....	8
Women in Prison.....	25
CHAPTER III	
Research Design.....	35
Research Approach for the Study of Grief of Incarcerated Women.....	35
Overview of Phases.....	40
Phase One.....	40
Phase Two: Analytic Methodology.....	54
Ethical Considerations	60
Trustworthiness	63
Human Subjects	66
CHAPTER IV	
Results	67
First Participant–Mary	67
Second Participant–Barbara.....	100

Third Participant–Christine	138
Cross Case Analysis	153
CHAPTER V	
Summary and Conclusions	155
Methodological Implications	160
Researcher’s Qualifications	161
Data analysis	163
Future Directions for Nursing Knowledge Development	165
Implications for Nursing Education and Nursing Practice	166
Implications for the Criminal Justice System	167
APPENDICES	
Appendix A Consent Form For Research	170
Appendix B Demographic Data	173
Appendix C Interview Guide	174
Appendix D Memos	175
Appendix E Participants Reflections	176
Appendix F Letter of Support	177
Appendix G Gee’s Notation System	178
BIBLIOGRAPHY	179

CHAPTER I

Introduction

As a therapist, I have had the privilege of listening to the stories of women and men in their journeys through grief. One of the richest vehicles for gaining knowledge about human experiences is to provide opportunities for individuals to tell their stories. Personal accounts of life experiences are embedded with texture and personal meaning that is not readily available through other means. My own knowledge of the range of human responses to significant losses has deepened through the listening of stories in my clinical practice, enabling me to challenge the pervasive and limited views of grief as well as to identify gaps in research related to loss and grief issues.

As I began to prepare to facilitate a group on loss and grief in a women's prison, I reviewed the literature specific to grief and incarceration. Although mental health and substance abuse issues are discussed, surprisingly, no studies or articles were found that specifically addressed the grief experience of incarcerated women. The lack of attention to such a critical issue suggests the marginalization of this population, and is consistent with current findings that women in prison continue to be underrepresented in health care research.

During the course of the grief group, I became poignantly aware of the depth of pain these women were experiencing. What was particularly striking, however, were the comments related to their unique difficulties: "I know that I relapse because of so many undealt with losses . . . when I get out they just hit me and I just start using again;" "how can we deal with grief while we are in here . . .

it is so unreal;” “I don’t know what to do with my feelings . . . I’m afraid that I will lose it . . . there is no place to go with them;” “there is no one who can share my grief here . . . maybe a few close friends here, but that’s all;” “all I got was 5 minutes to see her at the wake, that was it . . . big deal.” These comments raised critical questions in my own mind, identifying the need for further inquiry about this vulnerable population, particularly in the specific issues of coping with grief while incarcerated, following the death of a significant person.

Women in prison often enter the correctional system with significant mental health issues and an extensive history of losses: impoverished backgrounds, broken families, history of physical and/or sexual abuse, mental illness, and substance abuse. In light of this information, an assumption is made that women may be at greater risk for a difficult bereavement following a major loss incurred while they are incarcerated. Experiencing the death of a significant person is one more major problem that may not be adequately addressed. By nature of their incarceration, the grief of women in prison is decontextualized. Opportunities to have loss recognized and validated, to participate in mourning rituals, and to receive the social support that seems to be so needed in the grieving process may be absent.

Doka (1989), Schneider (1994), and Corr (1998-1999), three contemporary writers in the area of loss and grief, assert that acknowledging and validating loss has important implications for the grief experience. When a person incurs a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported, it is often described as disenfranchised (Corr, 1998-1999; Doka, 1989).

“The very nature of disenfranchised grief creates additional problems for grief, while removing or minimizing sources of support” (Doka, 1989, p.7). When the loss or the griever is not recognized, social support and societal validation is often lacking. Subsequently, a more complicated grief experience may result (Corr, 1998-1999; Doka, 1989). Additional problems may arise that go beyond the usual difficulties in grief because disenfranchised grief typically involves intensified emotional reactions, ambivalent relationships, and concurrent crisis (Doka, 1989). Corr (1998-1999) states:

in circumstances of disenfranchised grief there is an absence of customary sources of support because society’s attitudes make unavailable factors that usually facilitate mourning (for instance, the existence of funeral rituals or possibilities for helping to take part in such rituals) and opportunities to obtain assistance from others (for example, by speaking about the loss, receiving expressions of sympathy, taking time off from work, or finding solace within a religious tradition. (p. 5)

If one accepts the premise that a person must have the opportunity to grieve in order to achieve an adequate adjustment to a significant loss, it seems to follow that there may be unique aspects of the incarcerated woman’s experience that inhibits this process. Incarceration may interfere with opportunities to have a major significant loss recognized, validated, and supported. Although it is acknowledged that women in prison may have a number of significant losses, this study will focus on loss related to the death of a significant person.

The purpose of this study was to describe and understand the grief experience of women who experienced the death of a significant person during imprisonment. The specific research questions were:

1. What are the meanings of the grief experience of incarcerated women?
2. How does their grieving process compare with images of grief depicted as a normal process?
3. To what extent do the women perceive incarceration influencing their grieving process?

To examine issues of loss and grief of incarcerated women, a descriptive approach to inquiry was used consisting of two phases. In Phase One, which was carried out during the summer of 1999, a convenience sample of three women was recruited by the Warden and clinical staff at a State Women's Correctional Facility of medium security in New England. All of these women had experienced the death of a significant person during their incarceration. In-depth interviews were conducted to explore the personal experiences of these women. The interviews unfolded as a type of dialogue or conversation, in which I listened, showing interest, and asking questions for clarification. The interviews were tape recorded and transcribed verbatim. In Phase Two the data collected in Phase One was analyzed and interpreted using a combination of hermeneutic and narrative analysis. This analysis provided in-depth understanding of the grief experience of incarcerated women as well as how the women perceived their incarceration influencing their grieving process.

Psychiatric mental health nurses and nurse practitioners may encounter women who have been in prison after their release and can play a critical role in responding to the health care needs of this population. To increase our understanding of the needs of incarcerated women related to issues of loss and grief, and to contribute to the planning of effective intervention strategies, the grief experience of incarcerated women must first be explored. In-depth understanding of the grieving process and the influence of incarceration on the grieving process are critical in laying the groundwork for developing models of intervention and care for this vulnerable group.

CHAPTER II

Background

The Human Phenomena of Grief

Kim (1987) developed a typology of four domains that “can be used to systematize research and ever-cumulating knowledge in nursing” (p. 99). This type of classification system serves as an organizing framework to categorize phenomena that are relevant to the discipline of nursing. The typology includes four domains: client, client-nurse, practice, and environment.

The emphasis of the client domain is on gaining knowledge about phenomena within a nursing perspective that pertains only to the client (Kim, 1987). According to Kim (1983), the focus of this domain is to gain knowledge about the client’s problems, formulate ideas as to why problems exist, and deliver the most effective care to the client.

Kim (1983, 1987, 2000) further delineates four classes of phenomena in the client domain: essentialistic, developmental, problematic, and health care experiential. Essentialistic concepts refer to phenomena that are essential characteristics of human nature. Developmental concepts are related to phenomena in human growth and development. Problematic concepts refer to phenomena that are a deviation from the norm, and health care experiential concepts refer to phenomena that come from people’s experiences in the health care system. Since grief is a universal human phenomenon, it can be classified as an essentialistic concept.

Loss and Grief

Loss is an integral part of human experience and can be defined as a “state of being deprived of or being without something one has had” (Peretz, 1970, p. 4). Although loss is a universal experience, it is unique in the sense that “each individual has a distinct life history of contact with loss and develops a set of beliefs about loss reflective of that life experience” (Benoliel, 1985, p. 217).

Loss has been discussed in the literature as the primary antecedent preceding grief (Benoliel, 1985; Doka, 1989; Neimeyer, 1998; Peretz, 1970; Rando, 1984; Rodgers & Cowles, 1991; Schneider, 1994). Although the emphasis of the literature in the past has been predominantly on grief associated with the death of a significant person, the contemporary literature also discusses grief as a response to a wide variety of losses including physical illness or impairment, divorce, miscarriage, infertility, retirement, body image or identity, independence, rape, change in lifestyle, birth of a handicapped child, and the loss of one’s home or homeland (Corr, 1998-1999; Doka, 1989; Neimeyer, 1998; Peretz, 1970; Rando, 1984; Schneider, 1994). Trolley (1993-1994) also draws similarities between the grieving process and traumatic life events. Based on the findings of their concept analysis, Rodgers and Cowles (1991) assert

in general, it was found that the concept of grief is preceded by any situation in which there is a perceived loss, such as separation from any object of attachment whether it be person, pet or physical object of significance to the individual or changes in the satisfaction of an abstract personal need. (p. 449)

In the course of one's life, numerous losses including the loss of important relationships will be experienced. However, the meaning of the loss varies significantly, and influences to a great extent the response to loss. The extent to which a given experience of loss is major for an individual depends on the unique nature and meaning of the loss, the individual's past experience with loss, the amount of social disruption produced by the loss, secondary losses, the vulnerability of the person at that point in time, the availability of supports, and the individual's adaptation or coping style (Benoliel, 1985; Rando, 1984; Schneider, 1994; Worden, 1991). In addition, patterns of responding to loss will also be influenced by sociocultural norms, religious beliefs, and customs (Benoliel, 1985; Neimeyer, 1998; Rando, 1984; Schneider, 1994).

Although this study focuses on grief experienced following the death of a significant person, it is not meant to imply that death is the most important loss for these women. It is acknowledged that there may be other losses that carry an even greater significance.

Conceptualizations of Grief

The concept of grief has been an area of interest in numerous disciplines for many years. Abundant literature can readily be found in anthropology, sociology, psychology, nursing, medicine, and epidemiology. Numerous theoretical formulations of grief have been developed which describe grief as a complex process. Typically, intervention with people in grief is informed by one or a combination of these theoretical perspectives.

Grief as A Crisis

Lindemann's (1944) classic and widely quoted publication graphically described the symptomatology of normal grief. His work was based on psychiatric interviews with 101 patients. He analyzed the data in terms of reported symptoms and changes in mental status during a series of interviews. His subjects included psychoneurotic patients who lost a relative during treatment, relatives of deceased hospitalized patients, relatives of servicemen who died in World War II, and bereaved disaster victims of the Coconut Grove Fire.

Lindemann (1944) defined grief as "a definite syndrome with psychological and somatic symptomatology" (p. 101). He identified five predominant features of grief: somatic distress, preoccupation with the image of the deceased, guilt, feelings of hostility, and loss of usual patterns of behavior. The duration of the grief reaction largely depends on the success of grief work which Lindemann describes as emancipation from the bondage of the deceased, readjustment to an environment in which the deceased is missing, and the formation of new relationships. According to Lindemann, a major obstacle to grief work is the tendency to avoid the intense distress connected with the grief experience as well as emotional expression. This was noted to occur particularly with men.

Lindemann (1944) believed that the role of the psychiatrist was to assist patients in their readjustment stating "with eight to ten interviews in which the psychiatrist shares the grief work, and with a period of four to six weeks, it was

ordinarily possible to settle an uncomplicated grief and distorted grief reaction” (p. 144).

Lindemann (1944) also identified several morbid reactions to grief. He suggested that grief could be delayed or postponed for weeks or even years. Expression of delayed grief may be precipitated by another loss or other circumstances in one’s life. Distorted reactions, which may reflect unresolved grief could include an overactivity without a sense of loss, acquisition of symptoms belonging to the deceased, a medical disease such as ulcerative colitis, an alteration or progressive isolation in relationships with friends and family, furious hostility against specific persons such as physicians, absence of emotional display, lasting loss of patterns of social interaction, and agitated depression.

Lindemann’s (1944) conceptualization of grief was based on his observations and psychotherapy with patients and not on research. In his publication, he did not provide information about the frequency of the interviews, the frequency of the syndrome described, or the time span following the death of the significant person in which he saw these individuals. In addition, Lindemann did not address the social context or the individual factors that may influence the grief experience.

Grief as A Life Transition

Colin Murray Parkes (1972, 1993; Parkes & Weiss, 1983), a well-known English physician, is noted for his ongoing research and theory development particularly in the area of widowhood. Parkes’ conceptualization of grief was influenced to a large extent by Bowlby’s (1980) attachment theory, Lindemann’s

classic publication in 1944, and by Marris' (1974) work on loss and change.

Parkes challenges Lindemann's view that individuals recover from grief rapidly, stating that as a result of his own research with widows, grief was still prominent even after a year.

Initially, Parkes (1972) viewed grief as an acute stress response, but later described grief as a major life transition, or a period of challenge and readjustment. Parkes (1972) describes grief as a normal process in response to an overwhelming loss, and the "price we pay for love, or the cost of commitment" (p. 26). Although grief is highly individualized, common patterns of grief can be identified. However, grief may also be complicated by preexisting psychological circumstances so that it takes an abnormal course.

According to Parkes (1972), grief is a complex interweaving of psychological and social processes. Grief is a realization whereby the bereaved person struggles to revise her/his assumptive world, or the internal world that consists of all the expectations and assumptions that have been invalidated by change. The pain of change that accompanies grief is related to the need to revise assumptions that have become habits of thought and behavior. Since we rely on our assumptive world to keep us safe, a person feels very unsafe when this world is changed.

One of Parkes' (1972; Parkes & Weiss, 1983) most significant contributions is his systematic description of the physical, emotional, behavioral, and cognitive manifestations of grief. In his description of the pain of grief, he used the terms the "pangs of grief," or acute episodes of severe anxiety and

psychological distress in which the person is strongly missed, and “pining”, a persistent and intrusive wish for the person who is gone, accompanied by preoccupation with thoughts of the deceased leading to intense searching behavior. As attempts to recover the lost object fail, the bereaved experiences psychological pain, deep pervasive sadness, disorganization and numerous physical symptoms such as lethargy, restlessness and irritability, sleep and appetite problems.

As a result of his research with widows and widowers, Parkes (1972) identified four stages of grief: numbness, disbelief, and shock; yearning and protest; disorganization and despair; recovery and reorganization. The initial period of shock is most acute in the days immediately following a death. As shock subsides, an all-encompassing sorrow emerges followed by a period of disorganization. This disorganization frequently leads to anxiety and despair, as well as withdrawal from others. Multiple physical symptoms often exist such as sleeping and eating problems, anergia, decreased strength and stamina. During the period of intense grief, obsessional thinking of the illness or accident is present. The period of disorganization lasts approximately 2 months, although for some people it may continue for a much longer period of time. Further recovery or reorganization seems to progress much more slowly. Evidence of the beginning of recovery is marked by feeling better, with a beginning interest in activities, and in being with other people. The person recognizes that change has taken place, accepts it, and examines how basic assumptions about themselves and the world have changed. Hallmarks of this last phase include freedom from emotional and physical symptoms, the development of new skills, interest in others, and an

investment in the present. Parkes states that the four stages are not distinct and that features of one stage may persist into the next.

Clinical Models of Grief

William Worden, a well-known professor of psychology at the Harvard Medical School, has focused his work on developing a model for grief counseling. Worden's (1982, 1991) model is based on the belief that the resolution of grief can be influenced by intervention and that the grieving individual needs to take action. Worden (1982, 1991) believes that the counselor's role is to facilitate the grieving process and help the client come to a resolution. Worden (1991) synthesizes the work of many other theorists and researchers, including Bowlby (1980), Lindemann (1944), Parkes (1972), and Engel (1961). Worden (1982) embraces Engel's (1961) view that grief is a departure from the state of health and well being, and compares the process of mourning to the process of physiological healing. He incorporates the works of Bowlby, Lindemann, and Parkes in his description of normal grief reactions.

Worden (1991) asserts that mourning is necessary and that certain tasks must be accomplished for equilibrium to be reestablished. Incomplete tasks can impair further growth and development. Worden describes each task and provides a prescriptive guide for counselors to utilize in facilitating an individual's grief. The four tasks are described as: accepting the reality of the loss, working through the pain of grief, adjusting to an environment in which the deceased is missing, and emotionally relocating the deceased and moving on with life.

In the first task, the person needs to come to terms with the reality of the loss, intellectually and emotionally. Belief and disbelief are intermittent as the individual struggles with this task. Working through the pain of grief is a necessary next step in order to successfully complete the grieving process. Although individuals do manifest their grief differently, it is expected that the bereaved person will experience a combination of physical, emotional, behavioral, and cognitive distress. The clinician's role is to help the person identify and express feelings, particularly anger, anxiety, guilt, and helplessness. Worden (1991) believes that successful resolution requires the outward expression of feelings, stating "many feelings may not be recognized by the survivor or they might not be felt to the degree they need to be in order to bring about a successful resolution" (p. 43).

In the third task, adjusting to an environment in which the deceased is missing, the bereaved struggles with the meaning of the loss. As fundamental beliefs and values are confronted, the bereaved often feel they have lost direction in their lives and may need to come to terms with major life changes such as living alone, raising children alone, facing an empty house, and managing finances alone. The bereaved often is not aware of all the roles played by the deceased for some time after the loss occurs. During the third task, the counselor uses a problem-solving approach with the goal of helping people accommodate to loss by facilitating their ability to live without the deceased and to make decisions independently.

Worden's (1991) description of the fourth task, which represents a modification of his earlier work in 1982, suggests the importance of the bereaved emotionally relocating the deceased such that the mourner no longer has a need to "reactivate the representation of the dead with exaggerated intensity in the course of daily living" (p. 16). The counselor's role is to help the deceased "find an appropriate place for the dead in their emotional lives-a place that will enable them to go on living effectively in the world" (p. 17).

According to Worden (1991) grieving is finished when the four tasks are completed. Some of the hallmarks include being more hopeful, adapting to new roles, experiencing pleasure again, thinking of the deceased without pain, and reinvesting emotionally back into living and in the living. Worden uses the four tasks as a guide for clinicians, outlining specific principles and procedures of grief counseling. In facilitating normal grief, the counselor interprets normal behavior, provides support and time for grieving, examines defenses and coping styles, and identifies pathology and refers when appropriate. Worden provides clues for diagnosing complicated grief and identifies factors that influence grief outcomes including the role of the deceased, nature of the attachment, mode of death, past history of losses, personality, and social variables. Worden also briefly addresses other types of losses including suicide, miscarriages, abortion, and AIDS.

Worden's (1991) model is based on the belief that the resolution of grief can be influenced by intervention and that the grieving individual needs to take action. Although the model can serve as a guide for clinicians, caution must be

used to not oversimplify the approach to grief counseling or ignore individual differences in coping style.

Therese Rando (1984), a clinical psychologist and well known presenter on the topic of normal and complicated grief, discusses the psychological reactions to normal grief as a guide for clinicians who are working with the bereaved. Her work is primarily based on the earlier works of Lindemann (1944), Parkes (1972), and Worden (1982). According to Rando (1984) “the reactions do not form rigid phases and the griever will probably move back and forth among them. All individuals will not experience all reactions presented; these are only some of the possible responses” (p. 29). The reactions discussed by Rando (1984) are divided into three broad categories: avoidance, confrontation, and reestablishment. In avoidance the person attempts to avoid the acknowledgment of the loss, responding with shock, disbelief, and numbness. This “emotional anesthesia” serves as a protection or buffer from being overwhelmed by the impact of the loss.

Grief is experienced most intensely during confrontation. Anxiety, anger, guilt, depression, despair, inability to concentrate, irritability, tension, preoccupation with the deceased, and yearning are common experiences during this time. A gradual decline of the intense emotional reactions marks the beginning of reestablishment, whereby the person begins to reenter the everyday world.

Rando (1984) underscores the importance of considering a variety of factors that may influence one’s grief reaction. “Each person’s grief will be idiosyncratic, determined by a unique combination of psychological, social, and

physiological factors” (Rando, 1984, p. 43). Age, the meaning of the loss, individual personality style and coping behaviors, past experiences with loss, sociocultural and religious background, educational and socioeconomic status, secondary losses and/or concurrent crisis, and physiological well being are critical in evaluating one’s response to loss.

Rando (1984) is also quite prescriptive in the discussion of therapeutic interventions with griever. Rando, like Worden, (1982, 1991) asserts that the expression of feelings of loss, anger and sadness is a “necessary part of the resolution of grief” (p. 75). Numerous strategies for interventions are outlined incorporating Worden’s (1982, 1991) tasks. A strength of Rando’s approach to intervention includes a thorough assessment of the person’s grief and the significant factors influencing it.

A Transformative Model of Grief

Schneider (1989, 1994) developed a model of grief that is cyclical, growth oriented and describes grief as a three-step discovery process: discovering what is lost, what is left and what is possible. Schneider’s (1994) conceptualization of grief incorporates key concepts from other classic theories and descriptions of grief (Bowlby, 1980; Lindemann, 1944; Marris, 1974; Parkes, 1972). A significant difference, however, is that Schneider (1989, 1994) emphasizes the normative and growth potential of grief. Grief is described as an inherently dynamic and highly individualized process. Phases are used to illustrate the nonlinearity of the process. Throughout the model multiple dimensions are used

to describe the complexity of the human response including physiological, emotional, behavioral, cognitive, and spiritual.

The first phase, discovering what is lost, often begins with shock followed by attempts to overcome or escape from the loss. Since the full significance of the loss cannot be fully absorbed at one time, a combination of coping strategies that conserve energy by escaping from the full impact of the loss, and holding on strategies that focus on trying to understand what happened and to problem solve, are called forth. Awareness is a turning point in the process of grief characterized by a challenge to physical stamina, the will to live, and the search for meaning.

The second phase, discovering what is left, proceeds to a more active discovery process of what remains and what can be restored. Grief enters a healing phase and an awareness of the outside world is regained through the senses. Sadness begins to sweeten, hopelessness is reduced, and loneliness is less frightening. The person is able to appreciate the meaning of the loss in a broader context with an acknowledgment that learning from the loss is also possible. There is a movement away from focusing on the loss to being able to take risks. During this process, the person is challenged to examine and possibly relinquish previously held beliefs, assumptions, roles, and basic values.

During the third phase, the person considers that the loss is growth producing. New potentials are discovered and the view of self is amplified. The person is at peace with her/his feelings, often re-ordering life's priorities. The ability to experience the fullness of life with an openness to hope, growth, freedom, and new choices are the hallmarks of this phase.

Schneider (1994) discusses the significance of grief associated with other types of loss. This view is consistent with the contemporary literature and recommendations that a range of losses, not only death must be included in examining the nature of grief (Benoliel, 1985; Corr, 1998-1999; Cowles & Rodgers, 1993; Doka, 1989; Littlewood, 1992; Marris, 1974; Neimeyer, 1998; Osterweis, Solomon, & Greene, 1984).

Schneider's (1989, 1994) model reflects a deep respect for the capacity of the human person to grow even in the midst of pain and suffering. This view is a welcomed departure from the traditional models that focus on negative individual outcomes. Schneider's (1989, 1994) model also reflects a deep appreciation of the meaning of the person's experience evidenced in his discussion of validation which supports the genuine acceptance of the human condition, affirming the individuals' experience in the moment. Schneider (1994) believes that the primary goal of intervention is acknowledging and validating the loss and the griever. According to Schneider (1994), validation fosters a deep appreciation of the moment, suspending judgment, incorporating genuine communication and respect for the uniqueness of the individual, without intention to change, manipulate, and control. Validation provides the safety necessary for the person to feel safe enough to discover what has changed.

The Dual Process Model

Stroebe and Schut (1999) have identified shortcomings in the conventional grief theories and propose a revised model of coping with the loss of a close person. This model is not a phasal model, but "rather a waxing and waning, an

ongoing flexibility, over time” (Stroebe & Schut, 1999, p. 213). The components of the model include the stressors associated with bereavement, the cognitive strategies involved in coming to terms with the life event, and the dynamic process of oscillation.

“This model identifies two types of stressors, loss and restoration-oriented, and a dynamic regulatory coping process of oscillation, whereby the individual at times confronts, at other times avoids, the different tasks of grieving” (Stroebe & Schut, 1999, p. 197). A basic assumption of this model is that coping is embedded in everyday life experience whereby people undertake in varying degrees, loss-oriented and restoration-oriented coping. The process of confronting the reality of the loss takes place in dosages and allows for attending to other tasks that are concomitant with loss.

Loss orientation dominates early on in bereavement and refers to the concentration and dealing with processing of some aspect of the loss experience itself. It encompasses yearning for the deceased, rumination about the deceased, and the grief work concept of traditional theories. A range of emotional reactions are involved, from pleasurable reminiscing to painful longing.

Restoration orientation does not refer to an outcome variable, but to the secondary sources of and coping with stress. The focus is on the numerous adjustments and substantial changes that have to be made as secondary consequences of loss (e.g., finances, development of a new identity from spouse to widow). The additional sources of stress can lead to further anxiety and distress. A myriad of emotional reactions are also involved in coping with the tasks of

restoration, including taking time off from the pain of grief. The individual is challenged to accept the reality of a changed world as well as accepting the reality of the loss.

A dynamic back-and-forth process, called oscillation, is a central component to this model.

This refers to the alternation between loss- and restoration-oriented coping, the process of juxtaposition of confrontation and avoidance of different stressors associated with bereavement. At times the bereaved will be confronted by their loss, at other times they will avoid memories, be distracted, or seek relief by concentrating on other things. (Stroebe & Schut, 1999, pp. 215-216)

In this model, it is postulated that oscillation is necessary for optimal adjustment over time.

A strength of this model is that it can account for cultural and gender differences. Some individuals and some cultures may be described as being more loss oriented or restoration oriented. In the discussion of this model, Stroebe and Schut (1999) assert “until further research has been done, caution must be observed in making assumptions, or in deriving practical applications from assumed regularities” (p. 220).

Summary

In the past, predominant models of grief have conceptualized grief as a sequential, predictable, linear process in which there is a progression of emotional and cognitive changes over time. This process has been organized in terms of

phases and stages (Bowlby, 1980; Parkes, 1972) or tasks (Worden, 1982). With the growing awareness of the complexity of the nature and experience of grief, some contemporary writers assert that grief is not a linear process with concrete boundaries but rather a composite of overlapping fluid phases or spirals that vary from person to person (Arnold, 1995; Cowles & Rodgers, 1993; Rando, 1984; Rosenblatt, 1996; Shuchter & Zisook, 1993; Schneider, 1994; Stroebe, Hansson, & Stroebe, 1993). Recent authors have moved away from the focus on symptom resolution and suggest that grief may also be growth producing or transformative (Arnold, 1995; Benoliel, 1985; Schneider, 1994; Shuchter & Zisook, 1993). Neimeyer (1998) questions the adequacy of conventional grief theories, and presents an alternate view based on the fundamental assumption that meaning construction in response to a loss is the central process of grief. In this perspective, it is proposed that a profound loss can disrupt the very basic assumptions that we have constructed about the world and ourselves.

To date, there is little agreement regarding the course of normal grief. The expected course for what is considered normal has increased over the years. Contemporary authors have challenged earlier writers and have taken the position that the question of how long grief lasts is still unanswered (Neimeyer, 1998; Parkes, 1972; Rosenblatt, 1996; Shuchter & Zisook, 1993; Stroebe et al., 1993; Stroebe, Bout, & Schut, 1994). An emerging consensus is that grief is potentially without limit.

Although there is variation in the description of the phases of grief, and contemporary writers are beginning to challenge conventional theories, there

continues to be some commonality in how this process is conceptualized. The process of grief can be described as having at least three partly overlapping phases: (a) an initial period of shock, disbelief, and denial; (b) an intermediate period of acute distress, and (c) a period of integration, or assimilation.

The first phase may last from hours to weeks and is characterized by varying degrees of disbelief and denial. The mourner cannot believe that death is real and the person describes feeling numb and paralyzed. As recognition of the reality of the loss surfaces, denial often occurs serving as a buffer or protective mechanism, by allowing slow absorption of the reality of the loss.

The acute phase begins when death is acknowledged cognitively and emotionally. As the shock wears off, grief is intensely experienced frequently occurring in periodic waves. This distress is often accompanied by physical and emotional discomfort, social withdrawal, and painful preoccupation with the deceased. This acute period may last for several months before the person returns to a feeling of well being and the ability to go on living.

In the last phase, frequently referred to as restitution, integration, or assimilation, the bereaved shifts attention to the world around him or her and to the future. There is a gradual decline of grief and a beginning of the emotional reentry into everyday life and work. The hallmark of this phase is the ability for the bereaved to return to work, reexperience pleasure, and reinvest energy in new persons, ideas or things. The loss is put in a special place but frees the mourner to make new attachments.

The concept of “grief work” has been central in the major formulations of grief and has served as the blueprint for grief counseling. In fact, intervention models define the goal of grief counseling as facilitating “grief work” (Rando, 1984; Worden, 1982). The grief work hypothesis is based on the notion that one has to confront the experience of bereavement to come to terms with loss and avoid detrimental health outcomes (Stroebe & Schut, 1999). Most recently the concept of “grief work” has been called into question (Wortman & Silver, 1989; Wortman, Silver, & Kessler, 1993; Stroebe et al., 1994). According to Stroebe et al. (1994), “results from a few recent studies have provided empirical evidence in support that grief work may not be essential for adjustment as the majority of theoreticians and clinicians believed” (p. 194). The main points of criticism identified by Stroebe and Schut (1999) concern the lack of clarity in the definition of grief work, the poor quality of operationalizations in empirical studies, and the lack of application across cultures. In addition, the grief work hypothesis does not take into account gender differences and could be more representative of a female model of grieving (Stroebe & Schut, 1999).

The predominant grief models claim that the purpose of grief is to disengage or sever the bonds with the deceased, and to let go of the past so that the person is free to make new attachments. This belief has influenced the principles and goals of grief counseling. According to Silverman and Klass (1996) this belief is based on unexamined assumptions, inadequate empirical research, and has its roots in the modern Western world which focuses on individualism and separateness. Recent authors have challenged this view (Clark, 1993; Neimeyer,

1998; Silverman & Klass, 1996; Stroebe, Gergen, Gergen, & Stroebe, 1996; Vickio, 1999). Some authors have put forth the idea that resolution of grief may involve continuing bonds and that these bonds may be a healthy part of the ongoing life of the bereaved (Neimeyer, 1998; Silverman & Klass, 1996; Stroebe & Schut, 1999).

The major assumption in grief work is that persons experiencing the death of a significant person are able to engage in various social rituals such as wakes, funerals, and visits to the gravesites which may allow them to express and cope with grief within a context of social support. Hence, the models of grief described in the literature contextualize grief in the possibility of involvement in such rituals.

However, incarcerated persons are often not able to engage in similar rituals in their loss of a significant person. This means that the grief experience of incarcerated persons may need to be understood from a model that specifically addresses disenfranchised grief.

Women in Prison

Approximately 82,716 women were incarcerated in Federal or State prisons in June 30, 1998. An additional 63,791 women were supervised in local jails (Bureau of Justice, 1999). The rate of incarceration for women is growing at a much faster rate than that of men (Bureau of Justice, 1994; Bureau of Justice Bulletin, 1999; Covington, 1998; Henderson, Schaeffer, & Brown, 1998; Phillips & Harm, 1998; Singer, Bussey, Song, & Lunghofer, 1995; Young, 1998). The number of women in prisons in 1998 increased 5.6% as compared to a 4.7% for

men. “At midyear 1998 women accounted for 6.4% of all prisoners nationwide, up from 4.1% in 1980 and 5.7% in 1990” (Bureau of Justice, 1999, p. 4).

Although the number of women entering prisons has continued to soar over the last two decades, there has been little attention paid to them in health care research (Coll, Miller, Fields, & Matthews, 1998; Jordan, Schlenger, Fairbank, & Caddell, 1996; Maeve, 1998; Singer et al., 1995). In fact “we know too little about women serving time” (Singer et al., p. 103). “While the lack of representation of women in health research has become a national concern, health research regarding incarcerated women is particularly lacking” (Maeve, 1998, p. 1).

According to Singer and colleagues (1995), this paucity of research is related to three factors: women tend to commit nonviolent crimes; therefore, they are not considered a threat to society; they represent only a small proportion of inmates as compared to men; and they have unequal economic and political status.

Most women in State prisons are between the ages of 25-34, unmarried, members of a racial or ethnic minority, have at least a high school diploma or GED, and are unemployed at the time of arrest. Approximately 62% are single parents of one to three minor children, 60% have been welfare recipients (Singer et al., 1995). More than half of the women grew up in households without the presence of both parents (Bureau of Justice, 1994; Covington, 1998; Henderson et al., 1998; Maeve, 1998; Young, 1998). Histories of sexual and physical abuse, mental health problems, and significant substance abuse histories are reportedly high (Bureau of Justice, 1994; Fogel & Martin, 1992; Henderson et al., 1998;

Jordan et al., 1996; Maeve, 1998). Most of the women come from impoverished backgrounds, and have lived chronically chaotic lives (Owen, 1998; Singer et al., 1995). “In short, crimes these women commit are often a reaction to negative life events, a response to a crisis or to prolonged disadvantage” (Singer et al., 1995, p. 103).

Life of Incarceration

Imprisonment is a stressful and painful life event which can have a negative impact on the physical and psychological well being of the person sentenced to prison (Burkhart, 1973; Fogel, 1993; Keaveny & Zauszniewski, 1999; Pang, 1989; Parisi, 1982; Toch, 1977, 1992). Imprisonment presents extraordinary obstacles to one’s ability to cope and adapt, requiring the woman to struggle and survive conditions that most of us cannot even begin to comprehend (Owen, 1998). Although some people adapt to the challenges of the prison environment, there are many others who continue to struggle on a daily basis and never adjust (Owen, 1998; Toch, 1977, 1992).

Some authors have used the term “pains of imprisonment” to describe the innumerable issues with which inmates must learn to cope (Giallombardo, 1966; Toch, 1977). Crowding, monotony, lack of privacy, loss of freedom, loss of relationships, the lack of heterosexual relationships, a decrease in autonomy, the absence of personal goods and services, and concerns about safety represent the critical challenges for people sentenced to prison (Giallombardo, 1966; Toch, 1977, 1992). These deficits often lead to feelings of inadequacy, powerlessness, decrease in self-esteem, and mental health issues. Security always takes priority in

prison and overrides any issue or problem faced by the person in prison (Anderson, Bankson, & Zephirin-Atkins, 1998; Toch, 1992; Watterson, 1996).

“Prisons are established to contain, control, and punish those who have committed crimes . . . guards and treatment staff place a premium on maintaining security and safety. Gratifying an inmate’s physical, emotional, or even therapeutic needs takes a necessary backseat” (Anderson et al., 1998, p. 251).

Although a variety of activities are offered throughout the day, inmates complain of feelings of boredom and an unending redundancy of daily routine. By nature of its imposed structure, daily life is governed by incessant rules. Everything a woman does--sleeps, eats, bathes, and engages in recreation--is regulated or controlled. The loss of adult status leads to dependency, powerlessness, and infantilization (Anderson et al., 1998; Fox, 1982). The emphasis on uniformity undermines self-respect, as well as fostering apathy and dependence (Giallombardo, 1966; Toch, 1977, 1992).

The lack of privacy and personal space as well as the pervasiveness of prison rules also interferes with adaptive strategies that people use when under stress, such as going for long walks and writing in journals. Subsequently, women are forced to return to previously learned dysfunctional strategies (Anderson et al., 1998).

According to Owen (1998) “interpersonal relationships are the anchor of prison culture” (p. 119). Incarcerated women try to maintain contact with their families on the outside. In fact, the primacy of relationships with children and families have a significant influence on the women. “Many women report that

being separated from their children is the hardest part of doing time” (Owen, 1998, p. 127). Although many women maintain contact with their children through telephone, letters, and regular visitation, they experience a great deal of emotional pain as a result of the physical separation of imprisonment, emotional estrangement from their children, concerns about their well being, and fear of losing custody (Fox, 1982; Owen, 1998; Watterson, 1996).

Women in prison tend to develop kinship systems or informal social structures to ward off the deleterious effects of confinement, to develop a sense of belonging, and to ease their loneliness (Giallombardo, 1966; Owen, 1998; Toch, 1992; Watterson, 1996). These social structures are sometimes referred to as prison families or play families, with different women assuming the role of mother, father, sister, brother, or daughter (Burke, 1992; Owen, 1998; Watterson, 1996).

Prison families are much like friendships among people anywhere, like the kind of relationship where you guide and counsel a friend as though he or she were your own child, or relate to someone as if she were your sister or mother. (Watterson, 1996, p. 288)

These families are often the basis for a woman’s role or status within the prison culture (Owen, 1998). Same sex relationships, which may be sexual or nonsexual, are common in women’s prisons (Giallombardo, 1966; Owen, 1998; Toch, 1992; Watterson, 1996). Some of these relationships are romantic, whereas others are based on a strong emotional attachment. In their yearning for companionship and intimacy, women often attempt to establish rapport with at least one other person

who is usually an inmate (Owen, 1998; Toch, 1992). The search for a friend may be difficult considering the prohibition of open physical contact. Another barrier to the development of meaningful relationships is the element of trust necessary to engage in meaningful interactions. Many women fear being exploited in their weakness and vulnerability.

Relationships with staff can range from cooperative to hostile. In some studies, relationships involve a recognition of common goals shared by the women and the officers: keeping peace, avoiding violence, sharing information, and accomplishing the routines of daily life (Owen, 1998). Relationships can also be highly conflicted, where the women experience many of the interactions with the correctional staff as demeaning and patronizing (Owen, 1998; Pang, 1989; Toch, 1977). Inconsistencies of rule interpretation and enforcement often result in frustration and increased tension (Fox, 1982; Owen, 1998; Pang, 1989).

Survival in prison largely depends on the woman being able to develop a productive routine or program within the prison as well as to develop relationships with other prisoners and staff (Owen, 1998). "Negotiating the prison world involves learning a unique set of strategies, behaviors, and meanings" (Owen, 1998, p. 168). Access to information about prison culture through past experience, knowing someone in prison, women's street culture, or a commitment to a deviant identity provides footprints as to what to expect. Interpersonal coping skills and learning how to deal with the prison bureaucracy influence to a large extent the adaptation of a woman who is doing time (Owen, 1998).

Contextualizing Grief of Incarcerated Women as Disenfranchised

The contemporary grief literature emphasizes that serious problems, such as masked or delayed grief, can occur when losses are not acknowledged or recognized and/or when the griever is not supported and validated (Doka, 1989; Schneider, 1994). When a person suffers a loss that cannot be openly acknowledged, publicly mourned, or socially supported, it is often described as disenfranchised, often resulting in a more complicated bereavement (Doka, 1989).

Grief can be disenfranchised in situations in which the relationship is not recognized or socially sanctioned, denying individuals the opportunity to publicly mourn the loss. Although close relationships may exist between friends, lovers, foster families, stepparents and stepchildren, neighbors, caregivers, and roommates such as in nursing homes or extended care facilities, an opportunity to publicly mourn the loss may not exist. Nontraditional relationships such as extramarital affairs and homosexual relationships often face negative reactions in the larger community, prohibiting the acknowledgment of the relationship.

There are numerous other situations in which the loss itself is not socially recognized as significant. Perinatal death, abortion, placing a child for adoption, infertility or the loss of the wished for child, loss of a foster child, and pet loss frequently lack acknowledgment, thereby leaving the griever emotionally isolated. According to Schneider (1994) other losses which involve unpopular antisocial behaviors or the breaking of taboos can also be classified as disenfranchised. Divorce, murder, mental illness, abuse, torture, incest, rape, suicide, and AIDS often lack the legitimization as significant losses.

There are other situations in which the griever is not recognized because the griever is not socially defined as capable of grief. The very young, the very old, and the mentally disabled may be excluded from important rituals because they are perceived as having little comprehension of the death of a significant person.

According to Doka (1989), Rando (1993), and Schneider (1994) the problem of disenfranchised grief can create additional problems for the griever. Significant losses that are disenfranchised often lack acknowledgment and validation, thereby minimizing social support and the opportunity to participate in important healing rituals. The griever is often left grieving alone, in isolation. Without safety, validation, and support, an individual can get “stuck in their grief” (Schneider, 1994). Emotional reactions may be intensified and a complicated grief reaction may result (Doka, 1989; Rando, 1993; Schneider, 1994).

If one accepts the premise that a person must have the opportunity to grieve and have the grief validated in order to achieve an adequate adjustment to a significant loss, it seems to follow that there may be unique aspects of the incarcerated woman’s experience that inhibits this process.

According to Toch (1992) “confinement may amplify the processing of sorrow when a loved one is lost. Inmates may feel unable to manage both grief and their reaction to an (allegedly) unconcerned prison staff” (p. 247). Prison resources are not always available when the women need them. Inmates may tend to reflect in the early morning or evening hours when the professional staff is

absent (Toch, 1992). The woman then, may be forced to grieve alone, resulting in either emotional withdrawal, detachment, or acting out.

One of the inmates, who was in my grief group, discussed her experience following the death of her boyfriend and the father of her son, stating,

There was no one for me to talk to. There was nothing I could do. I couldn't even help my son. When I think about it, I feel like I am going to blow. And then I'd end up in worse shape, in solitary. So what's the point in even dealing with it. It's better not to think about it.

In sharing her experience, several key issues were prominent. Since this woman's boyfriend had severe problems with substance abuse, her relationship with him was not recognized by her family. She was not able to attend the wake and funeral because he was not a family member. Since the relationship was not recognized, her loss was not recognized. She felt cheated and angry that she did not have the opportunity to say goodbye by not being able to attend the wake and funeral. In addition, she felt a great deal of emotional pain by not being able to be with and help her son with the death of his father. Incarceration prevented her from being "there for him." Guilt and sadness were expressed as she described this recent experience. She felt powerless and angry. However, since she had no avenue to express her anger, she feared losing control or "blowing" which would result in being placed in solitary confinement. This woman decided that the only way to deal with this loss was "to not deal with it, to try and not think about it." From her perspective, there was no opportunity to have her loss acknowledged or validated. Unfortunately, she had not been able to establish a trusting relationship

with another inmate or staff person to whom she could turn for support. As a result, she felt isolated and alone in her grief.

The experience of this woman portrays some of the unique problems that women in prison face when dealing with the death of a significant person. This snapshot illustrates how it can be extremely difficult for grief to be expressed in a safe environment, for the loss to be acknowledge and validated, and for participation in healing rituals to take place.

Although disenfranchised grief has had little attention paid in the literature, it continues to remain a growing and significant issue (Corr, 1998-1999; Doka, 1989; Schneider, 1994). Even more lacking is research that explores the grief of women in prison. Given the increasing numbers of women in prison over the last decade and the problems that can result from grief that is disenfranchised, research in this unexplored area can provide a beginning understanding of their experience with the hope of influencing care in the future.

CHAPTER III

Research Design

Research Approach for the Study of Grief of Incarcerated Women

The grief experience of women in prison was the focus of this study. The specific research questions were:

1. What are the meanings of the grief experience of incarcerated women?
2. How does their grieving process compare with images of grief depicted as a normal process?
3. To what extent do the women perceive incarceration influencing their grieving process?

An interpretive perspective combined with in-depth qualitative interviewing was used in this study to examine the grief experience of incarcerated women. The data was collected through the interviews in the form of personal narratives and analyzed using narrative analysis, a common method for interpretive studies. “The ultimate aim of the narrative investigation of human life is the interpretation of experience” (Josselson & Lieblich, 1995, p. 1X).

Acknowledging the philosophical underpinnings of any research method is a crucial first step in any research endeavor. “A scientist’s coherence in articulating her or his positions or perspectives in terms of philosophy, theory and method is important not only for one’s own work but also for the scientific disciplinary development” (Kim, 1996, p. 111). Understanding the philosophical

underpinnings of a particular approach allows the researcher to make sound methodological choices.

The interpretive, or hermeneutic perspective, served to undergird this research study. This perspective conceives human science as the study of human beings in context (Freeman, 1997; Packer, 1985). "Hermeneutics involves an attempt to describe and study meaningful human phenomena in a careful detailed manner as free as possible from prior theoretical assumptions, based on practical understanding" (Packer, 1985, p. 1082). The purpose of the hermeneutical method is to obtain a valid and common understanding of the meaning of a text through interpretation and reconstruction (Freeman, 1997, Kvale, 1996). Since meanings are contextually grounded, they can emerge and be expressed in the process of in-depth qualitative interviews.

The word narrative comes from the Latin word "gnarus" which means knowing or telling a story (McCabe, 1991). The study of stories is not new, and has been the subject of scrutiny since the time of Aristotle (McCabe, 1991). The impetus to study narratives originated in the humanities and was influenced by the interpretive turn, the loss of faith in empiricism, as well as the struggles of the disenfranchised including women, minorities, and third world cultures (Riessman, 1993; Rosenwald & Ochberg, 1992). By the mid-1970s the social sciences moved away from the traditional positivist stance toward a more interpretive position whereby "meaning" became the central focus (Bruner, 1990). The last decade has witnessed a burgeoning interest in the study of narratives in the human and natural sciences, marked by diversity in methods and theoretical perspectives (Mishler,

1995). A proliferation of articles, books, and a journal dedicated to narratives is strong evidence of the increased recognition of the value to study stories.

The study of narratives is currently being used in theology, history, anthropology, sociology, psychology, nursing, social work, education, and occupational therapy. The particular experiences studied depend on the interest of the discipline. For example, in nursing, stories of interest are typically about health and illness. The knowledge gained from narrative studies is principally used to enhance the quality of care (Williams & Ferszt, 2000). Recent studies in nursing have examined the experience of women with breast cancer and the events leading to a diagnosis and treatment (Facione & Dodd, 1995), the experience of dealing with a life-threatening illness (Williams, 1995), values embedded in meaningful nursing practice (Fagermoen, 1997), and chemotherapy induced alopecia (Williams, Wood, & Cuninghame-Warburton, 1999).

Developing knowledge of human experience through the study of narratives is based on the notion that individual human beings make sense of their experience by constructing narratives (Bell, 1988; Chase, 1995; Mattingly, 1991; Mishler, 1986; Riessman, 1993; Rosenwald & Ochsberg, 1992). Narratives are ways of organizing experience, interpreting events, and creating meaning while maintaining a sense of continuity (Bell, 1988; Bruner, 1986, 1990). Meaning is created in events by telling stories about those events (Bell, 1988; Bruner, 1990; Mishler, 1986; Personal Narratives Group, 1989; Polkinghorne, 1988; Riessman, 1993; Sandelowski, 1991; Viney & Bousfield, 1991). Narratives also provide a

framework for past events and for planning future action (Bell, 1988; Polkinghorne, 1988; Rosenwald & Ochberg, 1992; Sarbin, 1986).

Analysis of personal narratives takes into account not simply what was told but why it was told in a particular way.

How individuals recount their histories--what they emphasize and omit, their stance as protagonists or victims, the relationship the story establishes between teller and audience--all shape what individuals claim of their own lives. Personal stories are not merely a way of telling someone (or oneself) about one's life; they are the means by which identities are fashioned.

(Rosenwald & Ochberg, 1992, p. 1)

There is considerable disagreement about the precise definition of narrative (Riessman, 1993; Sandelowski, 1991; Sarbin, 1986). Many authors state that a narrative has a temporal dimension displaying movement through time, must have a plot or main story (Bell, 1988; Bruner, 1990; Mishler, 1986; Riessman, 1993) and must be coherent (Bell, 1988; Gergen & Gergen, 1983; Miller, 1990; Mishler, 1986, 1991; Polyani, 1985; Sarbin, 1986). Labov (1982) uses a more restrictive view, assuming that all narratives are stories about a specific past event, with a clear beginning, middle, and end. Others argue that although Western stories have a beginning, middle, and end, this linearity is not necessarily evidenced in other cultures (Riessman, 1993; Rosaldo, 1986; Sandelowski, 1991). Despite the range and diversity of definitions describing narratives, there is general consensus that the primary features of a narrative can best be described as a story that includes

specific past events, moves through time, told to make a point, and is an effort to make sense of one's experience.

There are several basic assumptions inherent in narrative inquiry.

Numerous authors have identified that the impulse to narrate is natural and universal occurring across cultures and socioeconomic groups (Gee, 1985; Miller, 1990; Mishler, 1992; Polkinghorne, 1988; Sarbin, 1986; White, 1980). Although telling stories is universal, narratives are culturally specific and must be read in context taking into account previous tellings and the relationship between the narrator and the interpreter (Gee, 1991; Miller, 1990; Mishler, 1986; Polkinghorne, 1988; Personal Narratives Group, 1989; Polyani, 1985; Riessman, 1988, 1993; Rosaldo, 1986; Sandelowski, 1991; VanDijk, 1985). According to Sandelowski (1991) "narrators are socially positioned to tell stories at given biographical and historical moments and under the influences of prevailing conditions surrounding the storytelling, the social context of narration, and the audience" (p. 162). Gender, socioeconomic class, and race may also shape the form of the narrative (Personal Narratives Group, 1989; Riessman, 1993).

Narratives are interpretations and require interpretations (Mishler, 1986; Personal Narratives Group, 1989; Polkinghorne, 1988; Riessman, 1993; Rosenwald & Ochsberg, 1992; Sandelowski, 1991; Sarbin, 1986; Viney & Bousfield, 1991). The process of telling a story is an interpretive process. Individuals actively engage in the creation of reality in their telling and retellings constructing their world through interpretation (Riessman, 1993).

Narrative analysis is a logical and rich method of inquiry that produces meaningful knowledge about human experience. Since little is known about the grief experience of incarcerated women, this method is a viable research approach that can make a significant contribution to the understanding of the grief experience of these women.

Overview of Phases

This study was conducted in two phases. Phase One involved data collection from women in prison regarding their grief experience. Approval from the Institutional Review Board on Human Subjects was obtained on May 27, 1999. Data collection, in the form of in-depth interviews, was completed in September 1999. Phase Two was a continuation of the project begun in Phase One. The data collected in Phase One was analyzed using hermeneutic and narrative analysis. Kvale's (1983, 1996) approach to the interpretation of interviews combined with Gee's (1985, 1986, 1991) linguistically based model for the analysis of oral narratives and Riessman's (1993) recommendations for narrative analysis provided the framework for this analytic process.

Phase One

Setting

Approximately 160-240 women are in the medium security prison in the State facility in which this study took place, at any given point in time, with a total of about 2,000 going through the system in 12 months. The majority of the crimes committed by these women are nonviolent (auto theft, fraud, breaking and entering, prostitution) or related to substance abuse. The length of sentence is

typically 6 months or less for 50% of the women. In this facility, 61% of the women are White, 26% are African American, and 12% are Hispanic. Although ages range from under 17-50, the majority of the women are between the ages of 21 and 40 (74%).

There are four wings or units in this facility. Each wing has a large day room or recreational room and a screened porch to the outside, which is the only location where the women are allowed to smoke. The majority of the rooms accommodate six women. The women are allowed to keep some personal items including radios and small televisions. Attempts to make the rooms attractive, given the constraints of institutionalization, are reflected in the availability of bulletin boards for cards or photos and floral wallpaper borders or stenciling. The building also houses the cafeteria, a chapel, a health room, a library, an exercise room, a visitation room for children, and several rooms for programs. A large yard, which the women access on a daily scheduled basis, offers recreational activities such as volleyball.

A variety of programs are offered in this women's medium security facility. The Warden has persevered in her efforts to bring a range of resources for the women. A certified full-time teacher provides Adult Basic Education, High School Equivalency preparation and assistance with televised college courses. Computer classes are also offered as well as instruction in English as a second language. A vocational life skills program has been developed which focuses on the development of basic skills such as the preparation of a resume and

interviewing skills. Most of the educational programs are offered from September to June.

A voluntary substance abuse treatment program is also provided. This program includes individual and group counseling, anger management, relapse prevention, art therapy, aerobics, meditation, and cognitive restructuring. Referrals for continued treatment are given to the women after they are released. A chaplaincy team based on volunteer participation provides religious services and activities throughout the week. Additional programs offered in this facility include a counseling program for victims of sexual and domestic violence, parenting education, and a peer suicide prevention program.

A mental health team provides care for women in crisis, psychopharmacology, and referrals for follow-up care after discharge. Unfortunately, there is not enough staff to offer individual counseling to all of the women who need therapy. A mentoring program which assigns a volunteer as a support person during and after incarceration has been developed. This program is for women who have 6 months remaining on their sentence and exhibit high motivation for rehabilitation. Monthly support groups for the mentors and their mentees is provided. Case management and discharge planning have been developed to intervene in the cycle of recidivism. Discharge planners try to assist with housing, employment, treatment, family reunification and child contact plans.

Health care is provided by a part-time physician (20 hours) and a 24-hour nursing staff. The medical needs of the women far exceed the availability of services. A primary goal of the Warden and physician is to be able to provide an

entrance physical examination and health education for all inmates. At this time, only inmates who present with medical problems can be seen by the physician.

Despite the amount of services offered in this prison, the rate of recidivism is quite high (50-60%). This is partially due to the relatively short sentences that prohibit the development of skills necessary to make significant changes in their ability to deal with life on the outside. According to the Warden, the major gap in the system is the absence of transitional programs that would offer a full complement of services when the women are released from prison. The Warden also shares the view that most of these women do not belong in prison being that they are not a threat to society. The majority receive short sentences and upon discharge return to the same problematic environment. Although every attempt to provide continuity of care is made, the reality is that follow-up services are fragmented, unreliable, and hard to access.

A typical day in this medium security facility begins at 5:30 am and follows a highly regimented routine. If the women choose to be involved in work detail as well as take part in the variety of programs, the day is quite full with little free time. For some women, this type of routine makes prison time a little more tolerable, giving it some semblance of order and structure. However, separation from families and friends, the lack of privacy and personal space, and the absence of being able to make choices resonate as key issues with women in prison. The reality of prison life is just hard time!

I became familiar with this setting in the spring of 1999 when I was asked to facilitate a grief group for the women. The Warden and clinical staff were

aware that several women had experienced significant losses and believed they would greatly benefit from this type of group. Seven women participated in the group which met once a week for 6 weeks. The group was very well received by the women who all indicated the need for individual and/or group counseling that specifically addressed issues of loss and grief. During the summer of 1999, I continued my involvement in the prison by coordinating a community book drive for the prison library. I also provided education on the use of medications indicated for mental health problems.

Participants

The initial intent was to interview three to six women currently in the correctional facility who experienced the death of a significant person during their incarceration. Selection criteria included: the ability to read and speak English, no current psychotic disorder, some level of insight, and a willingness to participate in an 1 1/2-2-hour interview. Following the completion of three interviews, the data was sufficiently rich to indicate the appropriateness of this sample size. Samples in narrative studies are typically small, and often drawn from representative pools (Riessman, 1993). Purposeful samples are used because researchers want to identify good sources of information that will advance them toward their analytic goal (Sandelowski, 1995). This number of participants is a reasonable number to complete in light of the time required to obtain and interpret each participant's story or stories.

Potential research participants were identified by the Warden and/or the clinical staff. A list of potential participants was generated. Since race may shape

the form of the narrative (Personal Narratives Group, 1989; Riessman, 1988), rigorous attempts were made to have an ethnically diverse population. This was not meant to be representative of the population of women in this prison, but to examine potential differences in their stories. The population included one Caucasian woman, one African American woman, and one of Native American descent.

The process of data collection proceeded by selecting, obtaining permission, and interviewing one participant at a time for a total of three cases. Initially one woman, who met the criteria, was identified as a possible participant for this study by the Warden and/or member of the clinical staff. This woman had participated in a grief group that I facilitated several months prior to the beginning of this project. I met with this woman individually to describe the project in detail. She was very enthusiastic and agreed to participate. I obtained informed consent (Appendix A), collected demographic data (Appendix B), and then conducted the interview using an interview guide (Appendix C). The interview lasted 1 1/2 hours.

Once this interview was completed and the audiotape transcribed verbatim, I scheduled an appointment to meet with another potential participant on the list. I met with this woman and explained the project in detail. This woman felt that it would be too painful to revisit her issues of loss and declined to participate. I acknowledged her decision not to participate, demonstrating respect for her choice.

While I was waiting to meet another potential participant, the social worker asked if I would counsel a woman who was waiting to see the physician. Her grandfather had recently died and she was quite agitated and tearful. I met with her for approximately 30 minutes until the physician was available to see her. The woman who had been identified as a possible next participant was waiting for me in the administrative waiting area. I explained the study in detail and she readily agreed to participate in the study. We met for 40 minutes and scheduled to meet again the following week. When I returned the following week, she had been admitted to a local hospital for evaluation of her cardiac status.

The woman I had counseled had also been identified as a potential participant. We met to discuss the study and she willingly agreed to participate. This interview lasted 1 1/2 hours, was audiotaped, and transcribed verbatim.

I returned the following week to interview the second participant who had been briefly hospitalized for observation. She agreed that this would be a good time to continue the interview. This participant was interviewed twice for a total of 2 1/4 hours. The interviews were transcribed verbatim. To ensure the privacy of the women, the interviews took place in a private meeting room in the administrative area.

Data Collection

In-depth guided interviews were used to elicit stories, encouraging the women to tell about their experiences in their own voices. The women were encouraged to take an active role in the interview process itself. It was my intent to allow the participants to determine the direction of the interview. However, at

times, I intentionally guided the conversation in order to elicit stories that were related to the specific research questions.

According to Mishler (1986) and Riessman (1993), it is preferable to ask questions that open up topics, giving greater control to participants allowing them to construct answers in ways they find meaningful. An interview guide of several questions is recommended by Riessman beginning with questions about the topic of inquiry followed by probing questions to help the participant give further details as needed. The interview guide was used to help frame the focus of the themes that were of interest in this study (Appendix C).

The type of interview used in this study can be conceptualized as a form of discourse or conversation between two people about a theme of mutual interest (Kvale, 1983, 1996; Mishler, 1986; Rubin & Rubin, 1995). The interview is guided, neither a free conversation nor a highly structured questionnaire. As in an ordinary conversation, only a few topics are covered in depth, but in the case of the interview the researcher gently guides the discussion, encouraging the interviewee to answer in depth and in length (Chase, 1995; Rubin & Rubin, 1995). The interview is typed and transcribed. The typed version along with the audiotape constitutes the material for the subsequent interpretation of meaning.

The interview proceeds much like a conversation but with a specific purpose. The interviews attempt to obtain open, precise, and rich descriptions of how people understand their world and how they create and share meanings about their lives (Kvale, 1996; Rubin & Rubin, 1995).

The main goal of the interview is to understand the meaning of what the interviewees said, and then further expand the immediately experienced meaning in the interview through interpretation. According to Kvale (1996) the research interview is a “construction site for knowledge” (p.14). The discovery of knowledge lies in the interaction between the research interviewer and the interviewee. The research interviewing involves “a deceptive simplicity” (Kvale, 1996, p. 12), yet at the same time requires expertise, skill, and craftsmanship on the part of the interview researcher. The interviewer needs to be knowledgeable about the theme but at the same time maintain deliberate openness to the phenomena and be critically aware of her/his own presuppositions. The interviewer must know what she/he is interviewing about as well as know how and why. Since it is the human interaction that produces knowledge, the interviewer must be acutely aware of the interpersonal relationship in the interview situation and take this into account during the interview situation and in the analysis of the data.

When using this type of method, the researcher uses her/himself as the research instrument and, therefore, must be aware of her/his own role in the entire process. “Who the researcher is, as a human being, and how well developed he or she is as an instrument for carrying out the inquiry process, greatly affects the outcome of research” (Salner, 1989, p. 66). The interviewer must have the ability to establish an atmosphere of trust so that the interviewee feels safe, comfortable, and able to freely share her/his experience. The interviewer must be able to empathetically, sensitively, critically, and actively listen in order to capture the

many layers of meaning that are discovered during the interview process (Kvale, 1996; Rubin & Rubin, 1995). In addition, the interviewer must be able to “interpret the multiple horizons of meaning implied in the interview situation with an attention to the possibilities of continued reinterpretation that lies within the hermeneutic circle” (Kvale, p. 135). The outcome of the interview is dependent on the knowledge, sensitivity, empathy and skill of the interviewer (Kvale, 1996; Rubin & Rubin, 1995). The interviewer must be a gentle communicator, critically clear, and be able to consistently provide interpretations.

In each of the interviews I began with thanking the women for taking the time to meet with me. I discussed the study in detail, invited collaboration, and described my specific purpose. I made a sincere effort to provide an atmosphere of comfort and respect. Each participant was asked to tell about her experience of grief following the death of a significant person during her imprisonment. I began in a relatively open manner, clarifying responses, and guiding the women to answer in depth and in detail. I focused on the first three questions in the interview guide that specifically addressed the research questions. Depending on the timeframe and on the woman’s level of energy, I proceeded to explore questions four through six which dealt with other losses.

First Participant (Mary--a pseudonym)

The first woman I interviewed was a 35-year-old Caucasian widow with three children currently living with a family member. She identified herself as Baptist, announced with pride that she completed her GED while in prison, and enthusiastically described the college courses in which she is currently enrolled.

This woman's sister, who served as a mother figure and major support person for many years, died 10 months prior to the interview.

This woman had participated in the grief group I facilitated several months prior to this study. Since I was aware that the death of her sister was a critical issue for her, I took an active role in facilitating stories related to this particular loss. If I had not had prior knowledge of this woman's history, I would have been less directive during the interview.

Specifically, I began the interview by saying "can you start by telling me how you found out about her illness, and then what happened; just tell me in your own words if you remember." This woman freely and spontaneously shared her thoughts and feelings. Rich stories of her grief experience were spontaneously created. The opportunity to tell her story seemed to have a therapeutic value for her. In fact, early in the interview she stated that "it helped to talk about it."

The interview went smoothly. I felt that I had developed a trusting relationship with her during the grief group which fostered a high degree of comfort for her in this situation as well. She was consistently engaged, frequently smiling, and tearful at times. Episodically she became increasingly upset. At these times I consciously moved to less intense topics to give her a break from the intensity of the pain that she was obviously feeling. I was always acutely aware of not causing additional harm.

During parts of the interview, it was difficult for me to hold back my own tears. The stories were heart wrenching and difficult to hear. I was deeply aware of this woman's struggle and pain. I felt a deep admiration for her courage and

tried to communicate that during the interview. Given my clinical background as a psychotherapist, empathic, sensitive, and active listening was easy for me. However, I frequently found it difficult to remove myself from responding as a therapist and intervening. In addition, I had to be consciously aware of the rule in the prison that “touching is not allowed.” This was very difficult for me and unnatural. We completed the interview in 1 1/2 hours with the understanding that I could return if needed.

Second Participant (Barbara--a pseudonym)

The second participant was a 40-year-old, single African American woman whose mother died 10 months prior to the interview. She also described herself as Baptist and proudly announced that she had completed 2 1/2 years of college prior to imprisonment. Describing herself as an educated woman was obviously very important to her as she emphasized it several times. This interview proceeded differently than the first one. As in the first interview, I began with a broad opening statement by saying,

First I want to thank you for being willing to talk to me. As we were saying I am interested in understanding what it's like to experience a major loss, especially while in prison. Today I'd like to talk about your Mom's death. If you can start off by just using your own words, just tell me what happened to your Mom.

Unlike the first woman, this participant had a need to frame her story within a broader context. With a sense of command, she began by telling me about her life as a young girl. This was obviously important to her, so I assumed

an active listening role and was less directive than I had been in the first interview. There were long periods of monologue throughout the interview. This woman had little eye contact with me during the interview. She looked down almost the entire time, and was teary during most of the time. I maintained eye contact with her, frequently nodding and offering her Kleenex during tearful times. She looked at me episodically as if to see if I was remaining attentive to her. She seemed sad, but obviously wanting to talk.

I found myself irritated with the noises in the hallway and the interruptions in the room by correctional officers. What I found interesting, however, is that this woman just kept talking. Perhaps the women become accustomed to the constant noise and intrusions. Since it was considerably more noisy that day, I experienced myself working harder to maintain a connection. I made a conscious effort to stay attentive and to be quiet. I was careful to check in with her as to her level of comfort in continuing the interview.

She seemed to have more eye contact with me when I returned a second time to continue the interview. At the end of the interview she commented on how helpful it was to have someone to speak to about the loss, about the pain, stating,

It's a way to express me, and speak of the pain, that I feel . . . I feel as though it's a way to let go of some of the pain, and the built up grief and tears that I have not been able to voice and express to anyone.

Like the first interview, rich painful stories were spontaneously created during both of our meetings. Both interviews lasted a total of 2 1/4 hours.

Third Participant (Christine--a pseudonym)

The third participant was a 28-year-old single woman of Native American descent, with three children in foster care, and was in the process of placing them for adoption. She comes from a Baptist and Catholic background, and completed 11th grade prior to imprisonment. This woman's grandfather, who had been her father figure and raised her for most of her life, died 1 month prior to the interview.

Briefly knowing this woman from having counseled her 2 weeks prior to the interview seemed to have established some level of trust. Even though our contact had been brief, she stated that she had found our time together helpful. I felt that we had made a good connection. She had also heard about me from some of the other women in the prison who had been in my grief group. She appeared less anxious, tearful, and agitated, probably related to the medication that was prescribed.

The interview proceeded quite easily. She maintained good eye contact throughout the interview, was friendly, and frequently smiled at me. Like the two previous interviews, after I had discussed the study and obtained informed consent, I began with a broad opening sentence "first I'd like to thank you for being willing to talk to me. I'd like to hear about your grandfather today. Can you begin by telling me how you first heard about your grandfather's death?" She was very willing to talk but needed more direction than the first two interviews. As in the previous two interviews, rich stories were also easily created. I validated and shared some of my own experience related to adoption, acknowledging her love

for her children, and the painful yet loving decision that she was making. I told her that I really admired her. “You know it’s not easy to do that, you put their needs and their welfare first out of your love for them.” She was so thankful for my validating and supportive comments, and shared, “Thank you. At least somebody said something like that. You know, my own mother didn’t say anything.” Like with the other two women I was struck by the depth of her pain, privileged to hear her stories, and deeply saddened by how these women seem to expect so little from life. This interview lasted 1 1/2 hours.

Memos and Journals

Overall observations and impressions of the interview were recorded in memos following each interview, allowing me to immediately reflect on the interview situation and identify any issues or problems that occurred (Appendix D). Personal reflections were also documented in a journal immediately following each interview. The memos and journals enhanced reflection on the interview while the experience was fresh, and later added to the richness of the analysis.

Phase Two: Analytic Methodology

Analysis of the interview data, completed in Phase One, was carried out in Phase Two. Kvale’s (1983, 1996) method of analyzing interview data was used as the first step in the analysis, followed by narrative analysis of the text utilizing the processes recommended by Gee (1985, 1986, 1991) and Riessman (1993). Gee’s linguistically based model for the analysis of oral narratives combined with Riessman’s (1993) recommendations for narrative analysis served as the guide for the analysis of narratives obtained from the three participants.

Holistic Analysis

In order to obtain a comprehensive understanding of the meanings of the grief experience of women in prison, the process of interpretive analysis consisted of three steps, each step having a specific purpose. During each step, the audiotapes, transcriptions, and researcher's memos were reviewed several times.

Kvale's (1983, 1996) approach to the hermeneutical interpretation of interviews addresses the meaning of the text in three different contexts: self-understanding, critical commonsense understanding, and theoretical understanding. The three steps in this study were guided by Kvale's approach for the interpretation of interviews.

1. Self-understanding. The interviews were read initially to obtain a sense of what the women themselves understood as the meanings of their statements. "This interpretation is more or less confined to the subjects' understanding: a rephrased condensation of the meaning of the interviewees' statement from their own viewpoints as these are understood by the researcher" (Kvale, 1996, p. 214). This perspective addressed the first research question (What are the meanings of the grief experience of incarcerated women?) and the third research question (To what extent do the women perceive incarceration influencing their grieving process?).

2. Critical commonsense understanding. This second and broader perspective goes beyond reformulating the subjects' self-understanding. The researcher amplifies or enriches the interpretation of the statements themselves by focusing on either the content of the women's statements or on the women making

the statements. “One here attempts to get at the spirit of what is said, extending its meaning, by reading between the lines and by drawing in broader contexts than the interviewee does” (Kvale, 1983, p. 181).

3. Theoretical understanding. This level of interpretation goes beyond the women’s self-understanding and also exceeds commonsense understanding. The women’s experience of grief was compared to the literature. This perspective addressed the second and third research questions (How does their grieving process compare with images of grief in the literature? To what extent do the women perceive incarceration influencing their grieving process?).

In this step, the interview data was structured using the specific procedures for the narrative analysis based on the works of Gee (1985, 1986, 1991) and Riessman (1993). Following Riessman’s (1993) recommendations, initially the interviews, along with the audiotapes, were read and reread allowing me to immerse myself in the women’s accounts. According to Riessman (1993):

Narrators indicate the terms on which they request to be interpreted by the styles of telling they choose. Something said in a whisper, after a long pause, has a different import than the same words said loudly, without a pause. (pp. 19-20)

Repeated listening allowed me to methodically focus on the features of speech as well as emotion that was critical to the interpretation of the accounts (Riessman, 1993).

The specific narratives were identified and analyzed using Gee’s (1985, 1986, 1991) sociolinguistic approach to narrative analysis. The women’s

experience of grief was compared to theoretical definitions and descriptions of grief. Particular attention was paid to the similarities and differences of the women's experience of grief with the literature. The narratives were then closely reexamined again to identify the contextual factors influencing their accounts responding to the third research question (To what extent do the women perceive incarceration influencing their grieving process?). More specifically, the examination of disenfranchised grief, and its applicability to the experience of these women was conducted.

Narrative Analysis

Since little is known about the grief experience of women in prison, the analysis of narratives provides an excellent vehicle for exploring this phenomenon. Narrative analysis as an analytical method is well represented in the literature (Gee, 1985, 1986, 1991; Kvale, 1996; Mishler, 1986; Riessman, 1993; Sandelowski, 1991; Williams, 1995). It involves the systematic collection and analysis of stories people tell about their experiences. The analysis of narratives is more than an examination of stories. Narrative analysis takes as its object of investigation the story itself, with the purpose of producing a written interpretation of the story, allowing for systematic study of individual experience and meaning (Riessman, 1993). Meaning-making events are interpreted by the teller, then the analyst.

The women's personal accounts of their grief experiences were systematically studied using the linguistic approach developed by Gee (1985, 1986, 1991) and elaborated by Riessman (1993). Gee is frequently cited by

researchers across disciplines as an important resource for analyzing narratives. Riessman presents a comprehensive approach to the study of narratives in her thoughtful, concise book, Narrative Analysis.

Riessman (1993) emphasizes the need to be cautious in analyzing narratives stating “the challenge is to find ways of working with texts so the original narrator is not effaced, so she does not lose control over her words” (p. 34). Gee’s (1985, 1986, 1991) approach was selected for this study because it keeps the analysis close to the participants’ narration. There is no reordering of the telling or fragmentation of the text. Although this method is complex and time consuming, it captures the full richness of the narratives.

Gee (1985, 1986, 1991) draws on the oral tradition in sociolinguistics, and applies key principles of the English prosodic system, a system of stress and pitch, in the analysis of narratives. This approach focuses on how narratives are constructed and how different resources of language are used to create a form that carries meaning (Mishler, 1995). Changes in pitch, pauses, and other features that punctuate speech are analyzed. Textual coherence and structure are critical components of the analysis. According to Gee (1985) “the structure gives us some insight into possible meanings or ways of understanding the text” (p. 12).

Riessman (1993) suggests beginning with a full transcription, a first draft of the entire interview that includes all striking features such as crying, long pauses, and laughing. This initial transcription needs to be carefully scrutinized several times to pick up the features of discourse before going to the next level. Riessman also recommends that the researcher personally transcribe the text rather

than delegating to a transcriber. Although transcription of interviews is a tedious and painstaking process, I transcribed my own interviews. Transcriptions are more than a technical procedure, are a critical part of the research process, and are also essential to the interpretive process (Riessman, 1993; Silverman, 1993).

Locating narratives in research interviews is often a complex interpretive process. “Where one chooses to begin and end a narrative can profoundly affect its shape and meaning” (Riessman, 1993, p. 18). The narratives embedded in the women’s accounts were located through careful listening of the audiotapes and reading of the transcripts. Gee’s (1986) discussion of the linguistic nature of narrative discourse was used as the primary guide for identifying the boundaries of narratives. According to Gee (1986), “spontaneous oral language, in any culture, bears some overt markers of its structure” (p. 393). Long pauses, changes in voice pitch, an increase in false starts and hesitations are usually indicators of the beginning of a narrative.

Once the boundaries of the narrative segments were chosen, the text was divided into lines, stanzas, and strophes. Each line is about one central idea or topic, and is much like what one would see as a sentence in writing. Each line is numbered and is made up of one or more idea units. Material that is said with a prominent pitch is capitalized, and the “main line” parts of the plot are underlined. An idea unit contains a piece of new information and is characterized by a single pitch glide (falling, rising, rising-falling, or falling-rising) with the pitch in the rest of the unit leading up to or away from this disruption. The start of each idea unit is often signaled by a pause or slight hesitation and a change in the voice pitch.

Idea units, focuses, and lines are part of the structure of a text which cues interpretation (meaning, sense). Of course, how a text is said sets up inferences about meaning that go well beyond the actual structure of the text. (Gee, 1991, p. 23)

Lines pattern into larger units called stanzas. According to Gee (1991) “stanzas are a universal part of the human language production system for extended pieces of language” (p. 23). Each stanza captures a single “vignette” that is quite narrow in theme or topic. The lines sound as if they go together by tending to what is said and with little hesitation between lines. “Stanzas will have a unitary perspective, not just in terms of larger segments like time, location and character, but also in terms of a quite narrow topic or theme” (Gee, 1986, p. 403). Stanzas often take on the properties of stanzas in poetry in terms of structure and patterning (Gee, 1985). “Stanzas organize the lines of the text while at the same time they constitute the internal structure of the sections” (Gee, 1986, p. 401).

Stanzas can be further grouped as larger units called strophes and parts. Stanzas sometimes fall into related pairs, called strophes, which then fall into larger units called parts. The parts are the larger units that make up the story as a whole. The use of stanzas and strophes allows the researcher to analyze the coherence of a story.

Ethical Considerations

Since incarcerated populations are a particularly vulnerable group, the researcher must be extremely sensitive to issues of coercion, informed consent, and confidentiality. In addition, issues of loss and grief are very sensitive topics,

requiring the researcher to be particularly aware of not causing harm or emotional distress in the research process. Key risks of harm in sensitive research include invasion of privacy, breach of confidentiality, and embarrassment (Lee & Renzetti, 1993). Assessing the participant's distress and/or fatigue during a sensitive interview must always be in the researcher's mind (Cowles, 1988; Kavanaugh & Ayres, 1998). Allowing for taking breaks, being flexible in postponing portions of the interviews and using process consent are strategies that can be used to minimize psychological distress (Cowles, 1988; Kavanaugh & Ayres, 1998).

Sharing stories of loss and grief could potentially be painful for participants. This issue was discussed with the Warden and clinical staff at the prison. The interviews were timed in such a fashion as to be certain that counselors were available. Therefore the interviews were scheduled during the week and daytime hours. In her research, Cowles (1988) noted that some of the interviewees experienced more nightmares and insomnia when interviews were conducted in the evening. Therefore, Cowles (1988) recommends that interviews be conducted during the day. Each participant had access to a counselor who was available at the request of the participant or researcher following the interview, if needed.

Because of the tight confinement in prisons, knowledge of who is participating in research studies is easily obtained. To ensure confidentiality, all interviews took place in a private office. Informed consent procedures must be explicit in how the participants are chosen, and must appraise potential

participants that they will receive no legal benefits or special consideration from the parole board by participating in research (Maeve, 1998).

A certificate of confidentiality was obtained from the U.S. Department of Health and Human Services to relieve the researcher from any compulsory legal demands regarding the research. Specific exceptions to the communication of information with the correctional staff, such as suicidal ideation, homicidal intent, plan to escape, or unreported child abuse were clearly stated in the informed consent.

Due to the sensitive nature of the study, all transcribed tapes, notes, consent forms, and demographic sheets were secured in a locked box at the investigator's office. The listing of first names with assigned code numbers were recorded on a separate sheet filed in a locked drawer to which only the investigator has access. The signed consent form and identifying demographic data are kept separate from the rest of the study data. The interview was identified by a code number. The study records including the audiotapes and written notes will only be shared with a small number of colleagues. At the end of the research, all audiotapes and written notes will be kept in a locked cabinet in the researcher's office and destroyed after a reasonable length of time.

The nature of prison life endorses distrust among the women and staff (Maeve, 1998). Before the study began, I focused on building relationships with inmates over a 3-month period of time. I cofacilitated a loss and grief group, coordinated and provided educational programs on health and pharmacological issues for the women, and facilitated the provision of programs such as a concert

by a church choir, and a community response to providing current books for the women's library. These activities involved consistent contact with inmates in the hope of establishing relationships that foster mutual respect and trust.

The literature notes that participants can benefit from in-depth interviews (Hutchinson, Wilson, & Wilson, 1994). Sometimes participants experience a sense of relief in being able to express personal feelings, thoughts and problems as well as having their experience validated and acknowledged (Hutchinson et al., 1994; Mishler, 1986; Riessman, 1993). This may prove to be particularly meaningful for the women in prison who are often ignored, infantilized or given few, if any, choices. In sharing information, participants may feel a sense of purpose in contributing to others. At times, participants may feel empowered by telling their story or may gain a new perspective about themselves or their situations. Healing can occur as a result of the interaction and the ability to express one's feelings and thoughts in a context of mutual respect (Cowles, 1988; Hutchinson et al., 1994).

Trustworthiness

The research interviewer must be aware of and address controversial issues regarding the value or trustworthiness of interpretive research findings (Bailey, 1996; Kahn, 1993; Kvale, 1996; Lincoln & Guba, 1985; Sandelowski, 1986; Taylor & Bogdan, 1984). Assurance of quality in narrative analysis is accomplished by making the research process visible and allowing for systematic investigation (Bailey, 1996; Riessman, 1993; Sandelowski, 1991). "The findings must be presented so that fellow researchers and consumers may participate in the

evaluation of the researcher's analysis" (Bailey, p. 192). The researcher must be consciously aware of her role in the entire research process (Kahn, 1993).

Many researchers have taken the position that the issue of quality or authenticity in qualitative research must be reconceptualized and is determined by a process of validation (Bailey, 1996; Eisner, 1981; Kvale, 1996; Van Manen, 1990). Validity comes to depend on the quality of craftsmanship during investigation, continually checking, questioning, and theoretically interpreting the findings (Kvale, 1983, 1996). The research findings are justified to the extent that the text "rings true" in its richness and depth, as well as the degree to which the researcher discusses with clarity and precision how the data was collected, interpreted, and analyzed. The interpretations made by the researcher must be faithful descriptions of the human experience that people have and describe. In the reporting of the research, the interview researcher must be able to communicate her/his findings in a manner that is inviting and compelling to the reader (Eisner, 1981; Kvale, 1996; Salner, 1989; Van Manen, 1990). According to Kvale (1996), "the quality of the craftsmanship results in the products with knowledge claims that are so powerful and convincing in their own right that they, so to say, carry the validation with them, like a strong piece of art" (p. 252).

When using in-depth interviews as a research method, the researcher must be aware of the potential for errors and/or misinterpretations. Human beings get tired, may exhibit selective perception, rely on their memory, and may not be clear about her/his presuppositions. Since knowledge development is dependent on the researcher's ability to listen empathetically, establish trust, be an expert in

interpersonal relationships, the researcher must be aware of and address how she/he can influence the interview. The researcher, in particular, must be able to encourage story telling, allowing participants to articulate their story without interruption.

Numerous problems that can occur in the transcriptions of the research interviews must be addressed. Transcriptions depend on the quality of the recording and the skill and precision of the person typing the transcriptions. Some investigators choose to do their own transcriptions in order to secure the many details that are relevant to their specific analysis. However, transcribing interviews is tiresome and stressful and can lead to errors or misinterpretations.

One of the greatest criticisms of this method is that it depends on subjective impressions. The deliberate use of the subjective impression need not be negative (Kvale, 1996; Mishler, 1986). “It is the personal perspective of the subjects and the interpreter that can provide a distinctive and sensitive understanding of the phenomena” (Kvale, 1996, p. 291). The researcher strives to show, describe and interpret the meanings of an experience while remaining faithful to it.

In considering the potential problems that can impact on the trustworthiness of the researcher’s work, a variety of checks and balances were used in this study. Reflective journals displaying the researcher’s basis for making decisions, memos, talking through research findings with colleagues, going back to the source for verification of interpretations, and an independent audit were carried out (Kvale, 1996; Lincoln & Guba, 1985; Taylor & Bogdan, 1984).

For this study the original audiotapes and their transcripts were made available to the members of the dissertation committee. In addition, a qualitative nurse researcher skilled in narrative analysis using Gee's (1985, 1986, 1991) analytical approach served as a consultant and reviewed the transcripts, the analytical process, and the interpretation of data. The raw data (partial transcripts) and the interpretive process are displayed in the research report.

The researcher's interpretations were shared verbally with the participants throughout the research process. The reactions of the participants are summarized and included in the research report. An anonymous follow-up short self-report questionnaire was given to each woman to complete once the interview process was accomplished, to obtain feedback regarding their response to this interview process (Appendix E). Finally, the doctoral committee served to establish a degree of consensus for this study.

Human Subjects

The Confidentiality Certificate from the Department of Health and Human Services was obtained on June 16, 1999. Approval from the Institutional Review Board on Human Subjects for Phase One was obtained on May 27, 1999. The Consent Form for Research approved on this date was the consent form used for data collection in Phase One.

CHAPTER IV

Results

The results of this study are interpretations of the meanings of the grief experience of women in prison who experienced the death of a significant person during incarceration. The data were collected through in-depth interviews. The purpose of the analysis was to address the following research questions:

1. What are the meanings of the grief experience of incarcerated women?
2. How does the grieving process compare with images of grief depicted as a normal process?
3. To what extent do the women perceive incarceration influencing their grieving process?

The study sample was comprised of three participants, who have been given fictitious names. Each participant's interview was analyzed separately using a three-step analysis based on Kvale's (1996) approach to the interpretation of interviews. The complete transcription of each interview was initially treated as a whole and read several times to establish the meanings in three contexts: self-understanding, common sense understanding, and theoretical understanding. In addition, for a detailed account of theoretical understanding, narrative analysis was incorporated. The combination of these analytical approaches was used to provide a comprehensive understanding of the grief experience of these women.

First Participant–Mary

Mary is a 35-year-old Baptist, Caucasian widow who completed her general equivalency diploma while in prison. She has three children, ages 9, 11,

and 15, currently living with her sister and her family. Mary has three other younger siblings who are living out of state and with whom she has minimal contact. She grew up in a difficult family situation. Her father had a serious machinist injury when she was 5 years old. He came home a changed man after 2 years of hospitalizations. Her father abused Mary when she was 7 or 8 years old. When Mary was 11 years old, her mother abandoned the family. One day she went to work and never returned. She had no contact with her children until they became adults. Her father remarried, and Mary's stepmother also was abusive. Like her two older sisters, Mary was anxious to leave home and married quite young. She was in an abusive marital relationship for 13 years and had three children. When Mary left her husband, he took their three children and disappeared. After a long and unsuccessful search, she became despondent, turned to alcohol and drugs to ease her torment, leading to her current and only incarceration. She has been in prison for nearly 3 ½ years. Her husband returned with the children after she was in prison and committed suicide 2 years ago. Ten months ago, Mary's oldest sister died of cancer at the age of 37. Mary participated in a grief group that I facilitated two months prior to my interview with her.

1. Self-understanding

The following statements have been extrapolated from the interview to reveal Mary's understanding of the meaning of her grief experience related to her sister's death.

It helps to talk about it, especially to someone who doesn't work in the prison. I knew my sister had cancer but I thought that she was in remission. My family knew that she was in the hospital dying, but they kept this from me because they wanted to protect me. It's harder not knowing and then finding out. My sister was a big part of my life, my main inspiration, and now she's not there anymore.

I was with my counselor when I was told about her death. At least the officers made sure that someone was with me because they knew that I would have a very difficult time. I called my family and my mother told me. My sister worked so hard to get off drugs, turned her life around and then God took her. It's just not fair. At least she's not in pain anymore. I'm trying to accept it, but it's easier said than done.

I went to the funeral home alone, in shackles and handcuffs. It's tough without your family there. I couldn't believe it was her she looked so different. I had a terrible time but the two officers were really nice to me. When I came back from the funeral home I was a mess and it took me about 3 weeks to finally get back to my routine. Some people were helpful to me, my roommates, some of the staff, a religious sister, the Warden, my counselor, and groups. However, I don't feel that I am really going to be able to accept this until I'm out of prison. Nothing seems real in here.

It's been almost a year since my sister died, and it's still really tough to accept. If I wasn't in prison, I would have been with my family and been able to grieve right. It's tough grieving in prison. You have to hide your feelings and you

have to be tough, or you could get punished. A lot of the women and many of the officers make it so hard.

Two years ago, my husband died. They called me in from the yard to tell me about my husband's death. A woman, who I didn't even know and never saw before, told me. I just wanted to know about my children, and if they were all right. But she didn't know anything about where they were. Can you believe that, being told by a stranger that your husband is dead and they don't know where your children are. I went into shock. I was hysterical. They had to give me some pills to calm me down. Eventually I found out that they were all in hospitals and they were okay.

It's a different experience with my husband. We had been separated. He abused me for 13 years. He controlled everything, the money, and the cars. Nothing was in my name; he had total control over me. One night when I came out of the hospital from being seriously hurt, a counselor met me and urged me not to go back to him and to go to a shelter. It was such a hard decision for me because I had to leave my children with an abusive man. But I was afraid for my own life. I finally got myself into counseling, got an apartment, a job and took the kids on the weekends. He realized that I was never going to go back to him, that I was getting stronger, and was going to fight to get custody of the kids. So he took them and just disappeared. I spent all the money I had to find them. Every time I'd come close, he'd move. Finally I started drinking and doing drugs. I just didn't care about my life anymore; it was just too painful.

I went to see him at the funeral home too. I wanted to be sure it was him. I thought it was a trick because he had tricked me so many times before. He even tried to run me over with the car. For the sake of my two younger children, I pretend like I miss their father but I still haven't forgiven him for what he did to them. He let them go with a friend of his who was drunk and he molested them. His friend ended up in prison. I guess my husband felt responsible. He went into the garage, and stayed in the car while it was running. That's how he died. The three children were in the house. Thank God my oldest daughter who was 9 years old at the time called 911 and they were all rescued. But God let my children get hurt. My daughter told the people at the hospital who their mother was and who their aunt was.

You lose a lot of other things when you go to prison. I've lost my family, my freedom, and many of my friends. They don't want to have anything to do with you once you've been to jail. Life in prison is tough. We have no choices here. We have to follow a very strict routine. There are rules for everything, even like asking to go to the bathroom at night. There's a rulebook that we have to sign, but often the officers don't even go by them. So we're trying to change that. We have rights. We're human too. People can change but many of the officers just put you down and tell you that you'll be back. I want to do something before I leave and make a contribution. I want to make it better for other women.

I've lived in fear all of my life. Now I'll have to learn to live all over again. It's going to be really strange. My sister was my inspiration. She could be firm but caring and loving. Now she won't be there. She was a big part of my life.

My father is still alive but I'm not close to him. But I know he had a hard life. It was a lot different before he was injured. He was a different person then. My mother asked me and the kids to move near her when I get out, but I'm not very close to her. But I've got three wonderful children, my sister, and her family. You need family and a support system to make it when you get out of here. Many women don't have that. You've got to take all that you've learned in here with you and do the best that you can.

2. Critical Commonsense Understanding

The following interpretation goes beyond Mary's self-understanding and includes a more critical interpretation by the researcher of either the content of what is said or of Mary.

The major impression gained from this interview is the strength and perseverance of Mary throughout a very difficult life, the importance of maintaining a strong connection with her deceased sister, and the change from a passive woman to a more assertive one. She is a woman who has tried to make the most of the resources of the prison to become educated, develop more positive parenting skills and, in essence, transform her life. To be with her is to be inspired by witnessing the ability of this woman to change in such a dramatic way despite an impoverished history.

Mary is very engaged throughout the interview, stating that she appreciates the opportunity to speak, particularly to someone who is not affiliated with the prison. She is an active participant and hopes that by telling her story, other women will be helped in the future.

Mary began the interview by describing how she was told of her sister's death and her anger at her family for withholding information about her sister's decline in order to protect her. She was grateful to have her counselor with her when she received news of her sister's death on the telephone. Although she states that she did not realize that her sister was so ill, she also states that a part of her knew that something was wrong. Perhaps it was just too painful for her to accept the possibility that her primary support person was seriously ill.

When she went to the funeral home, she could not believe that this was her sister in the casket. Despite recognizable family photos around the casket, her sister's dramatic emaciated and aged physical state was striking. Mary was in a state of shock. She was alone, shackled and handcuffed when she went to the funeral home, without the support of her family. She describes the kindness of the two officers who accompanied her.

When she returned to the prison, Mary remained in acute distress for 3 days. The officers released her from her work detail for that period of time. The intensity of her response interfered with her daily routine. After 3 days, Mary convinced herself that she needed to become motivated. She used images of her children and "self talk" as a vehicle to help her cope and return to her routine schedule.

Mary takes pride in having accessed the resources that the prison has to offer. She appreciates and actively participates in groups and receives both individual and drug counseling. She uses prayer, yoga, meditation, reading, and other methods of distraction to help her cope with her grief and with being in

prison. She has contact with a religious sister weekly who supports her spiritual journey. She struggles with her faith, trying to rely on her God for strength yet also questioning God's hand in her painful losses. Maintaining a connection with her deceased sister is a source of great comfort for Mary. Almost on a daily basis she speaks to her sister, looking for the inner peace experienced by her sister. Her feelings of loss are particularly difficult when she feels sad or smothered by prison life. She yearns for the closeness, the support, and the encouragement that she once received from her sister.

Almost 1 year later, she continues to experience grief as an oscillating process, but now is able to remember the good times and feels less angry with God. Only when she is able to go to the gravesite will Mary be able to fully accept the reality of her sister's death. For her, being in prison forces a sense of unreality in this experience. Life is suspended, or as she states "put on hold."

Mary goes into great detail describing the difficulty of experiencing a major significant loss while in prison. Family support is minimally available. A façade of toughness needs to be maintained. Feelings of sadness and particularly anger cannot be expressed due to the fear of being disciplined. Although she describes some officers as supportive and compassionate, she graphically describes the personal degradation that often occurs by many officers who use their authority to ridicule the women, treating them without dignity or respect. Their ruling hand is strongly felt as many officers use their power, adapting set rules for their convenience. Mary takes pride in now becoming an advocate for

other women, in being a voice for others, and trying to make changes that will have a positive impact in the future.

As is often the case with grief, Mary visits other losses that she has experienced in the past. She describes at great length her life prior to her imprisonment: an abusive childhood, abandonment by her mother, an abusive spouse, the disappearance of her children, and the death of her husband. Unlike the situation with her sister, Mary was informed of her husband's death in a factual, distant, and nonsupportive manner, which led to hysteria and shock. Her deep anger for her husband remains.

Mary recognizes that life following imprisonment will be a major adjustment. She has a limited support system and has lost contact with many of her friends. Although her father and mother are still alive, so much pain and unfinished business remains. Her anxiety and concerns about discharge are felt as she explores the challenges that will confront her. As is sometimes the case with women in prison, her children are a strong motivating force for her to make the most of her prison time.

3. Theoretical Understanding

This level of interpretation goes beyond self-understanding and also exceeds critical commonsense understanding. Statements are interpreted within a theoretical context. This level of analysis includes interpretations from reading the text as a whole followed by interpretations using narrative analysis

Holistic analysis. The holistic reading of this interview indicates Mary's grieving experience (related to her sister) as moving from shock of the realization

of her sister's death to the initial responses of sadness and withdrawal. These initial reactions were followed by attempts to return to some level of functioning, oscillating between feeling the pain of grief and focusing on her daily routine. Almost a year later, she is still actively grieving, recognizing the full impact of her sister's death will not occur until she is released from prison.

Narrative Analysis. Three narratives are embedded in this interview; a lengthy narrative about the death of her sister, a second narrative about her relationship with her husband, the disappearance of her children and her husband's suicide, and a third narrative about her early childhood. In addition, there are rich descriptions of the stress of prison life including positive and negative interactions with the officers, the fear of discipline and isolation, and her resourcefulness in accessing resources available within the prison system.

The first story, which is related to the death of her sister, has been extracted from the interview for narrative analysis. The analysis of poetic structures described by Gee (1986, 1991) is used to reveal greater detail of Mary's grief experience within the context of the prison. The poetic structures provide a graphic account of the intensity of Mary's emotional struggle and underscores what is particularly meaningful for her.

In Gee's Notation System, each line represents one or more idea units which is numbered. Caps are used for material that is focused or said with a prominent pitch and the main parts of the plot are underlined. (See Appendix G for complete notation system.)

Part 1 The Pain of Concealment

Stanza 1 (withholding information)

- 1 first of all/I didn't know THAT SHE WAS SICK
- 2 nobody was telling me
- 3 cause they wanted to protect me
- 4 cause I was in jail

Stanza 2 (lack of preparation)

- 5 but it DIDN'T HELP
- 6 found out a week before she passed away that she was dying of cancer
- 7 so I didn't get time to/THEY ALL PREPARED THEMSELVES
- 8 they knew she was dying

Stanza 3 (finding out)

- 9 she was in the hospital the last 3 months and they told me
- 10 WHEN I FOUND OUT it was like 6 months
- 11 6 months before she passed away that she was really sick
- 12 but then THEY TOLD ME THREE MONTHS before she passed away that
- 13 she was IN REMISSION
- 13 but she wasn't
- 14 she was in the hospital

Stanza 4 (feeling cheated)

- 15 they thought they were protecting me
- 16 but it doesn't protect you
- 17 cause they had all the time TO PREPARE THEMSELVES
- 18 and I DIDN'T HAVE NONE OF THAT TIME

Stanza 5 (telephone conversation)

- 19 all of a sudden I talked to her on the phone Friday
- 20 and she was gone Monday

This initial part of the story emphasizes the damage of concealing information from a family member. Even though her family thought that they were protecting Mary, in fact, concealment has only added to her emotional pain. Therefore, her sister's death comes as an unexpected event.

Part 2 The Funeral Home

Stanza 6 (viewing her sister)

21 and when I went to see her at THE WAKE
 22 they didn't tell me she didn't look like MY SISTER
 23 cause she was only 37
 24 and she looked like this little old lady
 25 so I COULDN'T ACCEPT IT WAS HER
 26 because I had to ask somebody/THAT'S HER

Stanza 7 (sister as an inspiration)

27 she was SO ALIVE AND VIBRANT AND JUST WONDERFUL
 28 you know she's an inspiration to me
 29 and she's not here
 30 and it's really hard

Mary's inability to accept the death of her sister is strongly connected to the drastic change in her sister's appearance. The meaning of the relationship becomes apparent as Mary describes the place that her sister occupied in her life.

Part 3 The Pain of Concealment Revisited a Second Time

Stanza 8 (anger at sister)

31 I was mad at my other sister for NOT TELLING ME
 32 but I thought about it
 33 SHE WAS ONLY trying to protect me
 34 but it doesn't protect somebody/not telling them

Stanza 9 (struggle with reality)

35 I'm still not dealing with it/I'm still not OK with it
 36 I MISS HER

Stanza 10 (memories of her sister)

37 every time I talked to her
 38 EVEN THOUGH she lived in Texas
 39 I called her every two weeks
 40 you know, she was an inspiration
 41 and she always wrote me inspirational about recovering addicts/and just everything

42 cause she'd been clean and sober for eleven years

Mary revisits once again her anger and emotional pain related to the concealment of her sister's decline, and clearly emphasizes the missing of her.

Part 4 The News

Stanza 11 (the telephone call)

43 I was with my counselor
 44 and I just put the telephone down
 45 I couldn't even talk
 46 I just started crying
 47 cause SHE WAS DOING SO GOOD you know

Stanza 12 (guilt)

48 and she's a really good person
 49 and how could this happen TO HER
 50 I WAS THE ONE IN HERE
 51 I think maybe that's it too/It should have been me IN SOME WAY

Stanza 13 (sister as strength)

52 and I always thought/SHE was the one that was full of life
 53 and SHE was the strong one
 54 and before she passed away
 55 when I talked to her that Friday
 56 she told me/YOU'RE THE STRONG ONE
 57 YOU ALWAYS HAVE BEEN/YOU JUST DON'T KNOW IT

In this part, Mary briefly describes the telephone call from her family telling her of her sister's death. She struggles to make sense of this major loss, particularly given her sister's strength. Lines 52-53 are said with a very fast pace and emphasis, reflecting Mary's view of her sister as the strong one. There is also an unusually long pause after line 50, where Mary reflects on the unfairness of the death of her sister particularly in light of her struggle with substance abuse and finally achieving sobriety.

Part 5 Reviewing the Pain of Concealment For the Third Time

Strophe 1 Sister's Illness

Stanza 14 (sister in the hospital)

58 she was at the women and infants oncology wing for 3 months
 59 and I didn't know it
 60 cause I WAS WRITING HER
 61 and they were giving her mail and SHE WAS writing me back

Stanza 15 (sister moving home)

62 I knew she came back to RI 6 months before she passed away
 63 she came HOME
 64 but she said she just missed/was homesick
 65 and I'm like after all that time
 66 and SHE like CONVINCED ME
 67 but she wouldn't come SEE ME/So I KNEW something was wrong

Stanza 16 (the last six months)

68 and then 6 months BEFORE she passed away
 69 she told me she had cancer
 70 BUT SHE was going through chemotherapy
 71 and she was getting better

Strophe 2 The Lie

Stanza 17 (false remission)

72 THREE MONTHS before she passed away
 73 THEY TOLD me she as in remission
 74 when she was actually DYING
 75 so I KNOW they were trying to help
 76 I'M JUST STRONGER than they give me credit for

Stanza 18 (not knowing)

77 it was HARDER not knowing
 78 and then finding out
 79 I DIDN'T EVEN FIND OUT the 3 months
 80 I didn't know she was in the hospital 3 months
 81 I found out a week before she passed away
 82 she'd been in the hospital for 3 months

Stanza 19 (anger)

- 83 and I was really mad
 84 angry at my sister, my mother, everybody/They just didn't tell me

In this part, Mary gives some indication that there was a part of her that knew her sister was quite ill, and yet could not bear to confront it (Line 67). But quickly she returns to her anger at not being told and describes how much harder this makes the situation.

Part 6 The News Revisited a Second Time

Strophe 3 The Phone Call

Stanza 20 (the counselor)

- 85 and then I got a call one night
 86 and they say/FIRST CALLED MY COUNSELOR
 87 and said/We need to tell Mary something
 88 and we'd like her to be WITH YOU

Stanza 21 (calling family)

- 89 so they called ME DOWNSTAIRS
 90 and I CALLED my family
 91 and that's when they told me
 92 but they made sure I had somebody with me
 93 cause they knew how I WAS GOING TO REACT

Strophe 4 Struggling with the News

Stanza 22 (significance of sister)

- 94 cause SHE'S LIKE/I don't know/SHE'S A BIG PART OF MY LIFE
 95 and it's not there NO MORE

Stanza 23 (anticipation of future problems)

- 96 it's going to be HARD FOR ME to get out
 97 I DON'T THINK I've accepted the fact that she's actually gone
 98 even though I seen HER, cause it didn't look LIKE HER
 99 and that she's NOT THERE

Fortunately, for Mary, the staff was aware of how difficult this situation would be for her and planned to have her counselor with her at the time of the telephone call. One can see the struggle that Mary is having with the acceptance of her sister's death. The fact that her appearance was so altered increases Mary's struggle. She acknowledges that it is going to be difficult when she is released from prison.

Part 7 Meaning of the Loss

Stanza 24 (sister as main support)

100 cause she's always BEEN THERE no matter where she lived
 101 SHE'S always been there for me and my kids/You know she's always been there

Stanza 25 (sister's family)

102 and she has 2 beautiful daughters
 103 and they don't understand
 104 she tried SO HARD to get better and stay clean
 105 and God took her
 106 and they don't get it
 107 they're like is it worth it staying clean/I'm like yes it is

Stanza 26 (God's plan)

108 you know/God had a reason
 109 and we have to accept THAT FACT
 110 she's with the angels
 111 SHE'S not in pain
 112 and then HE TOOK HER
 113 when she was just doing SO GOOD

The meaning of this loss for Mary is once again clearly evident as she describes her sister as her main support. Mary is also trying to make sense of how she sees God in all of this. Although she states that God has an overall plan and

that acceptance of her sister's death is necessary, lines 112-113 reflects Mary's anger at God for taking her sister at this point in time.

Part 8 The Funeral Revisited a Second Time

Strophe 5 Going to the Viewing

Stanza 27 (family photos at the wake)

114 I had to ask one of the officers that was WITH ME WITH ME/ARE YOU
SURE WE'RE IN THE RIGHT ROOM
 115 because I MEAN she had pictures
 116 It was beautiful
 117 because they had pictures of the whole family around HER

Stanza 28 (the adopted son)

118 and the little boy
 119 she actually/it was her daughters son that she adopted
 120 cause she was so young when she had him
 121 and a big picture OF HIM

Stanza 29 (Indian statues)

122 and they had this big Indian statue thing beside her/because she loved
 statues, Indian statues, anything Indian
 123 and it was BEAUTIFUL

Stanza 30 (disbelief)

124 but it just didn't look LIKE HER
 125 it just, TO ME that wasn't HER
 126 because she's she was always BIG AND FULL OF LIFE
 127 and she looked like this 80 pound little old lady
 128 like 90 YEARS OLD
 129 it was awful

Strophe 6 Immediate Response

Stanza 31 (shock)

130 I was in shock
 131 I came back here
 132 and I just kept saying it wasn't her/IT WASN'T HER
 133 you know this, THIS IS A BAD JOKE

Stanza 32 (the grief loop)

134 YOU KNOW that loop. Up and down. Up and down. And back and forth.
 135 and like, I'VE JUST been crying the past two days
 136 JUST MISSING HER
 137 cause I just miss her

Mary's continued struggle and acknowledgement of her sister's death is quite evident. Once again she describes the dramatic change in her sister's appearance. She responded with shock, returning to the prison with disbelief. The strong yearning for her sister is witnessed. She emphasizes how much she continues to miss her, crying through lines 136-137.

Part 9 Meaning of the Loss Revisited a Second Time

Stanza 33 (missing)

138 sometimes I GET DOWN or I feel smothered in here
 139 I could always call HER
 140 and she'd tell me
 141 close my eyes'
 142 and she would take me TO TEXAS
 143 I CAN'T do that NO MORE

Stanza 34 (striving for inner peace)

144 she had this inner peace about HER
 145 I'm striving, STRIVING for that now
 146 and I'm GONNA GET IT
 147 I just don't know how long it's gonna TAKE
 148 I DON'T want it to take me 11 YEARS

Stanza 35 (no warning)

149 I had TO CALL my family and then tell em
 150 I said, why, you know, they said we should have warned you/YES YOU SHOULD HAVE WARNED ME

Stanza 36 (disbelief)

151 cause I didn't/I REFUSED that it was her
 152 I told them IT'S NOT HER

- 153 you GOT ME at the wrong place/It's not her
 154 but my whole family was all around her/the pictures

Mary's intense struggle in accepting the reality of her sister's death is strongly felt as she continues to revisit over and over again her disbelief. Her anger and deep emotional pain at not being told of her sister's decline continues to be a major theme throughout her narrative.

Part 10 The Funeral Home Revisited a Third Time

Stanza 37 (going alone)

- 155 cause you have to go alone from here
 156 nobody can be there
 157 no family members
 158 THAT'S HARD TO

Stanza 38 (comfort from CO's)

- 159 they told me
 160 take all the time you need
 161 you know they were really nice about it
 162 they let me take A ROSE from her coffin
 163 and I put it in psalms 23

Mary describes the pain of going to the funeral home alone but also appreciates the kindness of the two officers that accompanied her. The rose from her sister's coffin has great significance for Mary, representing the only tangible item that she has from the funeral home.

Part 11 The Strain of Prison

Stanza 39 (facing reality)

- 164 and I I look at it now
 165 I know IT'S REAL
 166 but being IN HERE
 167 IT'S HARD to believe

Stanza 40 (out there)

168 you know like OUT THERE
 169 I would have went to the funeral
 170 I would have been with my family
 171 and been able to grieve right

Stanza 41 (nothing's real)

172 it's like nothing is real
 173 it's not real
 174 cause this is like a whole world within itself
 175 it's like SHE'S STILL OUT THERE
 176 AND I'm JUST in this world

Stanza 42 (getting out)

177 but when I GET OUT
 178 she's gonna

Stanza 43 (husband's death)

179 you know same thing with my husband
 180 it's like HE'S STILL THERE and he's not
 181 I know he's NOT
 182 I saw HIM TOO

Stanza 44 (on hold)

183 but this is like a whole different MENTALITY
 184 EVEN IN your mind
 185 it's like a WHOLE DIFFERENT world in here/THIS IS REALITY
 186 what goes on in here and out there is
 187 you know/not real until you get back out there/we're ON HOLD in here
 188 but WE'RE NOT/cause this is OUR LIFE and WE LIVE it here

Stanza 45 (adjusting)

189 you know we have to adjust to everyday
 190 and you CAN'T say
 191 I don't want to go to work today because I'm grieving
 192 that don't CUT IT

In this part Mary describes how the prison environment almost suspends life experiences; nothing seems real while doing prison time (lines 172, 185). She

stresses the difference between being inside and being outside. Lines 183-185 are said with an extremely fast pace and emphasized, noting the unreality of prison life.

Part 12 Return to Prison

Stanza 46 (support from officers)

193 my bosses were really cool
194 and they gave me 3 days off

Stanza 47 (crying)

195 but I was still a mess when I WENT BACK
196 and I'm trying to work/and I'M CRYING
197 and I'm trying to work/and I'M CRYING
198 it's still a fog

Stanza 48 (the first three days)

199 because I don't/like the FIRST 3 DAYS after I went and seen her
200 I don't know, it's just BLURRY
201 I DIDN'T go out of my room
202 you know they're always checking on me

Stanza 49 (not real)

203 I didn't eat
204 I just wanted her back/I wanted her to come back
205 I wanted it NOT TO BE REAL
206 I wanted all of it to be a bad dream
207 and I was going TO WAKE UP
208 but I didn't

Stanza 50 (grief as a process)

209 and it wasn't a bad dream
210 I just talked to my counselor day before yesterday
211 and like you've said and she said
212 there's no time limit on the grieving process/And it's JUST HARD

Mary describes the first 3 days as a period of being in shock, and crying a great deal. She recognizes that normal grief has no time limit.

Part 13 Meaning of the Loss Revisited a Third Time

Stanza 51 (spirit lifter)

213 some days when I feel a certain way I could always call her
 214 and she'd lift MY SPIRITS
 215 and MAKE ME SEE there's a light at the end of the tunnel
 216 and you know it's not always gonna be like this and JUST STAY STRONG

Stanza 52 (no one to tell)

217 now I don't have anybody TO TELL ME THAT
 218 I have people telling me that NOT THE WAY SHE DID
 219 and cause SHE could be firm and loving and caring all in one
 220 and some people say/Oh just go on with your life

Stanza 53 (the cheerleader)

221 but SHE WASN'T LIKE THAT
 222 she was like you deserve this, you deserve that
 223 you've done so well
 224 you've been through so much
 225 you know you've come so far
 226 don't give up now

Stanza 54 (sister's presence)

227 and I CAN HEAR HER
 228 some days I CAN HEAR HER

Part 14 The Skunk

Stanza 55 (remembering the skunk)

229 when she first passed away I think it was the second or third day in the
 backyard
 230 when we were little we got sprayed by a skunk
 231 me, her and my other sister
 232 and I was sitting on the porch and I was looking down
 233 there was a skunk looking up at me
 234 and I said oh my god

Stanza 56 (running from the skunk)

235 and it sounds like a terrible time but it was really funny
 236 cause we were stripping run-in to the house

237 taking our clothes off
 238 cause we were like I was 7 and she was 9/and I HAD THIS SKUNK

Stanza 57 (signal from the skunk)

239 and I I just felt this sense of SHE'S ALL RIGHT
 240 it was really strange
 241 I can't/I haven't seen the skunk since
 242 and I think it was her way of saying LET IT GO/I'm not in pain anymore

Stanza 58 (letting go)

243 you know and I THINK the longer I tried to hang on to her
 244 she was, you know NOT AT PEACE/Cause I wouldn't let her go
 245 that skunk looking up at me
 246 and then IT JUST LEFT

Stanza 59 (warmed)

247 and I'm like did ANYBODY SEE THAT SKUNK
 248 you know and they were like WE SAW IT
 249 and it just looking at me like/and I felt like
 250 I felt this/I can't describe it/This warmth in me

Stanza 60 (joyful relief)

251 and you know SHE'S OK
 252 she's NOT IN PAIN ANYMORE and that WAS HER TELLING ME
 253 I said OH NO SHE CAME BACK AS A SKUNK
 254 and I started laughing

The meaning of Mary's relationship with her sister is quite evident in this part of the story. She reminisces about past times with joy, feeling her sister's presence. The backyard skunk is a stimulus for remembering early childhood days, bringing her comfort in the midst of deep sorrow. The skunk also serves as a powerful messenger to Mary that her sister is finally at peace and she needs to let go. It is clear that Mary's continued connection with her sister is an important part of her grieving process.

Part 15 Coping

Stanza 61 (getting motivated)

255 3 weeks before I could get myself to GET UP IN THE MORNING with no
 problem
 256 not saying yeah/she's not here
 257 I can't call her
 258 IT TOOK ME THREE WEEKS and then I started my routine back up/And
 cause, I was saying you gotta get your routine back

Strophe 7 Invalidation

Stanza 62 (you don't know how I feel)

259 and like people pushing me
 260 and telling me how I felt
 261 you don't know how I feel
 262 and everybody's like/you know get over it
 263 and you just CAN'T get over it
 264 IT'S NOT SOMETHING YOU JUST GET OVER

Stanza 63 (you should know)

265 when YOU LOVE SOMEBODY
 266 when THEY'RE A SISTER
 267 you know you have that FAMILY LOVE
 268 that you should know if somebody's else's sister died or passed away

Stanza 64 (loneliness of grief)

269 I WOULD CRY FOR THEM because I KNOW THE PAIN
 270 you know I DO THAT with people
 271 when THEY LOSE SOMEBODY I know the pain
 272 and there's NOTHING NOTHING I CAN SAY to help them
 273 that's something you have to do within yourself/and I'M STILL
 WORKING on it

Strophe 8 Triggers

Stanza 65 (reminders)

274 a year/August 3rd it will be a year
 275 and like I said the past few days, I've been crying
 276 talk to me
 277 cause sometimes I JUST HEAR HER

278 or a song/ANYTHING reminds me of HER

Stanza 66 (the sad book)

279 and it's like reading a book the other day/and the woman had cancer
 280 and I HAD to put the book down
 281 I started crying/I COULD FEEL
 282 I know this is just a story AND A BOOK/But I, I COULD FEEL the
woman's pain
 283 she was losing her child to cancer and I just/I said oh my God/you know/I
 COULD IT
 284 I had to put the book down/and I haven't picked it up since

Stanza 67 (depression)

285 I think that's what TRIGGERED the past two days
 286 depression

It took about 3 weeks for Mary to force herself to be motivated and to return to her prison routine. A striking feature in this part is related to Mary's feelings of being invalidated. Even though it has been almost a year since her sister's death, acute feelings of grief are easily triggered. Her ability to empathize with others is also apparent. Mary also recognizes the loneliness of grief (lines 272-273), and that much of one's own experience cannot be shared by others.

Part 16 Immediate Grief

Stanza 68 (withdrawal)

287 it was AWFUL
 288 I mean. Crying all the time
 289 not eating, not wanting to do NOTHIN
 290 not go to my groups/not do anything
 291 I just didn't want, I didn't want to be seen or heard
 292 and I WASN'T like FOR THREE WEEKS/I DIDN'T I didn't want to do
nothing

Stanza 69 (getting going)

293 something in me said
 294 you have to give, pick yourself up

295 you have to get going here
 296 you have 3 beautiful children at home counting on you
 297 you have to
 298 I HAD to talk TO MYSELF and FIGHT WITH MYSELF to get myself to
 go motivated again

Stanza 70 (get on with it)

299 cause no matter what ANYBODY said to me
 300 they couldn't tell me how I felt
 301 you know/they couldn't tell me well you should be over it by now
 302 THERE'S NO TIME LIMIT

Stanza 71 (getting through it)

303 how can you tell me you should be better
 304 you can't/so I said/I STARTED you know they say as I say you plant a seed
 in your head
 305 I can get through this/I can get through this
 306 I've been through a lot
 307 I can get through this
 308 It's easier said than done

Strophe 9 Crying

Stanza 72 (crying at night)

309 the third week I started working my whole time again
 310 cause I work and cry
 311 and they all say/Go upstairs
 312 I would save CRYING for at night
 313 but I would CRY AT NIGHT

Stanza 73 (painful crying)

314 and I KNOW IT WAS OK, you know
 315 I used to think crying was a sign of weakness
 316 it's not/it's a sign of pain or something really bad goin inside of you
 317 and I WOULD CRY at night

Stanza 74 (needing space)

318 I would pick like not even pick a time just go in my room
 319 and I'd ask people/JUST PLEASE LEAVE ME ALONE FOR AN HOUR
 320 just give me space
 321 and they were pretty cool about it/they were pretty good

Stanza 75 (lacking trust)

322 cause THE WORSE THING that had to do is when somebody's crying is to
 say what's wrong
 323 when they already know what's wrong
 324 and you don't want to talk about it/not to them
 325 UNLESS YOU HAVE A RELATIONSHIP LIKE THAT/and, it's not easy
here to trust anybody

Stanza 76 (positive staff)

326 the staff I gotta tell you
 327 THE STAFF was wonderful, unbelievable, understanding
 328 you know you shouldn't be going back to work yet
 329 you should just take the time AND GRIEVE

Mary describes her immediate grief as a time of withdrawal and sorrow released through nighttime tears. Her grieving process includes both withdrawal and getting going. She once again speaks of the hardship of being invalidated by others. She describes the prison staff as quite supportive immediately after the death of her sister.

Part 17 Grief One Year Later

Stanza 77 (day by day)

330 IT'S DAY BY DAY, a day by day process
 331 I get up and take the day as it comes
 332 I can't get up and say oh I'm not gonna grieve today
 333 I can't/I'VE TRIED IT
 334 but IT DOESN'T WORK

Stanza 78 (the bottom line)

335 because if something/it can be anything
 336 it could be the sunset or a song/or SOMEBODY SAYS SOMETHING
 THAT SOUNDED LIKE HER
 337 and I get all CHOKED UP
 338 and I just MISS HER/the bottom line is MISSING MISSING HER you
know

Stanza 79 (comfort)

339 missing the comfort she gave me
 340 and the WISDOM and the KNOWLEDGE and EVERYTHING
 341 she just, was wonderful
 342 a very special human being

Stanza 80 (good memories)

343 I remember all the good stuff now
 344 trying not to think about/cause SHE HAD some really bad days with her
 drugs
 345 I try, I try to think about all the good days we had and all the fun times we
 had
 346 not the negative/all the positive
 347 EVEN THE POSITIVE can make you cry

Stanza 81 (kid stuff)

348 cause we had some really happy times
 349 and we stepped in bees' nests and got sprayed by skunks
 350 and YOU KNOW things kids do
 351 she was always there for me

Stanza 82 (the ambulance)

352 when I cut my wrists when I was 7 SHE WAS WATCHIN ME
 353 and she got the ambulance and got me to the hospital, my first ambulance
 ride
 354 and SHE'S JUST ALWAYS BEEN THERE FOR ME ALWAYS
ALWAYS since I can remember

Stanza 83 (working on spirituality)

355 my counselor got me working on my spirituality
 356 and I KNOW it wasn't His fault you know/SHE'S WITH HIM and so that's
a good thing

Stanza 84 (asking why)

357 it's it's that WHY/you know WHY HER, WHY NOW, WHY WHY WHY
 358 and I'm not ever gonna get those answers
 359 unless I LET IT GO and let God give them to me
 360 cause I wasn't listening/I didn't want to hear nothing

Stanza 85 (God's plan)

361 you know, my praying/I stopped praying
 362 I just/why should I pray to you
 363 you just keep takin the people I love
 364 and it's not like that
 365 you know everybody's time and HE HAS/HE KNOWS
 366 so I'M praying again and I FEEL BETTER

Stanza 86 (power of living)

367 and when I get like I've been the past few days
 368 you know I have this
 369 somebody gave me a book the other day/the power of living
 370 it's all it's all spiritual
 371 and it talks about when HE TAKES SOMEBODY because it's THEIR
TIME/He has plans for them elsewhere
 372 and it's A BEAUTIFUL BOOK/and that helped a lot

Stanza 87 (reading my bible)

373 and my counselor/just all the spiritual work
 374 that's lifted my spirituality back up
 375 and I feel good today about it like I said I've been upset the past few days,
 just depressed
 376 but I'M NOT BLAMING NOBODY
 377 and I'm just reading my bible

Strophe 10 Acceptance

Stanza 88 (accepting she's gone)

378 and I ACCEPT THAT SHE'S GONE
 379 I just don't like it
 380 you know/I MISS HER
 381 and that's/I miss her
 382 that's the bottom line
 383 I miss her/I miss her

Stanza 89 (avoiding seeing)

384 when I'm going through my album and I see her
 385 it's like/cause IF I COULDN'T see from two years before she was sick to 2
 years after
 386 I could if I really looked at those pictures
 387 I could/I DIDN'T WANT TO SEE IT

388 cause the weight loss and and everything
 389 I just should have/I COULDN'T

Stanza 90 (resisting knowing)

390 that's why she didn't send me a lot of pictures
 391 cause I would have known and now looking at them today
 392 I KNEW
 393 I didn't want to know
 394 you know/I knew something was wrong
 395 I DIDN'T WANT TO ASK/cause I DIDN'T WANT TO KNOW

Stanza 91 (forgiveness)

396 and my other sister knew I WAS LIKE THAT
 397 so probably part of the reason she didn't tell me
 398 I'm not mad at her no more either
 399 I WAS THOUGH/I was really

Stanza 92 (forgiving God)

400 I just have those days where I still really miss her
 401 I'm not angry at anybody for not telling me
 402 I'm not mad at God anymore
 403 I just hurt

Stanza 93 (hurting still)

404 I just get depressed
 405 I hurt still
 406 and I CAN'T SAY that's ever gonna go away/I'M ALWAYS GONNA
MISS HER
 407 you know sometimes it's really worse than others are

One year later, Mary continues to experience intense grief at times, but also begins to remember the good times as well as the bad times. She tries to come to terms with her God and now takes responsibility for avoiding dealing with her sister's serious physical decline. As a result she is less angry with her family, viewing the concealment with a different lens. Her reconnection with her spirituality is a source of strength and comfort.

Part 18 Grief in Prison

Strophe 11 Lack of Support

Stanza 94 (need to be tough)

408 THE EVERYDAY ROUTINE HERE TOO
 409 you have to just be tough
 410 and you can't feel nothing
 411 sometimes that's hard

Stanza 95 (hard to be tough)

412 and THERE'S NO GRIEF AND LOSS GROUPS until the one we just had
 WITH YOU
 413 but before that
 414 DEAL WITH IT/that's you know you would get DEAL WITH IT
 415 deal with it
 416 IT'S HARD to just deal with it
 417 BE TOUGH/you know/get on with your life
 418 and if if YOU DIDN'T mess up YOU WOULDN'T be here and YOU'D
BE OUT THERE

Stanza 96 (tough CO's)

419 just sometimes they can be pretty rough about it
 420 we have some really good CO's though too
 421 they're really compassionate
 422 but some have no compassion
 423 or if they do/we don't get to see it

Stanza 97 (harsh reactions)

424 or they throw it in your face
 425 you shouldn't be in here in the first place
 426 if you didn't screw up/you'd be out there
 427 I DID screw up/I AM HERE
 428 I'm trying to deal with it the best I can, you know
 429 don't TELL ME TO just get over it

Strophe 12 Fear of Discipline

Stanza 98 (can't talk back)

430 and YOU CAN'T TALK BACK LIKE THAT TO THEM
 431 you'd go to D wing and get booked

432 discipline/you get locked in your room for 24 hours
 433 they bring your food to your room and everything
 434 you don't get to come out of your room
 435 you GET TO come out after five days of being down for an hour of rec a
 day on the porch

Stanza 99 (can't express feelings)

436 but IF YOU TALK BACK you get punished
 437 so that's ANOTHER THING/THAT'S WHY IT'S HARD here to
 438 YOU CAN'T express how you feeling when they talk to you like that
 439 or if YOU'RE REALLY UPSET/CAUSE YOU'RE REALLY REALLY
 GRIEVING THAT DAY

Stanza 100 (can't lash out)

440 you have TO BE CAREFUL WHO YOU LASH OUT AT
 441 YOU KNOW SOMETIMES when you're really hurtin YOU LASH OUT
 even though you don't mean it
 442 when YOU'RE WITH FAMILY they understand, cause THEY KNOW
you're going through the same thing
 443 in here, YOU CAN'T DO THAT cause THEY TAKE IT AS A
 THREAT/you're a threat to this or that/you're a threat to the other inmates

Stanza 101 (stuffing it)

444 but out there IF YOU LASH OUT at your loved ones they understand
 445 you don't have that in here
 446 you don't have that love, that family bond
 447 they understand if you lash out
 448 you always have to watch what you say
 449 and stuff everything your feeling

This part of Mary's story captures the overwhelming constraints that prison life has on Mary's need to grieve. The threat of discipline if any anger is expressed is a major stressor with which Mary must live. She now describes the harshness of many of the correctional officers. The need to be tough serves as a barrier to the expression of Mary's sadness. Her affect strikingly changes beginning with stanza 99 where there is a strong emphasis on prison life.

Summary

Based on this three-step analysis of Mary's interview, the acuity of her grief is still quite apparent although Mary's sister died almost 1 year ago. The freshness of grief is strongly felt as Mary tells her story. Since Mary's sister was the one person she turned to in times of need, it can be expected that her grief will be difficult given the meaning of this loss (Parkes, 1993). Mary's need to maintain a relationship with her sister rather than sever bonds brings her comfort and solace (Silverman & Klass, 1996).

Although she is able to remember good times from the past, the yearning for her sister's return is also present. Since Mary experienced her sister's death as sudden and unexpected, it is more difficult to prepare and absorb the reality of the loss gradually over time. This often leads to a more difficult bereavement (Rando, 1984; Schneider, 1994).

Mary's initial manifestations of grief are expected given the context of the relationship and the unexpected nature of the death (Rando, 1985; Schneider, 1994). She returns from the funeral home in shock, withdrawing from others, not eating and having difficulty focusing. The pangs of grief as described by Parkes (1972; Parkes & Weiss, 1983) are evident as Mary describes quite vividly her deep sorrow, restlessness, and persistent yearning for her sister. It takes her 3 weeks and a great deal of self talk before she can return to her prison routine. Her children are a strong motivating force for mobilizing herself. The waxing and waning discussed by Stroebe and Schut (1999) is described by Mary as she oscillates between being immersed in her sorrow and trying to get motivated. Her

grief is easily triggered even 1 year later and she continues to experience manifestations of acute grief.

The context of the prison does not allow Mary to participate in important healing rituals within the context of what Mary believes to be a loving social support. Although Mary describes the prison officers as kind and supportive immediately after her sister's death, the portrayal of the correctional officers shifts. Mary readily verbalizes the constraints of prison life in being able to express sadness and anger. In fact, this part of her story is shared with much greater emphasis in voice and a contrasting change in affect than the beginning of the story. One senses the degradation of the women by many of the correctional officers with the pressure "to be tough" regardless of their internal suffering. This finding is consistent with the work of Toch (1992) who describes that inmates may have great difficulty managing both grief and the prison environment.

Mary's resourcefulness is a strength that she brings to this situation. Her spirituality, her ability to make use of mental health services including a counselor and groups provide important avenues for dealing with this major loss. Her increased sensitivity towards others and her determination to make a difference in the prison before she leaves resonates with Schneider's (1994) discussion of grief as having the potential to be a growth-producing experience.

Second Participant—Barbara

Barbara is a 40-year-old single, Baptist, African American woman who completed high school and 2 years of college education on a basketball scholarship. She has two sisters, one younger and one older, whom she has little

contact with at this time. Her father died when she was quite young. Barbara's mother raised her three daughters by herself and never remarried. Barbara began using drugs when she was in college and struggled with substance abuse for years. This is her third incarceration. Barbara's mother died 10 months prior to this interview, 1 year and 5 months after she began this period of imprisonment.

1. Self-understanding

The following statements have been extrapolated from the interview to reveal Barbara's understanding of her grief experience related to her mother's death.

I'd like to start from '95. My mother had been sick a long time before that, but life took its toll on her around '95. She was a diabetic and had many problems with her disease. I need to tell you about the kind of bond my mother and I had. I lost my father when I was very young and my mother raised us three girls by herself. We lived in the time of segregation and desegregation, and my mother lost a lot of pride because of that. Eventually my mother went to work as a homemaker for a very nice White family that treated us as friends. I was the same age as their little boy who was in a wheelchair and couldn't walk. He'd often spend the night at our house. I learned a valuable lesson from this and my eyes were not blinded by color.

As I got older, my mother had lots of hopes and dreams for me, but my own hopes were even bigger. I wanted to work and help my mother so I got my first job at age 13. My oldest sister was 19 and giving my mother a lot of trouble and my baby sister was almost 9. My mother was very proud of me and I went on to

school. Since I was so big, I played basketball. I got a 2-year college scholarship to go to school in another state and lived there for 8 years. My mother and I got even closer and she now had a place to come to get away from all the turmoil in my older sister's life. My mother was raising my sister's two children. My youngest sister felt that I just left her and my oldest sister was jealous of the relationship I had with my mom.

Then everything changed and I threw away all that I had accomplished and let down my mother and myself. My mother was so proud that I was in college and on a scholarship, something that she had never been able to do. My lifestyle, that is my sexual preference, was now out in the open. I had no one to talk to about the pain and problems that I was having. Through this lifestyle I was introduced to drugs, something I never thought I would ever do. This hurt my mother. My oldest sister declared me abnormal. I was living in the fast lane and started stealing from everyone to keep up my habit and ended up in jail. My mom stood by me as best she could. But I was a failure, I had destroyed everything I worked for, I threw it all away. I was going to college, playing basketball and my younger nephews and oldest sister really looked up to me.

By the time I came to jail for the third time, my mother was very sick and could no longer come to visit me. But she'd call and send me money. She was beaten down because I was the black sheep of the family and now the jailbird.

After the third time I was in jail, I decided to change. I started helping my sister raise her kids. But once again I started stealing from my own family for drugs. My mother said that if I was going to do drugs, she wanted me to move

home so that she at least would know where I was. She pleaded with me to stop, but I just didn't listen. I ended back in jail but got out just before my grandmother passed away. When my mother lost her mother, I was the only one who could comfort her. I saw what was happening to my mom and I desperately wanted to change. I moved home. My mother would get up in the middle of the night and cry for her mother. But she held in so much pain and grief, her diabetes was getting worse and she developed a heart condition. She had a series of strokes, and lost her sight in her right eye. She developed an aneurysm on the left side of her head, ended up in the hospital for 2 weeks. Because the hospital was in a different state I had to get permission from my parole officer to go and visit her. I couldn't stay in the room long because all I could do was cry. I loved my mother. She had stood by me through everything.

When she came home from the hospital she needed a lot of care. I was working two jobs and trying the best I could to take care of her. When my parole officer saw how bad her condition was, he took me off my jobs and said your mother needs you home. I cared for my mother for 6 months. She needed so much care and I became angry at my other two sisters. My youngest sister had one child and couldn't even find the time to help out at all. My oldest sister with all of her kids couldn't take the time to help out either.

Slowly my mother got stronger and moved to a senior citizen complex. I went over as often as I could to clean, cook, and check on her. We had a different kind of relationship now. We grew closer. I wanted to stay clean and sober and I did for a while, but then I started drinking, stealing and using drugs again,

something I had promised God I would never do. I ended up in jail again and broke my mother's heart. I finally called her and she told me that she loved me and that she forgave me. All I could do was cry. We had gotten so close. Even though she was sick, she got someone to bring her to see me and she brought me a few things that I needed. I told her not to come, because they are so rude to you here, but she did anyway.

One day my sister came to see me and told me that my mother had died. My sister called the officers and explained how close my mother and I was and they let her come to tell me in prison. My mother had been out that morning and caught a cab to go and see my youngest sister who had just had a little girl. But when she got there no one was home. What killed me was that she died alone. She had a massive heart attack and rolled down the sidewalk, called for help and no one was there. Someone looked out their window and saw her on the sidewalk. It kills me even today, 10 months later to think about it. I stole from her and I was in jail when she died.

My mother and I bonded after her illnesses. My sister knew how hard I would take it and so the officers let her come and tell me in person. I just couldn't believe it when she told me what had happened. My sister said that she had a peaceful look on her face but I don't believe that.

I was allowed to go to the funeral home, in handcuffs, shackles and totally alone. It's the most humiliating experience. The handcuffs were put on so tight that I could barely touch her with one hand. And then to come back to prison and

not be part of all the preparations, it's so very hard. You want to be with your family but you can't.

I'll never be over losing my mother, she was the most important person in my life. She was the person I expected to see when I was released just like many times before.

I had a very difficult time when I came back from the funeral home. I just couldn't accept it. I kept going over it and over it in my mind. I just didn't want it to be true. The first few weeks were really tough but I didn't want to be medicated like a lot of other people want to do. You have to function in here. If you don't do what they tell you, you get punished. There's no compassion or understanding from anyone. You can't really express how you're feeling or you can get punished, locked up. So I just put on a façade, that's what everyone sees a façade.

My first birthday was really hard to go through. My mother had a special card for me but I never got it. Then came all of the other holidays, it was just so painful to go through them without my mother. The thing about my grief now is that I've accepted it a little bit more, that my mother is in a better place, that's she's not in pain. I feel that she's gone on to be an angel, and she's with the man that she loved. I talk to her. Some days are better than others, because I miss her. I'm crying because I miss her. I haven't had anyone to grieve with me. I've been asking for a picture of my mother for 10 months but no one will send me one. I think that would help me in my grief, to be able to look at her. To be in the free world and to be able to go to the gravesite, have a picture and have mementos,

that would make a big difference in my grieving process. But to be contained and confined on the day of the funeral and months after that, it's hard.

I know when I get out I'm going to grieve all over again whether its 2 or 4 years from now. I'm going to fall apart all over again when I finally get a picture and go to the gravesite. What's even worse is you feel that it's your own fault, being in prison, from choices that you made. Because of my own stupidity, and poor choices. If I hadn't been in here maybe she wouldn't have died alone; maybe I would have been at home with her and she wouldn't have gone to my sister's house. And I think, oh my God, she died alone; she died calling my name because she knew that I was the only one who was there for her and helping her. My mother was my world, and for her to have to die like that. I live that everyday. I try not to show it but I think about it every day. If I showed how I really feel I would be crying and they would want to medicate me.

Talking with you lets me express how I really feel. The built up tears and pain that I haven't been able to voice to anyone else. So it helps to talk about it. If I stopped and thought about my mother and what she would have felt, maybe I would have made different choices and I'd be out there today. I would have been there when my mother passed away.

2. Critical Commonsense

The following interpretation goes beyond Barbara's self-understanding and includes a more critical interpretation by the researcher of either the content of what is said or of Barbara.

The major impression gained from this interview is the deep regret, guilt and loneliness that Barbara continues to feel 10 months after the death of her mother. During the interview Barbara began by intentionally going back to 1995 as the beginning point of her story. It is important to her that the context of the relationship with her mother be established before she begins to discuss her mother's death. She clearly wants to communicate how close she was with her mother and how her mother had continued to love and forgive her despite numerous incarcerations. It is also important to Barbara that her attempts at caring for her mother during her illness are acknowledged and that she be recognized as a caring and loving daughter. The feelings of deep regret and persistent guilt are major themes. Barbara has little eye contact throughout the interview until the very end, continually looking down with a thoughtful and sad affect. Periodically she looks at me as if to see if I am really interested in what she has to say. She also makes the point of describing her mother's experience, both negative and positive, of being Black in White America and her own positive experiences with a White family. In so doing, she seemed to be trying to reassure me that race was not a barrier to our communication. At the end of the interview she expresses her appreciation for being able to tell her story, to share her pain.

Barbara begins the interview by reviewing her past, how her mother raised three children on her own and how Barbara at the young age of 13 began to work to help her mother. She had the opportunity to go to college out of state on a basketball scholarship. This was a major event in the family's life, particularly for her mother who had great hopes that Barbara would succeed. However, her two

sisters were envious and resented the closeness that existed between Barbara and her mother. During these college years, Barbara began using drugs and gambling which eventually led to numerous incarcerations and the destruction of everything for which she had worked. Barbara made several but failed attempts to become clean. Throughout it all her mother continued to love and forgive her. It appears that she was the only person in Barbara's life that did not abandon her despite her repeated failures.

Barbara describes in great length how well she tried to care for her mother when she became quite ill. The strain of caregiving and the anger at her two sisters for their lack of support during this difficult time comes through in her story. Barbara was also her mother's major support person when her own mother died.

Barbara recalls with detail the day that her sister came to the prison to tell her about her mother's death. She reacted with shock, numbness, and disbelief. She was out of control, screaming and uncontrollably crying, looking up at the chapel ceiling asking God why. As she heard the details of her mother's death, the thought of her dying alone became a fixed image in her mind, an image, which continues to torment her.

Barbara goes on to describe her visit to the funeral home. The humiliation and degradation of having to go in handcuffs and shackles as well as the pain of being there alone without support is quite apparent. The inability to participate in planning the funeral or attending the funeral adds to the loneliness of grief that was felt by Barbara. Although there has been great tension in the family in the

past, Barbara believes that sharing this major loss with them would be healing and brings her comfort.

The first 3 months following her mother's death were extremely difficult for Barbara. Through it all Barbara maintained a façade, fearing that if she expressed her sadness or anger, she would be medicated or disciplined. The loneliness of her grief continues, as she feels unable to share her pain with anyone. Although she describes herself as feeling more at peace with her mother's death she also acknowledges that the full impact of her mother's death will not occur until she is released and is able to go to the gravesite.

3. Theoretical Understanding

This level of interpretation goes beyond self-understanding and also exceeds critical commonsense understanding. Statements are interpreted within a theoretical context. This level of analysis includes interpretations from reading the text as a whole followed by interpretations using narrative analysis.

Holistic analysis. The holistic reading of this interview indicates Barbara's grief experience as moving from the shock of the realization of her mother's death when informed by her sister to the initial responses of withdrawal, loss of appetite, insomnia, rumination and guilt. Barbara intentionally maintains a façade of toughness and feels totally alone in her grief. The freshness of her grief is still present. She acknowledges the full impact of this loss will not occur until she is released from prison and able to go to the gravesite.

Narrative analysis. There is one very lengthy narrative in this interview. The portion of the narrative which focuses on her grief experience and the

influence of the prison on her experience has been extracted for narrative analysis. The analysis of poetic structures reveals piercing accounts of Barbara's intense emotional struggle in attempting to deal with her mother's death. The prison as a barrier to grieving also comes through in great detail.

Part 1 Hearing The News

Strophe 1 The Telling

Stanza 1 (sister calling)

- 1 you know um well anyway the captain/WHOEVER MY SISTER SPOKE TO
whatever
- 2 she came up around 9:30
- 3 so she might have called that morning
- 4 night whatever, fine

Stanza 2 (sister coming)

- 5 but by the time she came up
- 6 they were in agreements
- 7 to not do it the way I know normally to be done
- 8 you know, uh, they THEY LET HER COME UP

Stanza 3 (off the job)

- 9 and they took me off MY JOB
- 10 and they um took me in THE CHAPEL
- 11 to um, um see MY SISTER
- 12 and um (long pause) when I GOT IN I WASN'T REALLY EXPECTING
that you know

Stanza 4 (farthest thing from my mind)

- 13 like I said/that WAS THE FARTHEST THING FROM MY MIND
- 14 and I hadn't SEEN MY SISTER IN about a year and a half
- 15 I'd been here about that long
- 16 and she hadn't come to visit me or anything

Stanza 5 (didn't click)

- 17 so I was like in A HAPPY MOOD that morning
- 18 and I was LIKE HEY WHAT'S YOU DOING HERE/what's wrong

- 19 and I thought she was having problems with her son or something
 20 because it hadn't really clicked

Stanza 6 (what's wrong)

- 21 the only reason THEY LET FAMILY IN during the UNAUTHORIZED
VISITING time
 22 is for something that's tragic
 23 and IT HADN'T CLICKED
 24 and uh I was like um WHY WHAT'S WRONG

Stanza 7 (ma's gone)

- 25 and I LOOKED AT HER
 26 and IT HIT ME
 27 and I GRABBED HER
 28 and I said WHAT'S WRONG, WHAT'S WRONG, WHAT HAPPENED,
 like that
 29 and she looked at me
 30 and said ma is gone

Strophe 2 Immediate Response

Stanza 8 (shock)

- 31 and it was UNBELIEVABLE
 32 the feeling was totally UNBEARABLE
 33 I FEEL IT NOW just to remember the way she said it
 34 then my whole body just like/WENT NUMB, WENT DEAD

Stanza 9 (disbelief)

- 35 I just couldn't EVEN BELIEVE IT
 36 I could hardly walk up the aisle in the chapel to sit down
 37 and she just grabbed me
 38 and she said/she's gone, she's gone

Stanza 10 (why)

- 39 and pulled me up front/AND WE SAT DOWN
 40 and all I could do was cry
 41 all I could do was scream
 42 all I could do was ASK WHY
 43 so I looked up at the ceiling in the church
 44 and just said why why

Stanza 11(holding me)

45 and she HELD ME
 46 and said SHE'S IN A BETTER PLACE
 47 ALL KINDS OF THINGS
 48 I DON'T EVEN REMEMBER WHAT SHE WAS SAYING

Stanza 12 (out of control)

49 I just went spastic
 50 BY THE TIME THE OFFICER RAN IN
 51 I don't know, a bench was broken
 52 I was partially on the floor/and my sister was HOLDING ME
 53 the frustration, the anger/AND I COULDN'T even hardly stand up, WALK
 54 I was just kicking my legs/I don't know (pause)

Stanza 13 (over it and over it)

55 and they let us stay and talk for a while
 56 and then you know/I just went over it and over it and over it
 57 the same thing in my head
 58 and asked WHY WHY WHY

In this part of the narrative Barbara describes how her sister told her about her mother's death and her initial responses of shock, disbelief, and out of control behavior. The intensity of her pain is felt in stanza 10, with Barbara crying and using long pauses, Barbara is obviously in acute distress.

Part 2 The Circumstances of Her Mother's Death

Strophe 3 Dying Alone

Stanza 14 (didn't suffer)

59 and I asked her/And they said it was just one big thing
 60 you know, she didn't suffer
 61 she had a peaceful look on her face
 62 when she got to the hospital

Stanza 15 (changed plans)

63 she told me how SHE HAD JUST CHANGED HER PLANS that morning
 before

64 and that SHE HAD been dead a day now
 65 you know the last thing that she had done/was to send me some money
 66 and go to to see my newly born NIECE
 67 and um put the meals on wheels in the microwave
 68 and CHANGED HER PLANS/AND DECIDE TO CATCH A CAB

Stanza 16 (the surprise)

69 knowing that why she didn't call my sister
 70 to see if anyone was HOME
 71 I guess she was gonna/surprise her
 72 cause they had been sort of like/that's my baby sister/they had sort of been on the outs

Stanza 17 (on the sidewalk)

73 so when SHE FOUND/you know someone noticed her out of the window laying on the sidewalk
 74 and some guys came by, some fireman or rescue guys on their lunch break or something
 75 but it was already too late
 76 it was just like one massive THING

Stanza 18 (not peaceful)

77 so she had a peaceful look on her face
 78 BUT TO ME THAT WASN'T PEACEFUL
 79 to me the way she died
 80 left me WITH NO PEACE

Strophe 4 Being Left Out

Stanza 19 (by myself)

81 cause I WAS IN HERE all by myself trying to deal with that
 82 everybody else GOT TO SEE HER
 83 and SHE WAS WARM
 84 and could understand what was on her face

Stanza 20 (would have stayed)

85 I WAS allowed to go to the wake
 86 but THAT'S TOTALLY DIFFERENT you know
 87 I KNOW if I had been out/and WENT TO THE HOSPITAL
 88 it would have been hard for them TO GET ME TO LEAVE

Stanza 21 (not there for her)

89 but I would have stayed there/because I FELT MY MOM'S PAIN
 90 I felt that by the time they brought me upstairs THAT DYING ALONE
 91 I felt like SHE CALLED ME/you know
 92 I felt like I WASN'T THERE FOR HER/All the times that she had been there
FOR ME

Barbara reviews the circumstances of her mother's death. Despite being told by her sister that her mother looked peaceful, Barbara challenges that belief given how her mother died. Her mother had no peace, and Barbara also has no peace. The tone in Barbara's voice and the long pauses in stanzas 10 and 21 highlight the intensity of deep regret that continues to cause Barbara deep emotional pain.

Part 3 Going to The Funeral Home

Stanza 22 (forgiveness)

93 when I WENT TO the viewing
 94 it was like feeling everything that my mother had ever shared with me
 95 going away/GONE
 96 feeling HER EVERY forgiveness THAT SHE HAD GIVEN ME

Strophe 5 Regrets

Stanza 23 (letting Mom down)

97 I had LET HER DOWN
 98 but I COULDN'T be there FOR HER when SHE NEEDED ME THE MOST
 99 to SAVE HER LIFE
 100 many a times that SHE HAD SAVED MINE

Stanza 24 (couldn't help her)

101 but I COULDN'T help her
 102 when she was laying down ON THAT GROUND
 103 CLUTCHING HER CHEST/saying oh God Barbara
 104 so all I could do WAS JUST HOLD HER and cry

Strophe 6 Alone at the Viewing

Stanza 25 (alone)

105 I WAS ALONE/you can't have anybody with you
 106 so it's like the WORST PAIN
 107 YOU DON'T SHARE ANY PAIN ANY GRIEF with anybody
 108 it's ALL ALONE/you have to do it ALL ALONE

Stanza 26 (no one to share with)

109 and anybody THAT'S HERE/that's compassionate or slightly
 understanding
 110 you don't get to go TO THE FUNERAL
 111 you don't get to SAY GOODBYE with the REST OF YOUR FAMILY
 112 you don't get TO FEEL ANY OF THAT/to share any of that WITH
ANYONE THAT YOU LOVE THAT'S BEEN IN YOUR LIFE

Strophe 7 Feeling Humiliated

Stanza 27 (disrespect)

113 and to sit back and have, have to go TO THE WAKE IN CUFFS AND
 SHACKLES/IN OUR UNIFORM
 114 and I DIDN'T WANT to disrespect my mother
 115 and I told them I WASN'T GOING LIKE THAT/I COULDN'T GO LIKE
 THAT
 116 I WAS NOT WEARING NO SHABBY SHADY BLUE

Stanza 28 (the Warden understood)

117 the Warden understood and SHE RESPECTED that
 118 whether a lot of people feel that way I DON'T KNOW
 119 I FELT that way
 120 that I COULD NOT SAY MY LAST GOODBYE DRESSED IN PRISON
ATTIRE

Stanza 29 (the accommodation)

121 so they accommodated me with some type of work release outfit/you know
 the girls get to wear
 122 and I got a pair of black pants/and a black shirt
 123 and I FELT A LITTLE MORE RESPECTABLE
 124 so SHE WOULDN'T HAVE TO SEE ME DRESSED LIKE THAT IN
PRISON UNIFORM

Stanza 30 (with some officer)

125 but for them to have to/YOU KNOW YOUR HEART IS SO BROKEN
 126 YOU GO THERE with some officer who REALLY DON'T CARE
 127 or depending who they are/and depending on who you are
 128 they JUST HAVE THAT heartfelt compassion for that minute

Stanza 31 (you're a criminal)

129 but they don't know what YOU'RE GOING THROUGH
 130 they don't know what YOUR FEELING
 131 they don't know what YOUR LOSING
 132 they feel as though SO WHAT/YOU'RE IN JAIL, YOU'RE A CRIMINAL

Stanza 32(they don't know)

133 if that's the way you feel you shouldn't be here
 134 but NONE OF THEM REALLY KNOW what the stakes were that brought
you here
 135 or WHAT YOU LOST coming here
 136 and how close you and that family member REALLY ARE

Stanza 33 (humiliation)

137 it's the SAME kind of pain they would experience
 138 except its 10 times DEEPER because YOU'RE HUMILIATED
 139 YOU KNOW YOU CAN'T BE with the one you love
 140 the way you want to be with them when THEY'RE DEAD

Stanza 34 (cuffs and shackles)

141 and it's their FUNERAL OR THEIR WAKE
 142 you're IN CUFFS and you're IN SHACKLES
 143 I said I'M NOT GONNA GO TO THAT COFFIN with NO CUFFS on my
hands like that
 144 one officer put them so tight and LOCKED THEM on my hands

Stanza 35 (so tight)

145 they couldn't even get them off to give me respect for my last wishes
 146 SO I had to like/I would only touch her with one hand
 147 cause one was on so tight they couldn't even get it off
 148 that's what some officer did to me FROM HERE

Stanza 36 (degrading)

149 an officer that you know It's like OK ALL WELL AND GOOD/BUT
 THAT'S THE WAY YOU HAVE TO GO
 150 and that's the way they expect to lead you to the coffin
 151 and say your LAST GOOD-BYES to the one that you love
 152 that who brought you into this world
 153 in cuffs and shackles and in the blue attire. THE BLUE UNIFORM
 154 it's it's DEGRADING ALREADY

Stanza 37 (belief in God)

155 but I believe in God and I believe in a higher power/and all and all shapes,
 forms or fashions
 156 and I SHARE that belief with my Mom
 157 and I DID NOT WANT her to see me like that
 158 so to feel humiliation is ONE THING

Strophe 8 Revisiting Being Alone at the Viewing for the Second Time

Stanza 38 (no compassion)

159 but to be all alone
 160 and have TO GRIEVE AND CRY
 161 with an officer STANDING BEHIND YOU
 162 NOT really knowing that YOU AN INMATE CAN BREAK DOWN LIKE
THAT

Stanza 39 (not expecting you to)

163 I HAVE FEELINGS like that/not expecting you too
 164 there's no compassion
 165 it's just you and that person in that room/YOU AND THAT BODY IN
THAT ROOM
 166 NO CONSOLING, NO COMPASSION, NO FAMILY, NO NOTHING

This part is filled with deep sorrow and intense emotional distress.

Barbara's feeling of humiliation, degradation, and the pain of going to the funeral

home alone is poignantly expressed. Barbara begins this part crying through

stanza 22 as she sets the stage for her experience of going to the funeral home.

The depth of her pain emerges. Stanza 27 is filled with sobbing, indicative of the

humiliation she feels being dressed in prison garb with her mother watching over her. The changes in her voice repeatedly emphasize her distress in going to say her last good-byes to her mother in shackles and in handcuffs. Barbara's helplessness and powerlessness is particularly expressed in stanza 24 as she continues to describe her inability to help her mother.

Part 4 Return to Prison

Stanza 40 (not a part of)

167 and then YOU SIT HERE ON THE DAY of the funeral WITH NO ONE,
 NO ONE/as the clock ticks
 168 it's like they're at the funeral
 169 SHE'S BEING BURIED
 170 something you want TO BE A PART OF BUT YOU CAN'T/IT'S NOT
ALLOWED

Stanza 41 (get over it)

171 so that hurts you for GOD knows HOW long
 172 IT HURTS YOU and TO SIT here and say
 173 huh your Mom died a few months ago
 174 you get over it/you gotta be over it

Stanza 42 (a different attitude)

175 THEY don't know/THEY CAN'T SAY THAT
 176 you can grieve EVERYDAY
 177 you can have anger everyday
 178 and that anger could channel a lot of things/a whole different attitude in you
 179 whether it's a MEDICATED ATTITUDE/or whether it's a HOSTILE
 ATTITUDE
 180 it's the TYPE OF PAIN THAT YOU GO THROUGH

Stanza 43 (trying to be strong)

181 I chose to be strong
 182 but I'm only as strong as I I can be on certain days
 183 and I lay down and I think of MY MOM/and I cry
 184 or THINGS HAPPEN that make me RELIVE THAT MOMENT

Stanza 44 (knife in my heart)

185 but to SIT HERE
 186 and and hear people talk about
 187 WELL I GUESS I better GO AND CALL HOME AND TALK TO MY
 MOM
 188 it's like a knife IN MY HEART

Strophe 9 No Family Support

Stanza 45 (no more visits)

189 because that's the ONLY PERSON I USED TO CALL/WHO I CAN'T
CALL ANYMORE
 190 or they GET ANGRY/cause they DON'T GET A VISIT
 191 I say you JUST DON'T KNOW
 192 who are you to get angry cause she may have something to do today/and
 can't come and see you
 193 YOU SHOULD BE GLAD she can still come AND VISIT YOU
 194 I CAN'T EVEN GET A VISIT from my mother ANYMORE

Stanza 46 (they're out there)

195 TO NOT have a picture
 196 or to have family members that don't even COME UP AND SEE YOU
 197 and think well because they're out there in THE REAL WORLD
 198 they're grieving
 199 they gotta go through with their process
 200 without actually thinkin what kind of process you're going through behind
these walls

Stanza 47 (no visits)

201 and they're no one to COMFORT YOU/NO ONE TO TO TO CONSOLE
YOU AT ALL
 202 NO PICTURE, NO COMPASSION, NO GRIEVANCE TOGETHER
 203 I didn't have a family member AT ALL who came after my mother's
 funeral
 204 they still haven't come to visit me

Stanza 48 (needing something)

205 and I KNOW I'm not the first woman
 206 and I won't be the last woman who will lose a family member
 207 and go through it ALONE without a visit
 208 WHAT'S A PHONE CALL/yeah a few memories/a few tears

Stanza 49 (squabbling)

209 knowin that everybody's scramblin and squabblin over what little bit she
left behind
210 that's NOTHING

Stanza 50 (needing a visit)

211 you just want to FEEL A HUG/and SOME WARMTH
212 and and to GO THROUGH IT TOGETHER
213 phone calls NOTHING when you NEED THAT
214 and I have many a phone call since my mother's death/but IT IT WOULD
NOT BEAT ONE VISIT, ONE VISIT

Stanza 51 (no family visits)

215 TO SEE my sisters face after she told me my mom has passed
216 I DON'T EVEN KNOW what it looks like
217 I DON'T EVEN KNOW the pain she suffered
218 I don't know what it looks like at all
219 SHE HAS YET TO COME AND SEE ME SINCE THAT DAY
220 NO ONE HAS

Stanza 52 (they should know)

221 and of the suffering out there
222 they should know how I FEEL
223 THEY SHOULD THINK ABOUT HOW I FEEL
224 they had to walk that walk right along with that casket

Stanza 53 (not a part of)

225 but they was there for one another
226 I COULDN'T do anything
227 I COULDN'T BE A PART OF NOTHIN/THE PREPARTION, NOTHING
228 I wanted so bad

Stanza 54 (fixing mom)

229 my sister fixed her lovely you know her hands, her nails were done, her hair
230 her face WAS peaceful
231 she didn't have any wretched turns or twists on her face from pain
232 anything like that

Strophe 10 Revisiting the Circumstances of Mother's Death a Second Time

Stanza 55 (it was quick)

233 so I had to come to terms in believing that IT WAS QUICK
 234 and that she called her higher power before she took her last breath
 235 and it was a peaceful thing

Stanza 56 (nobody there)

236 but the pain that has stayed on me in thinking and remembering
 237 and feeling how she called up to someone on the street sidewalk
 238 with nobody being there

Stanza 57 (hand and glove)

239 and me and her was like HAND AND GLOVE
 240 I WOULDN'T LEAVE ANYBODY TO DEAL WITH THAT ALONE

In this part Barbara reviews her experience of returning to the prison following the visit to the funeral home. Although she acknowledges her sister in stanza 54, she is angry with her and feels abandoned by her. Her yearning for family support is emphasized. She once again struggles with the circumstances of her mother's death, how she let her mother down, and now how she is being let down by her family.

Part 5 Meaning of the Relationship

Stanza 58 (my best friend)

241 this place don't know they think YEAH YOU'RE OVER IT/back to 3 hops
 in a cot in a week or two
 242 I'LL NEVER BE OVER LOSING MY MOTHER
 243 she was MY BEST FRIEND
 244 she was MY MOTHER
 245 she was MY PROVIDER
 246 she was my RIGHT HAND

Stanza 59 (Mom's favorite)

247 AND BECAUSE OF THAT I feel my other siblings just maybe shunning
me a little bit
248 feel that yeah YOU were MOM'S FAVORITE
249 YOU WASN'T THERE/YOU WAS IN JAIL
250 and holding something AGAINST ME
251 but it's not fair/it only makes my grieving WORSE
252 it only keeps my pain RIGHT THERE ON TOP

Stanza 60 (longing)

253 CAUSE I LONG for a picture
254 something I haven't got still 10 months later
255 I LONG for a visit something I haven't gotten
256 MY MOTHER'S DEATH IS ALWAYS RIGHT ON TOP OF ME

Stanza 61 (a movie)

257 I just saw a movie the other day
258 called children in the midst
259 and IT SAID something that I CAN TOTALLY RELATE TO about lost
souls
260 I don't want my mother TO WANDER ANYMORE/BUT I HAVE HELD
ON TO HER

Stanza 62 (won't let go)

261 and the movie was saying/About they're CAUGHT IN BETWEEN
262 because the person loves them SO MUCH THEY WON'T LET GO OF EM
263 and I KNOW THAT'S A TRUE THING
264 all I could do WAS CRY/And THINK ABOUT MY MOM AND ME The
last 15 minutes of that movie

Stanza 63 (a better place)

265 but I started coming to terms/AND FEEL SHE'S IN A BETTER PLACE
266 she don't have to take all that medication ANYMORE
267 she don't have to stick herself with a needle with that insulin 3 times a day
ANYMORE
268 she don't have to worry ABOUT ME ANYMORE

Stanza 64 (my strength)

269 but sometimes I find IT HARD TO LET HER GO
270 so she won't be caught in between

271 cause SHE'S ALL I GOT
 272 SHE WAS ALWAYS THE STRENGTH I HAD TO DO MY BID

Stanza 65 (longing for her face)

273 she's THE FACE that I was hopin to GO HOME AND SEE/THE FIRST
FACE
 274 something I've done a few times before
 275 and something that I REALLY FEEL/and REALLY MISS not being able
 TO DO THIS TIME (long pause)
 276 IT'S A HARD THING

The meaning and strength of the connection between Barbara and her mother is highlighted in this part of the narrative. She sobs throughout stanzas 58, 64 and 65. Her mother was the one person who was always there for Barbara, regardless of her failures. Barbara acknowledges her struggle in trying to let her mother go but returns to the harsh reality that her mother was her one and only support.

Part 6 Grieving in Prison

Stanza 66 (women's grief)

277 women lose a lot
 278 guys camouflage and they suffer/I'm not saying a woman's grief IS
 WORSE than a guys
 279 a woman's grieving is more emotional because THEY'RE NOT AFRAID
 TO CRY
 280 they're NOT AFRAID TO BE HELD AND HUGGED
 281 they don't that think it's less than/in all actuality A TEAR IS
COMFORTING
 282 a shout, or a cry/OR to scream out your pain or anger IS EVEN BETTER

Stanza 67 (not lashing out)

283 NO I HAVEN'T LASHED out on anybody/I HAVEN'T DONE
ANYTHING
 284 but because of me they feel that as though my age, my intellect
 285 if I was to do something like that/It's all OUT OF THE ORDINARY
 286 and I'D BE LOCKED DOWN

Stanza 68 (being strong)

287 because I'm suppose to be OH SO STRONG
 288 cause people look at me that way
 289 I MEAN I CAN FALL TOMORROW
 290 and be medicated for God knows HOW LONG
 291 if I JUST REALLY let my mother's death/that pain subside no longer AND
 JUST SURFACE
 292 I HAVE TO HAVE MIND OVER MATTER on that

Stanza 69 (topical functioning)

293 I was like A ZOMBIE for a week or so
 294 so just just um TOPICAL FUNCTIONING
 295 THAT'S ALL I was doin you know
 296 just goin to go along with the heaves and hoes OF EVERYDAY you know
 in here

Stanza 70 (they don't understand)

297 I don't you know/I TRY TO FIND an adequate antidote of happiness
 298 and and people just don't understand
 299 they think OF THEIR PAIN OF losing their kids
 300 OR THEIR PAIN of not having a visit

Stanza 71 (a loss is a loss)

301 it's not understanding because YOUR NOT A MOTHER/I'M NOT A
 MOTHER
 302 BUT LOOK A LOSS IS A LOSS
 303 I know it's painful TO LOSE SOMEONE YOU BRING INTO THIS
 WORLD
 304 but it's JUST AS PAINFUL in another way OF LOSING THE ONE who
 brought YOU INTO THIS WORLD
 305 because they're still A CONNECTION/THERE'S STILL A BOND
 306 and I AM RATHER FAMILIAR WITH THAT

Stanza 72 (lifeless)

307 I was lifeless
 308 THERE WAS NOTHING
 309 I REALLY JUST CRIED
 310 remembered and and had chest pain

Barbara begins to describe her grief experience following her return to prison: withdrawal, emptiness, crying, feeling like a zombie yet trying to be strong and deal with the routine of daily prison life. She tries to maintain control and acknowledges that she would readily be overwhelmed if she allowed the full impact of her mother's loss to surface. She shares the importance of maintaining a connection with her mother even now and describes the pain of being invalidated by the other women. She uses the metaphor of women needing comfort when she is really referring to her own need to be held and consoled.

Part 7 Revisiting the Circumstances of Mother's Death a Second Time

Stanza 73 (rolling down embankment)

311 no matter how I TRIED NOT to think about it or feel it
 312 I THOUGHT AND FELT how she died rollin down that
embankment/laying on the sidewalk alone

Stanza 74 (she'd help you)

313 my mother never turned her back on anybody
 314 and never left ANYBODY alone
 315 you needed a place to stay or a couple of dollars
 316 she'd HELP YOU/and she had to DIE LIKE THAT

Stanza 75 (no one home)

317 and MY SISTER you know/not being there
 318 of course she didn't know SHE WAS GONNA COME
 319 but its like you you wasn't working/you was home taking care of your kid
 320 and on that particular day you was gone/you had a doctor's appointment

Stanza 76 (anger)

321 and and and YOU KNOW the anger that's geared TOWARDS ME
 322 when I HAVE no anger TOWARDS ANYBODY EXCEPT MYSELF
 323 you know SHE'S NOT DEAD because of me
 324 but if I was to be ANGRY AT YOU/I COULD BE like well she's dead
because you wasn't there

Stanza 77 (blaming)

325 you know she died because she wanted TO SEE YOU
 326 you know she rolled down YOUR FRONT LAWN embankment
 327 and why/to come TO SEE YOU and YOUR NEW BABY
 328 WHY because you had been given her the ax for a couple of months
 329 not talkin to her then you FINALLY started allowing the phone calls
 330 and and your oldest daughter to go back/because she was missin her
 grandmother/to spend the weekends with her

Stanza 78 (compensating)

331 and so she was trying to actually FEEL LOVE
 332 and wanted to compensate
 333 and see that new baby a couple of times
 334 and this and that and the other

In this part the anger that she feels towards her sister is expressed. To some extent she blames her sister for not being home and also for her mother's death. It appears that her mother was trying to reconcile her relationship with her daughter. The intense sorrow that Barbara has for her mother, who died alone, is once again expressed. She is described as a woman who was always there for other people and so her dying alone particularly seems unjust.

Part 8 Revisiting Grieving in Prison a Second Time

Stanza 79 (withdrawal)

335 I prayed
 336 I didn't talk TO ANYBODY in particular
 337 I had a companionship that I spoke with that I cried to
 338 I LAID in my bed
 339 they wouldn't let me lay in my bed to long to much/because they would
 come and get me a lot
 340 and I'd have momentum for a couple hours/than my mind would just
 wander

Stanza 80 (calling sister)

341 I'd call my sister because the first week was ACTUALLY a week of
 preparation

342 when I got the news that Thursday morning
 343 she had been dead at least 48 HOURS ALREADY
 344 no at least 24 HOURS ALREADY

Stanza 81 (a long weekend)

345 you know that was a LONG WEEKEND
 346 finally talking to my sister everyday
 347 knowing that they were goin through their ups and downs for insurance
 policies
 348 and finding this out/and finding that out

Stanza 82 (a difficult week)

349 and then you know preparing for the wake THAT MONDAY
 350 it was just a tedious week
 351 it was a mind boggling week
 352 it was a week that in a way I wanted to be over AND UNTRUE (long
 pause)

Stanza 83 (wishing it not to be true)

353 it was, I don't know/it was, it was, it was like SOMETHING that you know
 happens
 354 but something that YOU DON'T WANT TO HAPPEN
 355 SOMETHING that you wish COULD BE TAKEN AWAY
 356 and and and NOT BE TRUE AT ALL

Stanza 84 (reliving in the chapel)

357 it's like (long pause) I don't know/I couldn't go in the chapel for like 4
 months
 358 I felt SO UNCOMFORTABLE
 359 EVERYTIME I went there/I had to sit IN THAT FRONT ROW/I was
 reliving it in that back row
 360 I wasn't looking up at myself in the front row RELIVING the whole thing/I
 was exactly FEELING IT

Stanza 85 (anger at God)

361 so I disengaged myself
 362 I didn't totally forget about God
 363 but I was like UNSURE
 364 HOW AND WHY He could take her away FROM ME

Stanza 86 (needing her the most)

365 HOW AND WHY and and why did you need her so soon MORE THAN
 ME
 366 when YOU KNOW I needed HER THE MOST
 367 out of anybody that cared about me and stood by me
 368 SHE was the one WHO DID IT ALL

Stanza 87 (didn't want it to be true)

369 so it was like/I didn't want it to BE TRUE
 370 cause I KNEW NO ONE ELSE CARED ABOUT ME or loved me in the
capacity that MY MOM DID

Stanza 88 (every one's different)

371 I I I just don't know (pause)/it's something that every person in here will
 have a different experience WITH
 372 For SOME PEOPLE a little companionship AND SUPPORT and might
 have REGULAR VISITS
 373 or or some people will totally fall and depend on medication
 374 something that I WOULD NOT ALLOW MYSELF TO DO no matter how
spaced out I felt

Stanza 89 (trying to cope)

375 I meditated and prayed
 376 I talked to my MOM
 377 I cried
 378 and I felt HER PAIN
 379 I SLEPT A LOT

Stanza 90 (don't want to feel)

380 I I I do ANY OF THOSE THINGS NOW WHEN IT'S HEAVY ON ME
 381 but people think your lazy
 382 people think because it's so and so and so
 383 sometimes because I DON'T WANT TO THINK OR I DON'T WANT TO
FEEL

Stanza 91 (triggers)

384 YOU KNOW sometimes it's because the EVERYDAY SCENARIO OF
 YOU GIRLS COMPLAINING AND BITICHIN and gripin about things
 that you think are important TO YOU
 385 and that just BOUNCES OFF ME

386 actually reflects and HIT HOME hit home WITH ME SOMEWHERE
 387 because BEEN THERE DONE THAT/my mom was ALL I GOT

Stanza 92 (regret)

388 I cherish her
 389 and it was MY TURN TO HELP HER

Stanza 93 (breaking me down)

390 and to SIT BACK/and actually THINK THAT SOMEONE CAN GRIEVE
 AND BE OVER THE MOST IMPORTANT WOMAN IN THEIR LIFE
 391 and be and be over it and call it quits in a matter of WEEKS, DAYS OR
 MONTHS
 392 IT'S WRONG, IT'S WRONG FOR ANYBODY in here who HAS
AUTHORITY TO THINK THAT
 393 that a woman can be over the loss of THEIR CHILD/THE DEATH OF
THEIR CHILD/OR THE LOSS AND DEATH OF THEIR MOTHER in a
matter of weeks or months
 394 that's something that's HEARTFELT
 395 and anything can actually finally make you break down

Strophe 11 Fear of Discipline

Stanza 94 (have to function)

396 YOU HAVE TO/you have to like FUNCTION IN HERE
 397 NO MATTER what
 398 cause of you don't DO THIS or DON'T' DO THAT depending on WHO
THE OFFICER IS
 399 it's REFUSAL AND A BOOKING

Stanza 95 (stress)

400 so YOU GRIEVE
 401 and you're actually missing your child
 402 and you're trying to do it in the QUIET OF YOUR ROOM
 403 or you just know STRESS
 404 and smoke a cigarette
 405 and go back to your room

Stanza 96 (booked)

406 If YOU DON'T ANSWER them when they say something to you
 407 if you don't go to THAT JOB because of what you're going through
 without a medical excuse

- 408 if you don't GET OUT OF THAT BED and eat because of what you're
going through
409 YOU CAN BE BOOKED OR LUGGED

Strophe 12 The Difference in Being In Prison

Stanza 97 (no consideration)

- 410 because NO ONE has consideration or COMPASSION in really saying
411 well this person has really tried TO BE ALL THAT THEY CAN BE
DURING THIS TIME
412 and I CAN UNDERSTAND because maybe THEY would be able to take a
few days off from their job
413 or THEY WOULD BE ABLE to use up their time OR VACATION or GO
AWAY

Stanza 98 (being an inmate)

- 414 but it's totally different to/as far as an INMATE OR CONVICT AS
THEY WOULD SAY
415 to let it be a CO-WORKER OR AN OFFICER
416 cause if AN OFFICER loses someone/they get leave OF ABSENCE
417 or they take up and go to ANOTHER'S FUNERALS
418 they take up a LITTLE COLLECTION
419 and THEY do this and THEY do that

Stanza 99 (sympathy cards)

- 420 but they don't look at it on the outside lookin in towards us in THAT
PERSPECTIVE you know what I'm sayin
421 WE DON'T GET THAT because WE'RE NOT ALLOWED/WE CAN
MAKE A LITTLE CARD/or you have a LOT OF PEOPLE who don't have
sympathy cards
422 so they don't have them at that point in time if the need/so they make/we
make little cards
423 and everybody signs it
424 THAT'S THE BEST that you can be IN HERE
425 stick together like that

Stanza 100 (no leave of absence)

- 426 THERE'S NO leave OF ABSENCE
427 IF YOU TRY to have a LEAVE OF ABSENCE to just leave you know
SPIRITUALLY
428 you have NO QUIET IN YOUR ROOM
429 you have NO UNDERSTANDING FROM EVERY inmate

- 430 you have NO UNDERSTANDING from EVERY officer
 431 and you have to deal with/a TOTAL OF 2, A TOTAL OF 3 officers for 3
 shifts

Strophe 13 Fear of Discipline Revisited a Second Time

Stanza 101 (go to sleep)

- 432 if you're up in the middle of the night because you can't sleep over what
 your going through AND CRYIN
 433 you better DO IT QUIETLY because depending on who the officer is GO
TO SLEEP/depending on WHO THE OFFICER is NO TALKIN
 434 can't make no noise/and say well look, look I uh uh can't sleep
 435 my mother just passin

Stanza 102 (get in that bed)

- 436 ok all right/but you better/you CAN'T GET UP and like um PACE
 437 or be lookin OUT THE WINDOW
 438 even if YOU'RE NOT LEAVIN your room cause you're doin something
 WRONG
 439 get in that bed or you booked and lugged

Stanza 103 (no happy medium)

- 440 you know there has to be a happy medium of drawing the
 line/understanding
 441 you have to hold all of that in
 442 depending on the officer
 443 you know you get insomnia

Stanza 104 (crying all night)

- 444 I had one instance you know/cried ALL NIGHT till like 3 O'CLOCK
 445 then you fall asleep
 446 and then when time to wake up the next morning
 447 it's very hard

Stanza 105 (back to cryin and thinkin)

- 448 you're groggy
 449 you don't feel like eating
 450 but you know you'll make yourself breakfast/or breakfast is mandatory
 451 and when you're down there eaten a little something
 452 cause you go back to your bed
 453 because you're back to cryin and thinkin

Strophe 14 The Struggle of Grieving in Prison

Stanza 106 (first couple of weeks)

454 and the first couple of weeks are really really HARD
 455 and you don't want to get ON MEDICATION
 456 so it like um OK/we don't want to get on medication
 457 well some people WANT TO GET ON MEDICATION/cause all THEY
 WANT TO DO is sleep

Stanza 107 (no medication)

458 well I DON'T WANT TO GET ON MEDICATION/because I DON'T
WANT TO BECOME ADDICTED
 459 cause you know the next thing/you know/I don't want to get addicted to a
 Lithium or trazodone OR THIS OR THAT
 460 and they was goin to because they saw the effect it had on me
 461 but I kept telling them NO/if I need it I'll let you know

Stanza 108 (staying coherent)

462 I said I have MY OWN meditative way and MY OWN you know higher
 power to carry me through
 463 and I DON'T think my mother would have WANTED THAT
 464 I wanted to/actually I wanted to stay totally coherent because I BELEIVE in
 spiritual contact
 465 I believe in ANGELS
 466 and I don't want to be in that in that clouded mind where I CANNOT FEEL
OR THINK OR GRIEVE
 467 you know the loss or the missing of MY MOM

Stanza 109 (not binging)

468 and some people want to become totally NUMB
 469 and they do it on the street drugs, pills or whatever/alcohol
 470 and IN HERE they find the next best thing
 471 some people um binge
 472 they run upstairs/they purge it up you know
 473 I don't want TO DO THAT/I um just didn't eat

Stanza 110 (crying)

474 I lost my appetite for a while
 475 I cried on everything
 476 you know every every memory

477 that was REALLY for a while because my mom died AT A BAD TIME

Barbara returns to describing her acute grief experience in the context of the prison. She describes her withdrawal, crying, insomnia, loss of appetite, anger at God, rumination, difficulty accepting the reality of the death of her mother, and the need for others to push her in order for her to function. She tries to cope through prayer and meditation but her pain is easily triggered by how other women respond to their own mothers. The loneliness of grief is accentuated by the absence of support and validation from the other women and the officers. She employs the metaphors of sympathy cards and leaves of absences to illustrate the differences between grieving as an inmate and grieving as an officer. The fear of discipline poses another barrier for Barbara to express her grief. In addition, the women are constantly having to adjust to the different officers and how they choose to enforce the rules. There is a lack of consistency that adds to the stress of trying to cope. Barbara's helplessness and powerlessness is strongly felt throughout this part of her narrative. She races through most of the stanzas and remarkably slows down when she speaks about wanting the death of her mother to be untrue. The change of pace in her voice is quite striking once again emphasizing the meaning of this relationship and the difficulty Barbara continues to have in accepting this death.

Part 9 Holiday Memories in Prison

Strophe 15 The Birthday Card

Stanza 111 (the beautiful card)

478 my mom had talked to me on telephone/And told me
479 well I got this beautiful birthday card for you

480 I'm sending it to YOU NOW

Stanza 112 (don't send it)

481 I said ma wait
 482 don't blow it
 483 don't spoil it
 484 wait till my birthday

Stanza 113 (died before birthdays)

485 so my mom died a month and 2 weeks before my birthday
 486 a month or 3 weeks before MY BIRTHDAY
 487 she died 30 DAYS before my sister's birthday
 488 we both were born in October

Stanza 114 (first birthdays without mom)

489 and she died in September
 490 and its like OUR FIRST BIRTHDAYS without our mother
 491 so that was VERY HARD for me

Stanza 115 (no more cards)

492 so I'm trying to like compensate
 493 and all I could think about the birthday card that she said she had for me
 494 thinking I'll NEVER GET IT
 495 and I'LL GET NO MORE

Strophe 16 Thanksgiving

Stanza 116 (the pits)

496 now of all her years it was like Mom/Thanksgiving is always THE PITS
HERE ANYWAY
 497 but at least I could call home to my mom
 498 and you know Happy Thanksgiving/what you are doing
 499 are going over to _____ house/well when you get over there I'll call and
 talk to everybody

Stanza 117 (shared pain)

500 then there was the first thanksgiving that I couldn't even bring my sister to
 call my sister because it was SO PAINFUL
 501 the memory of not TALKING TO THEM ALL
 502 and NOT BEING ABLE to talk to MY MOM

503 call her house or call my sister's

Stanza 118 (too hard for sister)

504 I called them a couple of days later
 505 I told them I COULDN'T/I just COULDN'T
 506 she understood
 507 she just couldn't/she couldn't even be home for Thanksgiving
 508 she had went somewhere else anyway to her son's house
 509 so it was to hard for her too

Strophe 17 Christmas

Stanza 119 (Christmas without mom)

510 then there was the first Christmas without my mom
 511 so that was 3 MONTHS OF AGONY, OF GRIEF, OF MEMORIES

Stanza 120 (putting on the façade)

512 that these inmates and officers alike SEEN A SMILE/A FAÇADE
 513 and UNDERNEATH THAT FAÇADE EVERY LAYER of me had AN
OUNCE OF PAIN in it
 514 first my BIRTHDAY, THANKSGIVING, and then CHRISTMAS
 515 IT WAS TERRIBLE

Stanza 121 (making Christmas presents)

516 happy go lucky/trying to you know smile and help other people
 517 and be there and make Christmas presents
 518 and and and and and feel as though OK, try to make other people happy
 519 you know they're missing THEIR KIDS for Christmas
 520 and tryin to stand by them
 521 and make you know little to do's and nick knacks and stuff like that

Stanza 122 (missing mom)

522 and when all along I'M REALLY missing my mom
 523 the first Christmas/it's so painful
 524 can't call you know/can't hear her voice
 525 can't talk to her/or anything like that

Strophe 18 Other Holidays

Stanza 123 (Valentine's day)

526 you know and then Valentine's day is nothing
 527 it was like I would call her
 528 I was used to calling her/every twice a month/EVERY OTHER SUNDAY
 529 so that weighed heavy on me during those 3 months

Stanza 124 (family holidays)

530 so then it was like/NOW it's been/well my mother was always one to cook
 out
 531 and get everybody together for MEMORIAL DAY
 532 and everybody together for the 4th OF JULY
 533 and be there

Stanza 125 (Mother's Day for me)

534 we'd cook out/and have her cook dinner at her house for mother's day/or at
 my sister's
 535 Mother's Day was terrible for me
 536 I could do nothing BUT CRY my first mother's day without my mom
 537 and listen to the radio/and gospels and stuff made it EVEN HARDER

Stanza 126 (Mother's Day for sister)

538 and I called my sister/and I called my sister/and I called my sister and she
 wasn't home
 539 and I said WHAT'S WRONG WITH YOU
 540 why weren't you home with the kids for the week or Mother's day
 541 well she had made an arrangement for her kids to be with her son and his
 children
 542 because it WAS HARD FOR HER TOO

Family holidays are significant marker events that become even more magnified in prison. For Barbara, they serve as reminders of the loss of family in her life, particularly her mother. Although she had a strained relationship with her family, Barbara continues to yearn for contact and support from them which is only minimally given by telephone.

Summary

Based on this three-step analysis of Barbara's interview, the acuity of her grief is still apparent. Since her mother was her main support person, her best friend, it can be expected that her grief will be more intensified (Parkes, 1993). Barbara's need to maintain a strong connection with her mother, to feel her presence is essential to her (Silverman & Klass, 1996). Although she is struggling to make peace with the fact that her mother is no longer in pain, the circumstances of her death while Barbara was incarcerated continues to haunt her. Her persistent guilt may add to a more difficult bereavement (Rando, 1984; Schneider, 1994).

Barbara's initial manifestations of grief are expected given the relationship with her mother and the suddenness of her death (Rando, 1984; Schneider, 1994). She reacts with shock, disbelief and becomes out of control. Although she is able to go to the funeral home, the humiliation, and degradation of going as a prisoner and being without family seems to erase the benefit of the viewing for her.

Barbara describes how difficult the first several months were for her or as she states "3 months of agony." She experienced what is normally seen in acute grief: sadness, disbelief, loss of appetite, difficulty sleeping, rumination, difficulty concentrating, anger at God and her family (Rando, 1984; Schneider, 1994). She also states that she is aware of the danger of really being in touch with her pain and works hard at disengaging from it when she can. She acknowledges that the full impact of the reality of the loss will not occur until she is released from prison and can go to the gravesite. She yearns for and lacks family support, experiencing

the loneliness of grief intensely. The lack of validation from family, other inmates, and staff adds to the burden of her grief.

The context of the prison is another barrier to Barbara's grieving process. She fears being disciplined if her true feelings are expressed. However, it is important to note that in Barbara's situation the threat of security is of concern due to her physical size and her apparent history of being out of control. Security is the priority in the prison environment and the mental health of the women is secondary (Toch, 1992).

Barbara's emphasis on the need to have a photograph of her mother and her belief that this would be a source of healing and support for her must be underscored. She returns to this issue numerous times in her narrative and, in fact, ends with that same theme. She expresses gratitude for having the opportunity to tell her story, to express her feelings, to be acknowledged, and hopes that she, in turn, can help another (Hutchinson et al., 1994; Mishler, 1986; Riessman, 1993).

Third Participant—Christine

Christine is a 28-year-old single woman of Native American descent with Baptist and Catholic religious backgrounds. She completed eleventh grade with special education. She had three children, one age 10 and twins age 9, whom she placed for adoption. She has an older brother and a younger sister with whom she has minimal contact. At the age of 2 her father died. Her mother was 19 at the time and left with three children. Subsequently, her grandparents raised her. At the age of 12, Christine returned to her mother's home for a short period of time and then returned once again to her grandparents following serious abuse by her

stepfather, and after a series of placements in group homes. Christine had difficulty with school and describes poor impulse control and frequent truancy. At the age of 18 Christine had her first child followed by the birth of twins 2 years later. Christine has been incarcerated three times. Her grandfather died in a nursing home 1 month prior to this interview, and 1 year and 1 month after her imprisonment.

1. Self-understanding

The following statements have been extrapolated from the interview to reveal Christine's understanding of her grief experience related to the death of her grandfather.

I knew my grandfather was in a nursing home but when I found out he died, I got really upset. An officer who read the death notice in the newspaper told me. The captain gave permission for me to call my grandmother. I talked with her, and my aunt and uncle for almost an hour.

I can still remember the day that I went to the funeral home, alone, in handcuffs and shackles. It was so hard for me. I was extremely upset, clinging to my grandfather. The two officers that were with me were very nice.

When I returned to the prison, I had a very difficult time dealing with my grandfather's death. I had to be medicated. I quickly realized that I had to get myself together and get back into my routine or I would be moved to another wing. If you're really stressed out, there's even more pressure in here and you can end up in solitary. I was afraid of being put in solitary. It's really hard being in solitary because you are totally alone.

In the prison I feel supported in some ways and not in other ways. The Warden, the counselors, the doctors and some of the officers are really helpful. Everyone tries to tell you that you will be all right. But if you want to talk to someone it can take up to a week to go through the necessary paper work. But at least there are people to talk to. If you don't have a bond with a counselor on the outside it's easy to go back to drugs or prostitution when you have difficult things to deal with. When you're in jail there is no support from your family; you just feel left behind. People on the outside think of us as criminals, without any feelings.

I was really close to my grandfather and grandmother. Whenever I got into trouble, they were the ones that helped me. They were always there for me. When I kept running away from home because of my stepfather's abuse, they came and took me home with them. They are the one's that really raised me. I want to help my grandmother, but it's hard to do that. I don't want her to see me in jail and to have to deal with what happens when you first come into the prison. So I call her and send her letters. If anything ever happened to my grandmother I just wouldn't be able to deal with it.

Since my grandfather died I've also been thinking about my father. I miss my dad. I wish I had had the chance to get to know him. I look at pictures of us together and remember the fun things we used to do. He reminds me of my grandfather a lot. I also think about my kids. I feel like I just abandoned them. I decided to allow them to be adopted because I couldn't take care of them. I had to think about their welfare and put their needs first. I'm afraid that they'll think that

I didn't want them. It was hard saying goodbye to them. They came to see me in prison. I gave them pictures of all of us together and I promised that I would see them when they got older. The holidays and birthdays are especially hard for me to deal with.

2. Critical Commonsense Understanding

The following interpretation goes beyond Christine's self-understanding and includes a more critical interpretation by the researcher of either the content of what is said or of Christine.

The major impression gained from this interview is the acuity of Christine's grief, her fear of losing control, her aloneness, and longstanding issues of loss and abandonment. During the interview Christine begins by describing the way that she was told about her grandfather's death. He had been in a nursing home for 6 months, slowly deteriorating. His continued decline was kept from her and so the news of his death came as a shock. She was alone when the correctional officer informed her of his death. Although she was allowed to call her grandmother, her aloneness in this situation is once again striking.

When she went to the funeral home the following day, the reality of her grandfather's death was acutely felt and her fears of abandonment triggered. Like the other two women, Christine was shackled, handcuffed, and accompanied by two officers.

When she returned to the prison, Christine was in severe distress for several weeks, unable to function and needed to be medicated. Although she

describes withdrawal from emotional pain as a familiar coping style, her inability to function is striking.

Christine speaks of her grief with emotional distance. It is as if she is telling a story about someone else. This presentation is markedly different from last week when I saw her prior to physician intervention. At that time she was sobbing, highly anxious, and extremely agitated. It is possible that the change in her presentation is a result of pharmacological intervention.

Like the other two women, Christine describes the fear of expressing anger or as she states “going off” because of the consequence, discipline, and isolation. It is better not to feel, to maintain the routine than to be in touch with the pain that accompanies grief. Except for the safety net provided in individual counseling, there is no place that Christine feels safe enough to express her deepest sorrow or anger. She resorts to “sleeping” and staying in bed which had been allowed for her as the way to protect herself. The threat of isolation on the disciplinary wing is a strong motivator for staying in what appears to be self-control.

Christine takes pride in how she has handled this situation and in not losing control. Although she states many of the staff are supportive, she also identifies that access to mental health care is difficult. The process of accessing a counselor may take a week or more. The support that she has had from the counseling staff is in sharp contrast to the lack of support from her family. Telephone contact with her grandmother is painful and a visit with her impossible. Although she describes her grandmother as “her champ” she does not want her grandmother to visit her in prison “because of what they have to go through when they first come.”

As is often the case with grief, one significant loss may trigger past losses. The death of her grandfather came as a crisis point, which triggered memories of the death of her father and the loss of her children. She has created a loving image of her father even though he died when she was quite young. Her story of her relationship with him is embellished with fond memoirs and closeness.

The loss associated with the placement of her three children to foster care and, subsequently, allowing them to be adopted is also revisited. She expresses pride in herself in making this difficult decision and believes that it was a good choice that she made on her children's behalf. She has hopes of seeing them when they are grown and fears that they will think that she abandoned them.

The context of Christine's past describes an emotionally fragile woman who has endured a great deal of emotional pain and struggle in her life. She is a survivor, a woman who has experienced an early childhood loss, chaotic family life, physical and sexual abuse, multiple arrests, and periods of incarceration.

3. Theoretical Understanding

This level of interpretation goes beyond self-understanding and also exceeds critical commonsense understanding. Statements are interpreted within a theoretical context. This level of analysis includes interpretations from reading the text as a whole followed by interpretations using narrative analysis.

Holistic analysis. The holistic reading indicates Christine's grieving experience as moving from shock of the painful realization of the death of her grandfather as encountered at the funeral home, to the initial responses of depression, withdrawal, loneliness, and fear of abandonment. These initial

reactions were followed by a resolve to stay in control in order to avoid disciplinary action, and to maintain the minimal support that she was receiving on her wing. The current loss ignites her memories of the death of her father, the loss of her three children, and the fear of losing her only remaining source of support, her grandmother.

Narrative analysis. Four narratives are embedded in this interview. It is interesting to note that all of the narratives are related to her relationships with her family. The first narrative is related to the death of her grandfather followed by narratives of her relationships with her father, her grandmother, and her children. Although there are detailed descriptions throughout the interview of prison life and the officers, there are no narratives created about them or her relationship with them. The officers appear only as actors in her life. When speaking of the officers, the tone of her voice changes. It appears that Christine experiences her relationship with the officers within a context of power and control, whereby authority rests with them. The fear of discipline and being isolated if any feelings of anger are expressed in any way is a major stressor for her. She also goes into great detail about the stress associated with prison life.

The first story, which is related to the death of her grandfather, has been extracted from the interview for narrative analysis. The analysis of poetic structures reveals greater detail of the meaning of this loss for Christine and her issues of abandonment.

Part 1 The News

Strophe 1 The Teller

Stanza 1 (who told)

- 1 when I found out/it was HARD
- 2 because our OFFICER/came and told me
- 3 NOT my family, the OFFICER
- 4 so she read it in the NEWSPAPER
- 5 and she CALLED me out of MY ROOM/when everybody was IN THE ROOM

Stanza 2 (manner of telling)

- 6 and she told me/she goes
- 7 ARE YOU RELATED TO SAM JONES?
- 8 I said YEAH/I SAID WHY
- 9 she goes I need you to sit DOWN
- 10 I said ALL RIGHT

Stanza 3 (Giving information)

- 11 she said that um he passed away
- 12 I said NO SIR
- 13 she said yeah.

Strophe 2 The Response

Stanza 4 (emotional distress)

- 14 and I just STARTED BUGGIN
- 15 and . . . like just getting very upset and everything

Stanza 5 (call to family)

- 16 then I guess she CALLED the captain
- 17 and the captain let me have a CALL to my grandmother and my AUNT/my UNCLE was there. My GRANDMOTHER
- 18 I talked to them for a good hour

This part of the story relates to her initial encounter with the news of her grandfather's death. Her immediate reactions are those of disbelief. She emphasizes the fact that an officer, not a family member, gave her this difficult

news and in quite an impersonal manner. She is given permission to have telephone contact with her family in light of her acute distress.

Part 2 The Funeral Home

Strophe 3 The Wake

Stanza 6 (starting to get ready)

19 I WENT TO THE WAKE
 20 and I was in CLASS/and they called me up from CLASS
 21 and asked me if I could get ready for the FUNERAL HOME
 22 so I DID

Stanza 7 (leaving the prison)

23 and um I left at 11 O'CLOCK
 24 and they brung me back HERE at 12

Stanza 8 (emotional strain)

25 it WAS REALLY, REALLY HARD
 26 because um/when I started getting out of the truck/I was NERVOUS/I
 STARTED SHAKING
 27 and when I got to the FUNERAL HOME DOOR/I started CRYIN
 28 and like tryin to get my BREATH to take SOME AIR IN
 29 so I was SO UPSET

Stanza 9 (going in)

30 then when I walked in I STOPPED
 31 and I almost collapsed before I went into the funeral home
 32 and I walked in
 33 then went to the room where HE WAS

Stanza 10 (contact with the body)

34 and my WHOLE BODY WAS INSIDE THE CASKET
 35 THEY HAD TO TALK ME OUT OF IT

Stanza 11 (fear of being left alone)

36 I WANTED to go where HE was goin
 37 I didn't want to be HERE left ALONE

38 cause I really have NOBODY but THEM/my grandmother and my
grandfather

Strophe 4 Contact with Family

Stanza 12 (support from mother)

39 MY MOTHER comes once in a great while
40 But she knew I'd been depressed
41 And everything for the past THREE WEEKS
42 I had called her

Stanza 13 (letting other family members know)

43 and SHE DIDN'T EVEN KNOW that HE passed away
44 and um I called her/and I TOLD her
45 she said um/she's gonna call my sister/and tell her
46 SHE didn't even know
47 so my sister went to the wake

Stanza 14 (connection with grandfather)

48 I was the first one to sign the book
49 so, at least he knew I WAS THERE to sign his book

Strophe 5 In Shock

Stanza 15 (the officers)

50 there was two
51 and THEY were nice
52 they were REALLY REALLY NICE to me THAT DAY

Stanza 16 (a fit)

53 I was CRYIN, THROWIN A FIT
54 I was handcuffed and shackled
55 But I couldn't really do MUCH

Stanza 17 (in the casket)

56 so I just PUT MY WHOLE TOP OF MY BODY inside the casket with him
57 I wouldn't let him go
58 THEY had to like talk me OUT OF IT
59 Cause I was like in a state of SHOCK

Christine's reactions as she comes to the full reality of her grandfather's death manifest acute distress. She uses powerful descriptors that illustrate the intensity of her grief. What is also striking is the repetition of "putting her whole body inside the casket" (stanza 10, 17). Lines 36-37 are said rapidly and forcefully, illustrating her desire to stay physically close to her grandfather and her deep fears of abandonment. The importance of going to the wake and signing her grandfather's book are highlighted. Once again her aloneness is quite pervasive: going to the funeral home alone, seeing her grandfather's body alone, and receiving minimal family support afterwards. She does, however, appreciate the kindness of the two officers who accompanied her to the funeral home.

Part 3 Return to Prison

Strophe 6 Immediate Response

Stanza 18 (that day)

60 I came BACK
 61 I was DEPRESSED
 62 STAYED IN MY ROOM THAT DAY

Stanza 19 (acute distress)

63 felt like I DIDN'T EAT
 64 I didn't WANT TO DRINK
 65 I didn't want to DO NOTHIN
 66 I was just layin in my bed

Strophe 7 Persistent Emotional Struggle

Stanza 20 (doin nothin)

67 cause I was just doin NOTHIN
 68 I wasn't EATIN
 69 I wasn't SLEEPIN
 70 I wasn't DRINKIN NOTHIN
 71 um I didn't want to do NOTHIN with ANYBODY

- 72 I didn't want to be AROUND NOBODY
 73 I didn't want to do NOTHIN NOTHIN

Stanza 21 (feeling helpless and alone)

- 74 I was just like a LITTLE INFANT pullin back
 75 I felt like I was NOT WANTED ANYMORE
 76 I felt LOST, HURT, ANGER, HATEFUL
 77 I said I wanted to be where HE wanted to be

Christine is totally enveloped by her grief. Her acute distress significantly interferes with her ability to take care of even her basic needs for several weeks. She refers to her acute physical and emotional withdrawal, as well as her inability to function several times in this narrative. Her desire to be with her grandfather is highlighted once again, illuminating the intensity of the meaning that this loss has for her, coupled with her fear of abandonment (line 77).

Part 4 Revisiting Return to Prison a Second Time

Strophe 8 Support

Stanza 22 (response from staff and inmates)

- 78 and everybody was askin me if I WAS OK (referring to staff and inmates)
 79 and they're LIKE OK/I hope you're doin OK
 80 if you need to talk I'M HERE
 81 and they were SUPPORTIVE/VERY VERY SUPPORTIVE
 82 they were REALLY REALLY GOOD (referring to staff and inmates)

Stanza 23 (others helping out)

- 83 because I have an off wing job
 84 and they knew I was too upset to GO to it
 85 so they asked somebody else to go in MY PLACE for me
 86 and it was REALLY REALLY NICE OF THEM

Stanza 24 (officer's support)

- 87 they let me sleep over/SLEEP OVER TIME
 88 cause you gotta get up at a certain TIME at 7 o'clock
 89 and they let me sleep till like whenever I wanted to get up

90 take a shower

Strophe 9 Persistent Emotional Struggle

Stanza 25 (two weeks)

91 it took me TWO WEEKS
 92 to start realizin that I HAD TO DEAL WITH IT
 93 and get myself TOGETHER

Stanza 26 (fear of discipline)

94 BECAUSE IF I DIDN'T GET MYSELF TOGETHER
 95 they would have stuck me in medical or somewhere
 96 and I didn't want that
 97 so I had to get myself TOGETHER
 98 and JUST GET MYSELF UP AND MOTIVATED AND DO THINGS

Strophe 10 Trying to Cope

Stanza 27 (coping strategies)

99 I was/I had to um get myself TOGETHER
 100 and I did CROSS STITCH
 101 I played a couple of GAMES OF CARDS
 102 I wrote my grandfather a LETTER
 103 I wrote my grandmother a LETTER WITH A CARD
 104 I wrote to my SISTER/wrote to my FRIENDS

Stanza 28 (Receiving mail)

105 and I got two sympathy CARDS from my best friends MOTHER
 106 and her AUNT/her GREAT AUNT
 107 so it was/IT WAS NICE to receive letters
 108 that knowin that THEY KNOW what I go through
 109 cause THEY just lost a GRANDMOTHER and a MOTHER

Christine describes receiving support from both the women and the officers on her wing after her immediate return to the prison. Although she describes a supportive staff, their support comes primarily by leaving her alone in her silence and withdrawal. Lines 94-95 are said with a strikingly emphatic tone and rapid pace. She is aware that if she does not mobilize herself and resume her day-to-day

routine, she will be removed from the wing, from the minimal support that she is receiving from the staff and the other women. This threat is a strong motivator to be in control and push aside any feelings that normally accompany grief. The minimal support that she receives from friends is underscored as well as the importance of keeping in contact with family.

Summary

The grief experience based on this three step analysis indicates an expected initial response of shock and disbelief given the meaning of Christine's relationship with her grandfather and his sudden, unexpected death (Rando, 1984; Schneider, 1994). Her relationship with her grandfather and grandmother represented a safe place in her life. Since we rely on our assumptive world to keep us safe, a person feels very unsafe when this world is challenged (Neimeyer, 1998; Parkes, 1972).

Christine's manifestations of grief are an exaggeration of what would normally be expected. Insomnia, appetite disturbance, anergia, despair, and withdrawal from others are certainly seen in the very early period of acute grief (Parkes, 1972; Rando, 1984; Schneider, 1994). However, her total inability to function for a 2-week period, requiring pharmacological intervention is striking. Given the meaning of the loss, her past coping style, and her long history of abandonment issues, it is not surprising that she is having such difficulty. The most significant meaning of the loss to Christine is abandonment which becomes associated with possible, impending abandonment.

The context of the prison does not allow Christine to participate in important healing rituals within a context of social support. Although her loss is somewhat acknowledged briefly and immediately, following her grandfather's death, there are no opportunities for Christine to publicly mourn this significant loss. She is forced to grieve alone resulting in severe physical and emotional withdrawal. This finding is consistent with the work of Toch (1992) who describes that inmates may have great difficulty managing both grief and the prison environment, often resulting in detachment or acting out.

It is important to keep in mind that the context of the prison may have both positive and negative influences for Christine. Even though she describes the minimal support that she receives and the difficulty accessing sufficient mental health services in the prison system, she has made use of those services during this incarceration. In addition, the prison environment appears to provide a structure, which may allow Christine to use the expectations for external control as a replacement for her difficulties with internal control. It is questionable if Christine would have been able to cope better if this loss had occurred out of prison. She herself describes how easy it is to return to familiar problematic behaviors such as substance abuse and prostitution when difficulties arise on the outside, particularly, if there is no strong relationship with a counselor. Although she would have benefited from family and social support, she may still have experienced a very difficult bereavement.

Cross Case Analysis

Several similar issues emerged from the narratives of each of these women. All three women shared their experiences of being given the news, going to the funeral home alone, an acute grief response upon return to the prison and the influence of their incarceration on their grief experience

All of the women make reference to how the news is delivered and note the importance of having family contact around the delivery of the news. The experience and humiliation of going to the funeral home alone, in shackles and in handcuffs is noted by all three women but particularly captured in Barbara's piercing account. She vividly describes the humiliation and the degradation of going to view a loved one in prison attire. Barbara is the only woman who does not feel supported by the two officers who have accompanied her. All three women exhibit acute distress which is intensified by their experience of being without family support at the funeral home.

All three women describe the return to prison as stressful needing to stay in control and maintain prison routine. Christine needs medication to deal with her acute symptoms and Barbara is committed to avoiding being medicated, if at all possible. Although Mary and Christine have received some support by several of the other inmates and the correctional staff, it is short lived.

The three women present quite differently in telling their stories. Mary is very engaged from the beginning, which is most likely related to her feelings of comfort with me and trust based on her experience in the grief group that I facilitated. The process of meaning making quickly comes to the foreground in

Mary's account. When she reaches the end of her story, she accepts responsibility for knowing about her sister's decline, but not wanting to accept it. In so doing, she can forgive her family for what she initially claimed to be concealment. The skunk becomes a metaphor for communication with her sister and her attempts to maintain a bond but to also let her go.

Barbara has a distinct need to tell her story within a broader life context. She wants and needs to be seen as a loving and devoted daughter and continues to struggle throughout the interview with her failure to save her mother. She is haunted by the circumstances of her mother's death and is unable to move much beyond her guilt. Unlike Mary, she is disconnected emotionally from her family and basically grieves totally alone. Her façade keeps her distant from the real pain that lies just below the surface. It is difficult to know how supportive her family really would be even if she were not imprisoned. Although she continues to yearn and express the need for family support, her family relationships have been strained over time. Even now, they have failed to support her minimal requests, for a picture of her mother and for a visit.

Christine's narrative is brief in comparison to those of Mary and Barbara. She is also the only woman who tells her story with emotional detachment. This may be attributed to her medicated state in light of the extreme difficulties she had coping with this death.

CHAPTER V

Summary and Conclusions

This study explored the grief experience of women who were incarcerated at the time the death of a significant person occurred. The focus of the study was to gain an understanding of this human experience through in-depth interviews encouraging the women to talk about their experiences from their own perspectives. Additionally, the study was to contribute to an understanding of the grief experience within the context of the prison environment.

A two-phase qualitative research study was undertaken to explore the grief experience of three English-speaking women in a medium security facility in New England. Phase One consisted of in-depth guided interviews, which lasted 1 1/2-2 1/4 hours. One woman was interviewed twice. This approach to interviewing encouraged the women to take an active role in the interview process and facilitated storytelling. I personally transcribed each interview, which is a critical part of the research process and also essential to the interpretive process. The full transcriptions included all striking features such as crying, long pauses, and laughing. Each interview was completed and transcribed before proceeding to the next participant.

In Phase Two, the audiotaped and transcribed interviews were analyzed using Kvale's (1983; 1996) approach to the hermeneutical interpretation of interviews, combined with Gee's (1985, 1986, 1991) and Riessman's (1993) approaches to narrative analysis. The entire study spanned a period of 14 months.

The research questions guiding this study were: What are the meanings of the grief experience of incarcerated women? How does their grieving process compare with images of grief depicted as a normal process? To what extent do the women perceive incarceration influencing their grieving process?

As summarized in Chapter Two, the process of grief may encompass three interconnected phases: (a) an initial period of shock, disbelief, and denial; (b) an intermediate period of acute distress; and (c) a period of integration or assimilation. For the incarcerated women in this study, their grief experiences were constrained in many ways in phases one and two. Given the nature of their grief experience, it does not appear that any of the women reached a level of integration.

In the initial phase, the three women experienced shock and disbelief, but these responses were accentuated by the manner in which the news of the death was given to them, combined with their experience of going to the funeral homes. In addition, it is interesting to note despite the fact that all three deceased relatives had serious illnesses, their deaths came as unexpected events followed by complete shock. Since imprisonment keeps the women from being in physical contact with their loved ones during their deterioration, they are often unable to anticipate their deaths. Therefore, the shock is heightened, raising the possibility for a more difficult bereavement (Rando, 1984; Schneider, 1994).

The following intermittent period of acute distress was rather unstable and complicated by imprisonment. All three women experienced acute grief upon return from the funeral home visit. The manifestations of their grief are consistent

with conceptualizations of grief in the literature (Lindemann, 1944; Parkes, 1972, 1983; Rando, 1984; Schneider, 1989, 1994; Worden, 1982, 1991), but were contained within a 2-3 week period of time. Mary and Barbara forced themselves to return to their prison routine, while Christine needed pharmacological intervention to help her cope. It is important to note the freshness of Mary's and Barbara's grief during the interview, despite the length of time since the death of their loved ones.

All three women discussed their need to maintain a bond, a connection with their deceased loved ones which brings comfort to them. This finding supports the work of Neimeyer (1998), Silverman and Klass (1996), and Stroebe and Schut (1999) who assert that continuing bonds may be a healthy part of the ongoing life of the bereaved.

All three women described in detail the fear of expressing any of their feelings, particularly anger, because of the threat of disciplinary action. In fact, Barbara and Christine both state that it is better not to feel, to maintain control than to be in touch with the pain that accompanies grief, because of the constraints of prison life. All three highlighted their fear of discipline if any of their true feelings are expressed. The fear of isolation served as a strong motivator to stay in control. It is clear the context of the prison added to their pain and led to the suspension of their grieving process. Mary and Barbara graphically described their grieving process as being "suspended" stating the full reality of their loss will not be realized until they are out in the free world, when they can go to the gravesites, and express their deepest sadness and anger without fear of retaliation.

In each of these cases, the women did not have the opportunity to participate in the celebration of important public rituals. Participation in postdeath rituals provides a context within which the loss is shared. The lack of participation in rituals or rites of passage led to further isolation and disconnection from their communities. Although the women were able to go to the funeral homes and view their loved ones, it occurred alone without the presence of family, close friends, or a support person such as a counselor.

Mary and Christine note they received support from the correctional officers at the funeral home and immediately upon return to the prison from staff and other inmates. However, this support was short lived. Situationally available support, not necessarily from close family members and friends, seems to help individuals cope with the suffering that accompanies grief by affirming the individual, offering strength and nurturance, and providing a safe place to express emotions and have one's experience validated. When sufficient support is not available, detachment and suppression of feelings is often necessary, but the consequences may be so severe that complicated bereavement may result needing professional intervention (Rando, 1993; Schneider, 1994).

Women in prison are also unable to access other resources that are helpful to individuals in the grieving process. The opportunity to choose to be with individuals who are nurturing and to find creative outlets for dealing with painful feelings such as exercise, art, music, distraction, or even prayer groups are limited at best. Small gestures such as receiving flowers are not possible. An additional complicating factor is the lack of privacy. There is no place for the women to be

alone with their thoughts and with their tears. Journaling, an important vehicle for expressing painful emotions, is prohibited because of the fear of raids that occur on the wings. A private place to cry or even the freedom to rest quietly and relax is unavailable.

Given the numerous constraints imposed by incarceration, the women appeared to suspend their grief. They were unable to express their feelings, have their grief experiences validated, or employ a variety of coping strategies that are available to people outside of the prison environment. Prison life is experienced as another world, a “temporary” life, which may be a barrier for processing and integrating grief.

In summary, grief can be described as a long, arduous process in which individuals move back and forth confronting the reality of the loss, processing the loss, and experiencing a range of emotional reactions. Grief in relation to the death of a loved one is experienced in the full context of one’s life, past and present, not as a separate incident. It is interpreted by each person in the context of that life.

Women in prison have limited opportunity to grieve, have their grief openly acknowledged, publicly mourned, or socially supported. Therefore, it can be described as disenfranchised (Corr, 1998-99; Doka, 1989; Rando, 1993; Schneider, 1994). Disenfranchised grief can create additional problems for the griever, leading to a more complicated bereavement (Doka, 1989; Rando, 1993; Schneider, 1994). When a mourner’s perceived needs for support are not met, a more difficult bereavement can be expected (Rando, 1993). Grieving in prison is

suspended, felt in isolation and decontextualized. Although the women's grief is deeply felt, it is not connected to their everyday lives. They grieve in isolation, lacking the opportunity to be with others who also share their grief and share their memories. Therefore, these women are unable to integrate their grief in the fabric of their daily lives. The major issue in this context may be the suspension of grief. The grieving process is constrained and becomes contained by self-control for fear of punishment. The tendency is to idealize what would have been if not incarcerated. In light of the numerous adjustments that these women need to make upon their release from prison, disenfranchised grief can have serious impact on their ability to cope and successfully adapt to the multiple challenges that confront them.

Methodological Implications

The methodological approach of this study provided a meaningful way to systematically study the grief experience of women in prison and begin to obtain a deeper understanding of the many layers of meanings of this experience. The richness of data obtained through the use of in-depth guided interviews confirms the benefit of using this method for the development of nursing knowledge. As a practice discipline, it is imperative that nurses build on their knowledge of how human beings understand their world in order to develop more effective client-centered interventions, enhance the quality of care, and facilitate change in health care delivery systems.

The context of the prison presents unique challenges to the qualitative researcher. Accessibility to participants is dependent on the relationship the

researcher has with prison authorities. The Warden and clinical staff, where this study took place, were supportive of this research and facilitated entry into the system. Since the issue of trust for the women is vital, the researcher needs to establish her or himself in the prison system prior to conducting research in this setting. Having instituted a positive reputation in a clinical capacity, prior to this study, had a positive impact on the women's receptivity to participation.

Interviewing in the prison system can be very difficult at times. Private office space is at a premium, which can impact on a scheduled interview. Patience and flexibility is key in dealing with the numerous frustrations and potential barriers that can occur. Although interviews were conducted in a private room in the central administrative area, the noise in the hallways was distracting and interruptions from correctional officers frustrating. It often took a great deal of energy to focus on the participant despite these distracters. It was obvious to me that the women were accustomed to the noise, as well as interruptions, and appeared oblivious to them.

Researcher's Qualifications

Given the vulnerability of this population and the sensitivity of this topic, I had to be particularly sensitive to the women and to the potential for causing harm. Process consent throughout the interview was obtained as well as pacing the interview according to the women's needs. My expertise as a psychiatric mental health clinical nurse specialist was an asset in being comfortable with the intensity of feelings expressed, in being able to interview the women in nonthreatening and supportive fashion, listen empathetically, be attentive to the emotional state of

each participant, and guide very difficult conversations. Feedback and comments on the reflection form (Appendix E) indicated the participants benefited from the interview process. All three women completed the optional form and mailed it to me within 2 weeks. Some of their comments (“Thank you for listening to my pain and sorrow; I am grateful to have talked to you about my sister;” “it helps me to deal with it more and stop stuffing my feelings;” “I like talking about loss and I need to talk about it because I feel so lost right now”) indicated their appreciation for the opportunity to tell their stories, express their pain, and have their grief experiences acknowledged and validated. All three women stated that they would suggest to other women that they participate if given the opportunity.

My background as a psychotherapist posed additional challenges in conducting this research. I had to be consciously mindful of my role as a researcher versus a counselor. The “no” touching rule of the prison felt quite unnatural and foreign to me. When participants were tearful or sobbing as they told their stories, it was difficult to withhold any kind of physical gesture, such as touching their arm. I had to rely on silence, eye contact, and my presence to communicate support and understanding. Another issue that needs to be addressed is the impact of conducting this type of research on the researcher. It was important for me to process the interview through personal reflective notes, memos, and dialogue with committee members and my consultant. I quickly learned the importance of planning quiet reflection time following each interview and an activity such as a walk to release the pain of hearing such compelling stories.

Data Analysis

The combined approach to analysis in this study required full immersion in and complete familiarity with the data. The study resulted in an understanding of the meanings of the grief experience from the women's perspective (self-understanding), the researcher's perspective (critical commonsense understanding), and allowed for comparison of the women's grief with the literature (theoretical understanding). Repeated analysis of interviews also led to insights as to the impact of imprisonment on the grieving process.

Kvale's (1996) approach to the analysis of interviews provided for a plurality of extensive interpretations. Each level of interpretation further deepened the knowledge of the phenomena being studied. The process of narrative analysis added to the depth of interpretations and allowed me to confront the remarkable power of the stories. When the women told stories about their experience, they provided gripping descriptions of what happened as well as interpretations of how they felt when certain events transpired.

Riessman's (1993) and Gee's (1986, 1991) approaches to narrative analysis are a tedious and time-consuming process. Gee's (1986, 1991) sociolinguistic approach focuses not only on what is said but how it is said, requiring repeated listening for linguistic syntax, and rewriting the interview segment in stanza format. However, this approach brought to the foreground the meaning of the loss to the women and the intensity of their responses, keeping me actively engaged in their compelling accounts. The analysis of narratives kept the interpretations close to the women's own voices, allowing for the discovery of the

most significant meanings for them. The narratives emphasized what Mattingly (1991) describes as the “feltness” of the experience for the women. This type of depth and richness of detail might not have been discovered through other analytic approaches for qualitative interviews such as content analysis or thematic analysis.

One of the issues in carrying out narrative analysis was the selection of narratives to be included in the analysis. Mary’s and Christine’s interviews contained several narratives, whereas Barbara’s interview contained one lengthy narrative. The selection of narratives, or in Barbara’s account, narrative segments was guided by the three research questions.

The narratives embedded in these three interviews confirm some of the basic assumptions about the importance of narrative in human experience. The struggle to make sense of one’s experience, the process of meaning making, and the opportunity to review life events were clearly illustrated in this study, particularly in Mary’s and Barbara’s accounts. Each interview yielded different amounts of data. Christine’s interview was the shortest, probably related to her degree of sedation from medication. Mary had been a member of a loss and grief group that I facilitated and had told her story to me before. Barbara’s interview was by far the lengthiest requiring two separate interviews. According to Barbara this was the first time that she had the opportunity to tell her story to anyone.

Although the combination of these two analytical approaches provided in-depth and abundant detail, redundancy of the data did occur. The analysis of narratives overlapped to some degree with the three levels of interpretation. Despite this redundancy, the narratives provided further confirmation of the

interpretations made in self-understanding, critical commonsense understanding, and theoretical understanding. Presentation of the findings in the form of narratives displayed the researcher's basis for making decisions allowing for corroboration of research findings.

As a result of this study, it is clear that narrative analysis is particularly useful when the researcher approaches the interview without previous knowledge of the participants' stories. During Mary's interview I was more directive as compared to the other two women. I had heard Mary's story before in the grief group that I facilitated. Since I was particularly interested in the death of her sister, I was much more directive during the interview than is typical of the style of interviewing that promotes storytelling.

Future Directions for Nursing Knowledge Development

To my knowledge this is the first study that has explored the grief experience of incarcerated women. The results have shed light on the implications of disenfranchised grief. The findings support the need for future research in several areas. Many women who are incarcerated have a history of mental health problems and chaotic lives. Therefore, the question as to whether their grief experience would have been different if they were not incarcerated at the time of the death of loved one is a consideration. Longitudinal studies that continue to examine the grief of incarcerated women at 6 months and 1 year after release from prison will contribute to a more comprehensive understanding of their grief experience over time.

Given the limited number of women interviewed in this study, further exploration of the grief experience of incarcerated women is recommended. A broader collection of narratives is needed to achieve an understanding of a wider range of human experience. In addition, studies that explore grief related to significant losses other than death will contribute to the knowledge that is severely lacking.

Implications for Nursing Education and Nursing Practice

The number of women in local, state, and federal correctional facilities continues to rise every year. As a result, it is likely that more nurses will be in a position of providing care to this vulnerable population in hospitals, home care, community settings, primary care, private practices, and in prison. The personal accounts provided by these women are valuable tools for nursing students and practicing nurses in developing a broader appreciation of their mental health needs. When a woman is released from prison, the most urgent issues are to plan for transition back into the community and to address immediate health concerns.

This study points to the necessity for educating nursing students and practicing clinicians regarding the importance of incorporating a loss history and addressing issues of unresolved grief in clinical practice. It can be assumed that unresolved grief of incarcerated women may further complicate their adjustment following release from prison. Therefore, raising awareness of the potential problems of unresolved grief with this population could create more effective client-centered interventions during imprisonment and following release. Follow-

up programs that assist women in their transition back into the community must include an avenue to explore potential issues of unresolved grief.

This study also confirms the benefits of narratives in nursing practice. Storytelling gives clients the opportunity to express feelings, reflect on their experience, make sense of their experience, and discuss primary fears and concerns. Promoting an environment for storytelling can provide nurses with insight into the patients' struggle with issues of health and illness that goes beyond what is obtained through structured assessment tools and nurse patient dialogue. Given the current environment of managed care, nurses will need to be creative in incorporating time to encourage storytelling within their day-to-day patient care activities.

Implications for the Criminal Justice System

This study also has potential policy and educational implications for the criminal justice system. It adds support to the Warden's approach, as well as making specific suggestions. The importance of having a family member or counselor present at the time that news of death is given to an inmate must be underscored. The need for a policy allowing for a support person to accompany the inmate to the funeral home must also be examined. The humiliation and emotional pain captured in these three accounts begs for a change in policy that humanizes this heart-wrenching experience. Education of prison staff regarding grief and sensitizing staff to issues of loss and grief will be a formidable task given the retributive nature of our criminal justice system and the necessary priority for security. However, it is imperative that correctional authorities develop support

systems to help women cope with grief during imprisonment and in their follow-up care.

APPENDICES

Appendix A

CONSENT FORM FOR RESEARCH

Stories of Loss and Grief. Personal Narratives of Incarcerated Women

University of Rhode Island, College of Nursing
White Hall
Kingston, Rhode Island 02881

You have been asked to take part in this research project by the University of Rhode Island, College of Nursing. Ginette Ferszt, the person mainly responsible for this study, has described the project to me in detail. You should feel free to ask questions. If you have more questions later Ginette Ferszt, PhD (c), RN, will discuss them with me.

Description of the Project:

You have been asked to take part in this study which explores the grief experience of women in prison. This study is an effort to better understand the loss issues of women in prison and how being in prison affects their grief experience.

What Will be Done:

You will be asked to describe your experience of grief during a 1 1/2 to 2 hr. interview. A second interview may be needed. The interview will be conducted in a private room, and will be audiotaped. During the interview you will tell about your losses, your grief experience and how being in prison has affected your grief.

Risks or Discomfort:

You may feel upset talking about some of the topics that may come up during the interview. If so, you have the option of being referred to a counselor. You may choose to stop any time you want to. Whether or not you participate in this study is up to you. You do not have to be in it. The researcher is not working for the prison or any court system. You understand that there will be no effect on your parole, classification status and/or inmate record whether or not you take part in this research.

Benefits of the Study:

There may be some benefits to you participating in this study. These benefits may include some or all of the following: a sense of comfort from being able to talk about your feelings and thoughts; a sense of contributing to better care for other women in prison. You understand that taking part in this research will have **no** effect on your parole, classification status, and/or inmate record.

Reportable Child Abuse:

If, while talking to the researcher, you tell her about some abuse of a child, and if you say that it has not been reported to DCYF, the researcher will inform you that (1) she is required by law to report the abuse to DCYF; (2) that we must terminate the interview; and (3) that DCYF does not, and will not have access to what you have said--they cannot request or subpoena the interview or any notes. However, you have been made aware that previously unreported information may be subject to investigation and subpoena by the attorney general. You understand that the purpose of the study is not to track reportable incidents of abuse.

Confidentiality:

Your part in this study is confidential. None of the information will identify you by name. All information provided by you during the study will be kept strictly confidential. Your name will not be used on any notes, reports or publications resulting from this study. Your signed consent form and identifying face sheet will be kept separate from the rest of the study data and will be placed in a locked room at the University of Rhode Island. The interview data will be identified by code number. No individual information collected by the researchers will be given to the RI Department of Corrections. The RIDOC will not subpoena or otherwise request individual data which is collected by the researcher. The study records including audiotapes and written notes will be shared only with a small number of professional colleagues. The tapes, notes and transcriptions will be saved and may be made available to other qualified researchers at a later time.

You understand that a federal Certificate of Confidentiality has been obtained for this study which will help the investigator protect your privacy even if study records are subpoenaed.

If you tell the researcher at any time that you are planning to escape, plan to commit suicide, or plan to hurt or kill someone, the researcher **will have to report** the issues to prison staff.

Decision to Quit:

The decision whether or not to take part in this study is up to you. You do not have to participate. If you decide to take part in the study, you may quit at any time. This will not affect your parole or inmate record. You can also ask to rest at any time if you get tired. Whatever you decide is okay. If you want to quit, you will simply tell the researcher.

Rights and Complaints:

If you are not happy with the way this study is performed, you may talk with Michelle LaCroix, Prisoner Advocate, of Travelers Aid at 521-2255, or with Ginette Ferszt (phone: 874-5345; Address: University of Rhode Island, College of Nursing, Kingston, RI 02881) or ask that Warden Richman contact Ms. Ferszt for you. In addition you may ask Warden Richman to contact the office of the Vice Provost for Graduate Studies, Research, and Outreach, 70 Lower College Road, University of Rhode Island, telephone: 401-874-2635.

You have read the consent form and your questions have been answered. You are at least 18 years or older. Your signature on this form means that you understand the information, you agree to take part in this study, and agree to audiotaping. This consent form will be stored in a locked space at the University and will not be attached to any of your responses.

You have been given a copy of this consent form to keep.

Signature of Participant

Signature of Researcher

Printed Name

Printed Name
Ginette Ferszt

Date

Date

Appendix B

Demographic Data

Date _____ Date and Time of Interview _____

ID # _____

Age _____ Marital Status _____ Religion _____ Education _____

Ethnic Background _____ Date of Entry into Prison _____

Length of Prison Term _____ Reason for Incarceration _____

Previous Incarceration(s) _____

Ages of Children _____

Where Living _____

Type of Loss(s) Identified _____

Participation in Grief Group _____ Yes _____ No

Current Medications

Appendix C

Interview Guide

I am interested in understanding what it is like to experience the death of a significant person while being in prison.

- 1 I understand that you lost (ex. your sister) recently. Would you begin by telling me how you learned about this loss?
- 2 Can you tell me what your experience of grief has been like?
3. How has being in prison influenced your grief ?
4. Can you tell me about any other losses in your life before you were in prison?
5. Can you tell me what your experience of grief was like?
6. Can you tell me about any other losses that you have experienced since you've been in prison?

Appendix D

Memos

ID# _____

Interview Date: _____

Starting Time: _____

Ending Time: _____

Location of Interview: _____

Nonverbal Behavior: _____

Researcher's impression
of interviewee: _____

Researcher's responses to
interview: _____

Analysis: _____

Technological problems: _____

Appendix E

Participants Reflections

Name:

Date:

1. What was it like for you to tell me about your experiences of grief?
- 2.
3. If you were telling another woman about our conversations, would you suggest that she participate? Why or why not?
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.
- 27.
- 28.
- 29.
- 30.
- 31.
- 32.
- 33.
- 34.
- 35.
- 36.
- 37.
- 38.
- 39.
- 40.
- 41.
- 42.
- 43.
- 44.
- 45.
- 46.
- 47.
- 48.
- 49.
- 50.
- 51.
- 52.
- 53.
- 54.
- 55.
- 56.
- 57.
- 58.
- 59.
- 60.
- 61.
- 62.
- 63.
- 64.
- 65.
- 66.
- 67.
- 68.
- 69.
- 70.
- 71.
- 72.
- 73.
- 74.
- 75.
- 76.
- 77.
- 78.
- 79.
- 80.
- 81.
- 82.
- 83.
- 84.
- 85.
- 86.
- 87.
- 88.
- 89.
- 90.
- 91.
- 92.
- 93.
- 94.
- 95.
- 96.
- 97.
- 98.
- 99.
- 100.
- 101.
- 102.
- 103.
- 104.
- 105.
- 106.
- 107.
- 108.
- 109.
- 110.
- 111.
- 112.
- 113.
- 114.
- 115.
- 116.
- 117.
- 118.
- 119.
- 120.
- 121.
- 122.
- 123.
- 124.
- 125.
- 126.
- 127.
- 128.
- 129.
- 130.
- 131.
- 132.
- 133.
- 134.
- 135.
- 136.
- 137.
- 138.
- 139.
- 140.
- 141.
- 142.
- 143.
- 144.
- 145.
- 146.
- 147.
- 148.
- 149.
- 150.
- 151.
- 152.
- 153.
- 154.
- 155.
- 156.
- 157.
- 158.
- 159.
- 160.
- 161.
- 162.
- 163.
- 164.
- 165.
- 166.
- 167.
- 168.
- 169.
- 170.
- 171.
- 172.
- 173.
- 174.
- 175.
- 176.
- 177.
- 178.
- 179.
- 180.
- 181.
- 182.
- 183.
- 184.
- 185.
- 186.
- 187.
- 188.
- 189.
- 190.
- 191.
- 192.
- 193.
- 194.
- 195.
- 196.
- 197.
- 198.
- 199.
- 200.
- 201.
- 202.
- 203.
- 204.
- 205.
- 206.
- 207.
- 208.
- 209.
- 210.
- 211.
- 212.
- 213.
- 214.
- 215.
- 216.
- 217.
- 218.
- 219.
- 220.
- 221.
- 222.
- 223.
- 224.
- 225.
- 226.
- 227.
- 228.
- 229.
- 230.
- 231.
- 232.
- 233.
- 234.
- 235.
- 236.
- 237.
- 238.
- 239.
- 240.
- 241.
- 242.
- 243.
- 244.
- 245.
- 246.
- 247.
- 248.
- 249.
- 250.
- 251.
- 252.
- 253.
- 254.
- 255.
- 256.
- 257.
- 258.
- 259.
- 260.
- 261.
- 262.
- 263.
- 264.
- 265.
- 266.
- 267.
- 268.
- 269.
- 270.
- 271.
- 272.
- 273.
- 274.
- 275.
- 276.
- 277.
- 278.
- 279.
- 280.
- 281.
- 282.
- 283.
- 284.
- 285.
- 286.
- 287.
- 288.
- 289.
- 290.
- 291.
- 292.
- 293.
- 294.
- 295.
- 296.
- 297.
- 298.
- 299.
- 300.
- 301.
- 302.
- 303.
- 304.
- 305.
- 306.
- 307.
- 308.
- 309.
- 310.
- 311.
- 312.
- 313.
- 314.
- 315.
- 316.
- 317.
- 318.
- 319.
- 320.
- 321.
- 322.
- 323.
- 324.
- 325.
- 326.
- 327.
- 328.
- 329.
- 330.
- 331.
- 332.
- 333.
- 334.
- 335.
- 336.
- 337.
- 338.
- 339.
- 340.
- 341.
- 342.
- 343.
- 344.
- 345.
- 346.
- 347.
- 348.
- 349.
- 350.
- 351.
- 352.
- 353.
- 354.
- 355.
- 356.
- 357.
- 358.
- 359.
- 360.
- 361.
- 362.
- 363.
- 364.
- 365.
- 366.
- 367.
- 368.
- 369.
- 370.
- 371.
- 372.
- 373.
- 374.
- 375.
- 376.
- 377.
- 378.
- 379.
- 380.
- 381.
- 382.
- 383.
- 384.
- 385.
- 386.
- 387.
- 388.
- 389.
- 390.
- 391.
- 392.
- 393.
- 394.
- 395.
- 396.
- 397.
- 398.
- 399.
- 400.
- 401.
- 402.
- 403.
- 404.
- 405.
- 406.
- 407.
- 408.
- 409.
- 410.
- 411.
- 412.
- 413.
- 414.
- 415.
- 416.
- 417.
- 418.
- 419.
- 420.
- 421.
- 422.
- 423.
- 424.
- 425.
- 426.
- 427.
- 428.
- 429.
- 430.
- 431.
- 432.
- 433.
- 434.
- 435.
- 436.
- 437.
- 438.
- 439.
- 440.
- 441.
- 442.
- 443.
- 444.
- 445.
- 446.
- 447.
- 448.
- 449.
- 450.
- 451.
- 452.
- 453.
- 454.
- 455.
- 456.
- 457.
- 458.
- 459.
- 460.
- 461.
- 462.
- 463.
- 464.
- 465.
- 466.
- 467.
- 468.
- 469.
- 470.
- 471.
- 472.
- 473.
- 474.
- 475.
- 476.
- 477.
- 478.
- 479.
- 480.
- 481.
- 482.
- 483.
- 484.
- 485.
- 486.
- 487.
- 488.
- 489.
- 490.
- 491.
- 492.
- 493.
- 494.
- 495.
- 496.
- 497.
- 498.
- 499.
- 500.
- 501.
- 502.
- 503.
- 504.
- 505.
- 506.
- 507.
- 508.
- 509.
- 510.
- 511.
- 512.
- 513.
- 514.
- 515.
- 516.
- 517.
- 518.
- 519.
- 520.
- 52

Please Feel Free to Write on the Back

Appendix F

Letter of Support

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

— Department of Corrections
ADULT CORRECTIONAL INSTITUTIONS
WOMEN'S FACILITIES
Box 8312
Cranston, R.I. 02920

June 21, 1999

Ginette Ferszt PhD ©, RN,CS
University of Rhode Island
College of Nursing
Kingston, RI 02881

Dear Ms. Ferszt:

I have read the consent form related to your research proposal "Stories of Loss and Grief: Personal Narratives of Incarcerated Women". We will assist you in accessing the population of women that you are interested in interviewing and will provide you with the privacy that you need for the interviewing process. The Department of Corrections will not subpoena or otherwise request individual data, which will be collected by you for this research. I am delighted to have this opportunity to collaborate with the College of Nursing in this important endeavor.

Sincerely,

A handwritten signature in cursive script that reads "Roberta Richman".

Roberta Richman, Warden
Women's Correctional Facility

bp

Appendix G

Gee's Notation System

- Idea Unit = one pitch glide or unitary contour; contains a single piece of information
- Line = one or more idea units each of which is numbered; each line has central idea or topic; idea units are separated from each other by a slash (/)
- Stanza = a group of lines about a signal topic; captures a signal vignette relatively short and pretty evenly balanced
- Strophe = groups of related stanzas
- Parts = make up the story as a whole

Use CAPS for material that is focused or said with a prominent pitch

Underline the main line parts of the plot

Bibliography

- Anderson, C., Bankson, D., & Zephirin-Atkins, E. (1998). Incarcerated women. In M. Harris & The community connections trauma work group. Trauma recovery and empowerment. A clinicians guide for working with women in groups (pp. 249-278). New York: The Free Press.
- Arnold, J. (1995). A reconceptualization of the concept of grief for nursing: A philosophical analysis. Unpublished doctoral dissertation, New York University, New York.
- Bailey, P. (1996). Assuring quality in narrative analysis. Western Journal of Nursing Research, 19(2), 186-194.
- Bell, S. (1988). Becoming a political woman: The reconstruction and interpretation of experience through stories. In A. Todd & S. Fisher (Eds.), Gender and discourse: The power of talk (pp. 97-121). Norwood, NJ: Ablex Publishing.
- Benoliel, J. Q. (1985). Loss and adaptation: Circumstances, contingencies, and consequences. Death Studies, 9, 217-233.
- Bowlby, J. (1980). Attachment and loss, sadness and depression (Vol. 3). New York: Basic Books.
- Bruner, J. (1986). Actual minds. Possible worlds. Cambridge, MA: Harvard University Press.
- Bruner, J. (1990). Acts of meaning. Cambridge, MA: Harvard University Press.

- Bureau of Justice Statistics. Special Report. Survey of State Prison Inmates, 1991. Women in Prison (1994). Washington DC: U.S. Department of Justice.
- Bureau of Justice Statistics Bulletin. Prison and Jail Inmates at Midyear 1998 (1999). Washington, DC: U.S. Department of Justice.
- Burkhart, K. W. (1973). Women in prison. New York: Doubleday.
- Chase, S. (1995). Taking narrative seriously. Consequences for method and theory in interview studies. In R. Josselson & A. Lieblich (Eds.), Interpreting experience. The narrative study of lives (pp. 1-27). Thousand Oaks, CA: Sage Publications.
- Clark, G. (1993). Personal meanings of grief and bereavement. Doctoral dissertation, University of Alberta.
- Coll, C., Miller, J. B., Fields, J., & Matthews, B. (1998). The experiences of women in prison: Implications for services and prevention. Women and Therapy, 20(4), 11-22.
- Corr, C. (1998-1999). Enhancing the concept of disenfranchised grief. Omega, 38(1), 1-20.
- Covington, S. (1998). Women in prison. Approaches in the treatment of our most invisible population. Women and Therapy, 21(1), 141-156.
- Cowles, K. (1988). Issues in qualitative research on sensitive topics. Western Journal of Nursing Research, 10(2), 163-179.

- Cowles, K., & Rodgers, B. (1993). The concept of grief: An evolutionary perspective. In B. Rodgers & K. Knafl, Concept development in nursing (pp. 93-106). Philadelphia: W. B. Saunders.
- Doka, K. (Ed.). (1989). Disenfranchised grief. Recognizing hidden sorrow. New York: Lexington Books.
- Eisner, E. (1981). On the differences between scientific and artistic approaches to qualitative research. Educational Researcher, 10(4), 5-9.
- Engel, G. L. (1961). Is grief a disease? A challenge for medical research. Psychosomatic Medicine, 28, 18-22.
- Facione, N., & Dodd, M. (1995). Women's narratives of helpseeking for breast cancer. Cancer Practice, 3(4), 219-225.
- Fagermoen, M. (1997). Professional identity: Values embedded in meaningful nursing practice. Journal of Advanced Nursing, 25, 434-441.
- Fogel, C. I. (1993). Hard time: The stressful nature of incarceration for women. Issues in Mental Health Nursing, 14, 367-377.
- Fogel, C. I., & Martin, S. (1992). The mental health of incarcerated women. Western Journal of Nursing Research, 14(1), 30-47.
- Fox, J. (1982). Women in prison: A case study in the social reality of stress. In R. Johnson & H. Toch (Eds.), The pains of imprisonment (pp. 205-221). Beverly Hills: Sage Publications.
- Freeman, M. (1997). Why narrative? Hermeneutics, historical understanding, and the significance of stories. Journal of Narrative and Life History, 7(1-4), 169-176.

- Gee, J. (1985). The narrativization of experience in the oral style. Journal of Education, 167(1), 9-25.
- Gee, J. (1986). Units in the production of narrative discourse. Discourse Processes, 9, 391-422.
- Gee, J. (1991). A linguistic approach to narrative. Journal of Narrative and Life History, 110, 15-39.
- Gergen, K., & Gergen, M. (1983). Narratives of the self. In T. Sarbin & K. Scheibe (Eds.), Studies in social identity (pp. 254-273). New York: Praeger Publishers.
- Giallombardo, R. (1966). Society of women. A study of a woman's prison. New York: John Wiley & Sons.
- Henderson, D., Schaeffer, J., & Brown, L. (1998). Gender-appropriate mental health services for incarcerated women: Issues and challenges. Family and Community Health, 21(3), 42-53.
- Hutchinson, S., Wilson, M., & Wilson, H. (1994). Benefits of participation in research interviews. Image: Journal of Nursing Scholarship, 26(2), 161-164.
- Jordan, B. K., Schlenger, W., Fairbank, J., & Caddell, J. (1996). Prevalence of psychiatric disorders among incarcerated women. Archives of Psychiatry, 53, 513-519.
- Josselson, R., & Lieblich, A. (Eds.). (1995). Interpreting experience. The narrative study of lives (Vol. 3). Thousand Oaks, CA: Sage Publications.

Kahn, D. (1993). Ways of discussing validity in qualitative nursing research.

Western Journal of Nursing Research, 15(1), 122-125.

Kavanaugh, K., & Ayres, L. (1998). Not as bad as it could have been. Assessing and mitigating harm during research interviews on sensitive topics.

Research in Nursing and Health, 21, 91-97.

Keaveny, M., & Zauszniewski, J. (1999). Life events and psychological well

being in women sentenced to prison. Issues in Mental Health Nursing, 20, 73-89.

Kim, H. S. (1983). The nature of theoretical thinking in nursing. Norwalk, CT: Appleton-Century Crofts.

Kim, H. S. (1987). Structuring the nursing knowledge system: A typology of four domains. Scholarly Inquiry for Nursing Practice: An International Journal, 1, 99-110.

Kim, H. S. (1996). Putting theory into practice. Problems and prospects. In J. Kenney (Ed.), Philosophical and theoretical perspectives for advanced nursing practice (pp. 353-363). Sudbury, MA: Jones and Bartlett.

Kim, H. S. (2000). The nature of theoretical thinking in nursing. (2nd ed.). New York, NY: Springer Publishing.

Kvale, S. (1983). The qualitative research interview. Journal of Phenomenological Psychology, 14(2), 171-196.

Kvale, S. (1996). Interviews. An introduction to qualitative research interviewing. Thousand Oaks: Sage Publications.

- Labov, W. (1982). Speech actions and reactions in personal narrative. In D. Tannen (Ed.), Analyzing discourse: Text and talk (pp. 219-247). Washington DC: Georgetown University Press.
- Lee, R., & Renzetti, C. (1993). The problems of researching sensitive topics. An overview and introduction. In C. Renzetti & R. Lee (Eds.), Researching sensitive topics (pp. 3-14). Newbury Park: Sage Publications.
- Lincoln, Y., & Guba, E. (1985). Naturalistic inquiry. Beverly Hills: Sage Publications.
- Lindemann, E. (1944). Symptomatology and management of acute grief. American Journal of Psychiatry, 101, 141-148.
- Littlewood, E. (1992). Aspects of adult life. Bereavement in adult life. New York: Tavistock/Routledge.
- Maeve, M. K. (1998). Methodological issues in qualitative research with incarcerated women. Family and Community Health, 21(3), 1-13.
- Marris, P. (1974). Loss and change. New York: Pantheon Books.
- Mattingly, C. (1991). Narrative reflections on practical actions: Two learning experiments in reflective storytelling. In D. Schön (Ed.), The reflective turn. Case studies in and on educational practice (pp. 235-258). Columbia University, Teachers College.
- McCabe, A. (1991). Preface: Structure as a way of understanding. In A. McCabe & C. Peterson (Eds.), Developing narrative structure (pp. ix-xvii). Hillsdale, NJ: Lawrence Erlbaum Associates.

- Miller, J. H. (1990). Narrative. In F. Lentricchia & T. McLaughlin (Eds.), Critical terms for literary study (pp. 66-79). Chicago: The University of Chicago Press.
- Mishler, E. (1986). Research interviewing. Context and narrative. Cambridge, MA: Harvard University Press.
- Mishler, E. (1992). Work, identity, and narrative: An artist-craftsman's story. In G. Rosenwald & R. Ochberg (Eds.), Storied lives (pp.21-41). New Haven: Yale University Press.
- Mishler, E. (1995). Models of narrative analysis: A typology. Journal of Narrative and Life History, 5(2), 87-123.
- Neimeyer, R. (1998). Lessons of loss. A guide to coping. New York: McGraw-Hill.
- Osterweis, M., Solomon, G., & Green, M. (Eds.). (1984). Bereavement: Reactions, consequences and care. Washington, DC: National Academy Press.
- Owen, B. (1998). In the mix. Struggle and survival in a woman's prison. New York: State University of New York Press.
- Packer, M. (1985). Hermeneutic inquiry in the study of human conduct. American Psychologist, 40(10), 1081-1093.
- Pang, B. (1989). Concerns of incarcerated female offenders. Unpublished master's thesis, Simon Fraser University, Canada.
- Parisi, N. (1982). The prisoner's pressures and responses. In N. Parisi (Ed.), Coping with imprisonment (pp. 9-28). Beverly Hills: Sage Publications.

- Parkes, C. M. (1972). Bereavement. Studies of grief in adult life. Madison, CT: International Universities Press.
- Parkes, C. M., & Weiss, R. (1983). Recovery from bereavement. New York: Basic Books.
- Parkes, C. M. (1993). Bereavement as a psychosocial transition: Processes of adaptation to change. In M. Stroebe, W. Stroebe, & R. Hansson (Eds.), Handbook of bereavement. Theory, research, and intervention (pp. 91-101). New York: Cambridge University Press.
- Peretz, D. (1970). Development, object-relationships, and loss. In B. Schoenberg, A. C. Carr, D. Peretz, & A. Kutscher (Eds.), Loss and grief: Psychological management in medical practice (pp. 3-20). New York: Columbia University Press.
- Personal Narratives Group (1989). Forms that transform. In Personal Narratives Group (Eds.), Interpreting women's lives. Feminist theory and narratives (pp. 99-102). Indiana: Indiana University Press.
- Phillips, S., & Harm, N. (1998). Women prisoner: A contextual framework. Women and Therapy, 20(4), 1-9.
- Polanyi, L. (1985). Telling the American story: A structural and cultural analysis of conversational storytelling. Norwood, NJ: Ablex Publishers.
- Polkinghorne, D. (1988). Narrative knowing and the human sciences. New York: State University of New York Press.
- Rando, T. (1984). Grief, dying and death. Clinical interventions for caregivers. Champaign, IL: Research Press.

- Rando, T. (1993). Treatment of complicated mourning. Champaign, IL: Research Press.
- Riessman, C. (1988). Worlds of difference: Contrasting experience in marriage and narrative style. In A. Todd & S. Fisher (Eds.), Gender and discourse: The power of talk (pp. 151-173). Norwood, NJ: Ablex Publishing.
- Riessman, C. (1993). Narrative analysis. Newbury Park, CA: Sage Publications.
- Rodgers, B., & Cowles, K. (1991). The concept of grief: An analysis of classical and contemporary thought. Death Studies, 15, 443-458.
- Rosaldo, R. (1986). Ilongot hunting as story and experience. In V. Turner & E. Bruner (Eds.), The anthropology of experience (pp. 97-138). Chicago: University of Illinois Press.
- Rosenblatt, P. (1996). Grief that does not end. In D. Klass, P. Silverman, & S. Nickman (Eds.), Continuing bonds (pp. 45-57). Taylor & Francis.
- Rosenwald, G., & Ochberg, R. (1992). Introduction: Life stories, cultural politics, and self-understanding. In G. Rosenwald & R. Ochberg (Eds.), Storied lives (pp. 1-18). New Haven: Yale University Press.
- Rubin, H., & Rubin, I. (1995). Qualitative interviewing. The art of hearing data. Thousand Oaks: Sage Publications.
- Salner, M. (1989). Hermeneutic inquiry in the study of human conduct. In S. Kvale (Ed.), Issues of validity in qualitative research (pp.47-71). Sweden: Studentlitteratur.
- Sandelowski, M. (1986). The problem of rigor in qualitative research. Advances in Nursing Science, 8(3), 27-37.

- Sandelowski, M. (1991). Telling stories: Narrative approaches in qualitative research. Image: Journal of Nursing Scholarship, 23(3), 161-166.
- Sandelowski, M. (1995). Sample size in qualitative research. Research in Nursing and Health, 18, 179-183.
- Sarbin, T. (1986). The narrative as a root metaphor for psychology. In T. Sarbin (Ed.), Narrative psychology. The storied nature of human conduct (pp. 3-22). New York: Praeger Publishers.
- Schneider, J. (1989, Autumn). The transformative power of grief. Noetic Science Review, pp. 26-31.
- Schneider, J. (1994). Finding my way. Healing and transformation through loss and grief. Colfax, WI: Seasons Press.
- Shuchter, S., & Zisook, S. (1993). The course of normal grief. In M. Stroebe, W. Stroebe, & R. Hansson (Eds.), Handbook of bereavement. Theory, research, and intervention (pp. 23-43). New York: Cambridge University Press.
- Silverman, P., & Klass, D. (1996). Introduction: What's the problem? In D. Klass, P. Silverman, & S. Nickman (Eds.), Continuing bonds (pp. 3-27). Washington, DC: Taylor & Francis.
- Singer, M., Bussey, J., Song, L., & Lunghofer, L. (1995). The psychosocial issues of women serving time in jail. Social Work, 40(1), 103-113.
- Stroebe, M., Bout, J., & Schut, H. (1994). Myths and misconceptions about bereavement: The opening of a debate. Omega, 29(3), 187-203.

- Stroebe, M., Gergen, M., Gergen, K., & Stroebe, W. (1996). Broken hearts or broken bonds? In D. Klass, P. Silverman, & S. Nickman (Eds.), Continuing bonds. New understandings of grief (pp. 31-44). Washington, DC: Taylor & Francis.
- Stroebe, M., Hansson, R., & Stroebe, W. (1993). Contemporary themes and controversies in bereavement research. In M. Stroebe, W. Stroebe, & R. Hansson (Eds.), Handbook of bereavement (pp. 457-475). New York: Cambridge University Press.
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement, rationale and description. Death Studies, *23*, 194-224.
- Taylor, S., & Bogdan, R. (1984). Introduction to qualitative research methods. The search for meanings. New York: John Wiley & Sons.
- Toch, H. (1977). Living in prison. The ecology of survival. New York: The Free Press.
- Toch, H. (1992). Mosaic of despair. Human breakdowns in prison. Washington, DC: American Psychological Association.
- Trolley, B. (1993-1994). A bridge between traumatic life events and losses by death. Omega, *28*(4), 285-300.
- Van Dijk, T. A. (1985). Introduction: Dialogue as discourse and interaction. In T. A. Van Dijk (Ed.), Handbook of discourse analysis (Vol. 3). Discourse and dialogue (pp. 1-11). London: Academic Press.
- Van Manen, M. (1990). Researching lived experience. New York: State University of New York Press.

- Vickio, C. (1999). Together in spirit: Keeping our relationships alive when loved ones die. Death Studies, 23, 161-175.
- Viney, L., & Bousfield, L. (1991). Narrative analysis: A method of psychosocial research for AIDS-affected people. Social Science Medicine, 32(7), 757-765.
- Watterson, K. (1996). Women in prison. Inside the concrete womb. Boston: Northeastern University Press.
- White, H. (1980). The value of narrativity in the representation of reality. In W. Mitchell (Ed.), On narrative (pp. 1-23). Chicago: The University of Chicago Press.
- Williams, J. (1995). Transcendence as a human response to life threatening illness: Description and understanding through narratives. Doctoral Dissertation, University of Rhode Island.
- Williams, J., & Ferszt, G. (2000). A closer look at narratives. A new methodology for nursing science.
- Williams, J., Wood, C., & Cunningham-Warburton, P. (1999). A narrative study of chemotherapy induced alopecia. Oncology Nursing Forum, 26,(9) 1463-1468.
- Worden, W. (1982). Grief counseling and grief therapy. A handbook for the mental therapy health practitioner. New York: Springer Publishing.
- Worden, W. (1991). Grief counseling and grief therapy. A handbook for the mental health practitioner (2nd ed.). New York: Springer Publishing.

- Wortman, C., & Silver, R. (1989). The myths of coping with loss. Journal of Consulting and Clinical Psychology, 57, 349-357.
- Wortman, C., Silver, R., & Kessler, R. (1993). The meaning of loss and adjustment to bereavement. In M. Stroebe, W. Stroebe, & R. Hansson (Eds.), Handbook of bereavement. Theory, research and intervention (pp. 349-366). New York: Cambridge University Press.
- Young, D. (1998). Health status and service use among incarcerated women. Family and Community Health, 21(3), 16-31.