Borrowed Narratives

Using Biographical and Historical Grief Narratives with the Bereaving

Harold Ivan Smith
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Why Borrow Narratives?

God has stricken me almost beyond what I can bear.

Woodrow Wilson after the death of the first lady, August 6, 1914
(as cited in Schulte Nordholt, 1991, p. 137)

Years ago, so the story goes, a judge asked a bank robber, “Why do you rob banks?”

“Your Honor, that’s where the money is!”

If asked, “Why borrow narratives?” I answer, “Because that is where the gold is!” Borrowed narratives are resources that can make a difference in an individual’s grief experience and, perhaps, alter the ultimate integration.

Oring (2008) urges the use of this approach: “There is experimental research that shows that information conveyed in a narrative is better remembered, more persuasive, and engenders greater belief than statistical information communicated on the same topic” (p. 145).

A Baby Named Patrick

The American public was excited because for the first time in nearly a century a first family was expecting. Moreover, the photogenic Kennedy children—Caroline and John—fascinated the American public. Patrick Bouvier Kennedy was born on August 7, 1963, and died 2 days later from complications of hyaline membrane disease. That fact is unlikely to comfort parents whose assumptive worlds have collapsed following the death of an infant. In those moments, John Fitzgerald Kennedy was not simply the president of the United States but a pain-wracked father adrift in a sea of grief. In Boston’s Massachusetts General Hospital in the middle of that hot August night, the president powerlessly watched his son take a last breath. Kennedy turned
to aides, “He really put up a fight, didn’t he?” Moments later, the president of the United States was on the floor sobbing.

Secret Service agents were uncertain how to respond. They had never trained for the drama unfolding before them. Some agents, who had young children, looked away, fighting to control their own emotions.

That brief story, however, is part of a larger historical grief narrative of a family who has experienced more than their “fair share” of grief, a family some would argue are under a “curse of death.” Jackie Kennedy experienced two significant losses in the last half of 1963: in August, Patrick and 3 months later John. Immediately after Patrick’s death, Jackie, who had been unable to hold the baby, wept, “Oh, Jack, oh, Jack. There’s only one thing I could not bear now—if I ever lost you” (Andersen, 1996, p. 353). Naturally, he assured her that nothing was going to happen to him. Jackie went to Dallas with him as something of a “proof” that she was “over” her grief for the baby and would be available for the tough reelection campaign in 1964. Campaign aides thought Americans needed to see another example of a Kennedy overcoming a wound that life had dealt. Large crowds in Texas turned out to see Jackie and to scream her name. In fact, John Kennedy’s last words to her might have been a scolding, “If you have your dark glasses on, you might as well have stayed at home” (Perret, 2001, p. 398).

This borrowed narrative is one of many that I use when lecturing about grief or working with grievers. This story could make a difference in a therapeutic moment for your client. This narrative could invite a grieving client to conclude: “So I am not the only one who has experienced this loss!”

The Power of a Story

Stories are everywhere. Some historical stories rest close to the surface; others are deeply imbedded like coal deposits deep below Appalachian Mountains and streams.

Few remember points one, two, and three of my presentations to clinicians. Many, however, remember a story—or a fragment of a story—about a “slow moving limousine with three people riding in the back seat” that I often tell at the end of a seminar.
It is not simply the story of Caroline Kennedy riding rather than walking with her mother and uncles in her father’s funeral procession. The glue in the story is a 6-year-old grieving child trustingly thrusting her hand out the window of the presidential limousine and Special Agent Robert Foster taking her hand and holding it all the way to St. Matthew’s Cathedral. I have closed many presentations with these words: “Be on the lookout for slow-moving limousines. They are everywhere! You cannot ‘fix’ the griever but maybe, just maybe, you can hold their hand on a portion of their grief journey.”

Use of the Story by Clinicians

How will clinicians use a story to support a point, to drive home a conclusion, or to inspire a griever? How will clinicians retell a slice of the story to invite a story from the griever’s repertoire of experience? How will clinicians use a story to support a conviction, perhaps doubted by a griever, that a tomorrow is on the horizon even in the thickest fog? That the death or burial does not have to be the last line of the narrative?

Borrowing an historical or biographical narrative fragment gives the client an opportunity to make a link to the story. In some cases grievers find permission in the story to honor their story.

The clinician must extract from the story—not unlike the sculptor Michelangelo chipping away the marble to reveal David. The clinician chips away the nonessential elements or details that might puzzle or distract from the story structure. Some stories become too heavy with detail; the griever feels bombarded.

The goal for clinicians is “minding” the story and being good custodians of the story. It is critical to make the story sound as fresh this time as the first time you told it. It will be the first time for some—if not all of your audience or for a particular client—to hear it. It may be the only time a griever will hear the story, or it may be the first time to hear that story linked to her particular grief experience.

The point is simple: If you borrow a narrative, tell it well.
Influence of Narratives

Humans are inveterate collectors and creators of fables, tales, myths, stories, and narratives. Momigliano (1993) contends that Plato and his peers “experimented in biography” as a way of teaching philosophical truth. They focused on the “potentialities rather than the realities of individual” philosopher’s lives. Thus, Socrates was dead yet “a guide to territories as yet unexplored” (p. 46). Borrowed narratives may, if told well, act as magnets to a griever’s untold story. The borrowed story may lead the griever to say, “Me too!”

Many readers, no doubt, as children, attempting to delay sleep, plead, “Tell me another story. Just one more story. Please?” I have never forgotten the great tales of Paul Bunyan told by Mrs. Alice Cannon as a way to start our postlunch naps in the fourth grade.

Storytelling is one way humans make meaning of and find sense in the loss experiences of their lives. Unfortunately, some stories never get “caught” by a griever; other stories ramble along the dark corridors of memory.

George Washington, the first U.S. president, remains a megahero in American political narrative. Would the colonies have emerged from George III’s grasp without our George? Would Americans have ever heard of George Washington if Daniel Parke Custis had not died in 1758, leaving Martha the wealthiest widow in the colonies? Or if young George had not been a bachelor. Or if Martha’s plantation had been in Georgia or the Carolinas? Or if another suitor had captured Martha’s heart, how might American history be different? Or if the heir to his father’s estate not died (Lengle, 2011)?

Washington was thrust into intense grief when Patsy, his beloved 16-year-old stepdaughter, died after a seizure at the dining room table at his home, Mount Vernon, in 1773. Washington experienced intense grief when his headstrong stepson Jacky died at age 21 in 1779. How many adults rearing grandchildren today are aware that George and Martha Washington, well along in years, raised two of Jacky’s children?

How many daughters or sons of widowed mothers know that George was estranged from Mary, his mother? Would we ever have heard of George, the second son, if his eldest stepbrother Lawrence—the
heir to their father’s estate—had not died in 1752? Or if George’s mother had agreed to George’s wish to join the British Navy? George Washington might have fought for the British (Lengle, 2011)!

Many individuals find their grief—and postloss relationships with family members—complicated by the settlement of estates, large and small, especially in dysfunctioning families. What borrowable data might be found in the narratives of Minnie Taylor’s death in 1917? The money Minnie left for Claudia, her 6-year-old, over time, funded an education at the University of Texas and, eventually, her marriage to an ambitious but poor Congressional aide, Lyndon Baines Johnson. To gain full access to her mother’s bequest, Claudia had to sue her father. Moreover, Claudia’s relationships with a succession of stepmothers were less than storybook. The money Claudia inherited after her mother’s death funded Lyndon’s first campaign for Congress and the purchase of a radio station, KTBC, and the expansion of the family’s communication business. These holdings, coupled with money from her father’s estate, financed her husband’s Senate campaign in 1948. He won by 87 votes (out of 900,000 cast), earning LBJ the nickname, “Landslide Lyndon” (Goodwin, 1991, pp. 86, 101). If that string of events had not occurred, how altered might the personal and grief narratives be for millions whose lives were shaped by the death of a loved one in or their experience in Vietnam?

The Unseen Narratives

Historians do not always comment on or link historical events and personalities with the grief their subjects have experienced; in some cases, biographers offer a brief glimpse into a grief episode or stash a brief mention in an endnote. In a death-denying culture, the author focuses on keeping the narrative upbeat and celebratory. Skidmore (2004), in his superb After the White House, examines the years Theodore Roosevelt lived after his presidency. Skidmore comments on the rejection Roosevelt felt when Woodrow Wilson denied his request to raise troops to fight in World War I—in essence, a second wind for the Rough Riders. Wilson and Roosevelt were both cognizant of the presidential election of 1920 on the horizon and that they were the presumed candidates, a rematch of 1912.
Roosevelt urged his sons to enlist; all four did. Teddy found great delight in following their combat exploits.

T.R.’s romantic attachment to war, however, was shattered when his youngest, Quentin, the son Teddy considered “the weakest,” a pilot, was shot down over France in July, 1918. Friends reported overhearing Teddy sorrowfully muttering to himself behind closed doors, “poor Quinikens” [his nickname for Quentin]. (Skidmore, 2004, p. 102)

Skidmore argues that Roosevelt would have been elected to a third term in 1920, “but it was not to be.” T.R. died on January 6, 1919, of an embolism days after experiencing that first Christmas without Quentin.

In the telling of the larger stories, small substories get overlooked. That Sunday morning in 1917, before Quentin sailed for France, he attended an early morning service at Christ Church Episcopal in Oyster Bay, New York. Some feared that it might be his last service; that he, like so many other American young men, would not come home. When the Roosevelts received the cable that Quentin was dead—early the next morning, a Sunday, they arrived at Christ Church for the Eucharist service—a service Theodore seldom attended. The rector and some in the congregation were surprised to see the Colonel and Mrs. Roosevelt present; many grieving families would have preferred privacy. A heartbreaking moment erupted for the congregation when the Colonel and Edith knelt at the same altar rail where Quentin had knelt. The rector later recalled, “There were no dry eyes, and the words could scarcely be spoken, but their force was there: ‘Preserve thy body and soul into everlasting life.’ This time also was the last communion, but we did not know it” (Reisner, 1922, p. 335). That was the last time Theodore Roosevelt received the Eucharist.

Historians and biographers, generally, do not explore the possibility that Theodore Roosevelt died of “a broken heart.” Many stick to “the facts.” To some, this would be conjecture; to others psychohistory. For many historians and biographers, emotions are not part of the lexicon of their academic field. “An embolism” will do nicely. Ghaemi (2011), however, counters, “the historian, at least the one who seeks to write narrative history, is always engaging in psychological history” (p. 270).
By exploring this narrative as a thanatologist, however, I discovered that Quentin, a pilot, was shot down over France on July 18, 1918, and died immediately (although his father would not know that he died immediately); his father lived less than 6 months. Admittedly, Roosevelt had health issues. He nearly died and pondered suicide while exploring the Rio Bravo in Brazil in 1914; in fact, many thought he had not experienced good health since that expedition (Millard, 2005). Did grief for Quentin contribute to his death? Had Roosevelt, as a father, acted vicariously in urging his youngest son to join the army?

One detail is important in understanding Roosevelt’s stress. Given the limited communication in that era, Theodore Roosevelt had to wait 10 days—10 anxious days and long sleepless nights—for official notification of death and the conditions of the death. He worried that if the Germans knew the body was the son of Roosevelt—given his pre-war bombastic verbal attacks on the kaiser—Quentin’s body would be desecrated. (In fact, photos of Quentin’s body were widely distributed among and prized by German troops.) The report that the Germans had buried Quentin with full military honors offered slight comfort to Roosevelt and Edith. Roosevelt wrote Premier Clemenceau:

> It is a very sad thing to see the young die when the old who are doing nothing, as I am doing nothing, are left alive. Therefore it is very bitter to me that I was not allowed to face the danger with my sons. But whatever may be their fate, I was glad and proud that my sons have done their part in this mighty war against despotism and barbarism. (T. Roosevelt, 1954, p. 1355)

What in this slice of the Roosevelt grief narrative might be, or could become over time, comforting to mothers and fathers grieving for the death of a daughter or son in Iraq or Afghanistan?

One detail heightens my interest in Roosevelt as a model of grief. After his mother and first wife, Alice, died 12 hours apart, on Valentine’s Day 1884, Roosevelt scrawled in his journal, “The light has gone out in my life!” He drew a large X on that day’s page. No doubt he believed that, for days later he added, “For better or worse, my life has been lived” (E. Morris, 1979, p. 244). The New York World on February 15, 1884, predicted, “it is doubtful whether he will be able to return to his labors” (p. 242) in the New York State Assembly.
Could that 25-year-old widower have imagined a future or a bright future? Seventeen years later, following the assassination of William McKinley, Roosevelt, then vice president, became president—a future he never could have imagined that traumatic Valentine’s night in 1884. In his “bully” persona he had pontificated, “There is nothing more foolish and cowardly than to be beaten down by sorrow which nothing we do will change” (T. Roosevelt, 1954, p. 1356). Did his own words slip back into his consciousness those midnights as, after Edith had gone to bed, he grieved for Quentin? Although he had predicted that his wife Edith would “carry the wound to her grave” (Brands, 1997, p. 803), he did! By Edith’s death in 1948, Edith had lost three sons in wars (Wead, 2003).

What might a grief counselor extract from the Roosevelt narrative, especially to share with a griever trying to quarantine or tame grief? Using this story gives the clinician the opportunity to explore the client’s what-ifs or the client’s “My life is not worth living without …” This narrative offers an opportunity to seed a future—especially if the client places the Roosevelt story in memory’s escrow.

Kelly (1955) raised questions about why individuals grieve in a particular manner (in Roosevelt’s case, in private, after family members had gone to bed). He also wondered “in what direction” grief “is likely to carry them” (as cited in Neimeyer, 2009, p. 11). Grievers, Neimeyer contends, “live in uncertain futures” which are like “living on the frontier, confronting challenges and innovating solutions” while moving forward.

What if Theodore Roosevelt could have harnessed that grief? What if Roosevelt, honoring his son’s death, had lived to lobby for Woodrow Wilson’s fledgling League of Nations? What if he had prevailed on hostile Republican senators, friends like Henry Cabot Lodge, to ratify the treaty ending World War I? What if Roosevelt had been elected in 1920 rather than Warren G. Harding, whose administration would be scandal-ridden? Cowley (2001) values what-if questions because “they can show that small accidents or split-second decisions are as likely to have major repercussions as large ones” (p. xiv). Asking “what if”—a process labeled counterfactual in academic language—can be a “tool to enhance the understanding of history” (p. xiii) and one’s personal history. Many grievers experiencing traumatic loss juggle
what-if questions: What if I had said my son could not go out that night with his friends? What if we had delayed our drive by 5 minutes? What if he had missed that plane commandeered by terrorists in 2001?

Neimeyer (2009) contends that “constructivists typically emphasize the role of personal meanings in shaping people’s responses to events” (p. 20), particularly their losses. How did Edith Roosevelt grieve double losses within 6 months? How did she grieve the suicide death of her alcoholic son Kermit in 1943 in Alaska or Theodore III in battle in France in 1944? Did Theodore III being awarded the posthumous Medal of Honor lessen her grief?

Reinventing One’s World

As a child I was fascinated by the weekly episodes of the television series *Wagon Train*, starring Ward Bond. I imagined myself traveling with those westward-bound pioneers overcoming outrageous obstacles. In Kansas City, the hospital where I am on the teaching faculty is blocks from an area called Westport—where pioneers bought supplies and wagon trains formed and then set out for California or Oregon. Just blocks from my home, outfitters kept thousands of oxen to sell to those ambitious Americans. As pioneers followed their dreams, at times, in order to lighten their wagons, they had to jettison items that were, or had been, of value. Moreover, some buried spouses, children, siblings, and friends along the trail; nevertheless, the wagon train kept moving forward.

Sometimes, a griever’s “wagon” is overloaded. How can clinicians help lighten it? How can clinicians, in Neimeyer’s words, help grievers “jettison previous patterns and face the discomforts of reinventing ourselves and our worlds” (2009, p. 12)? How can clinicians “defang” some toxic stories grievers hold on to?

Kauffman (2002) contends that grief forces individuals to reassess assumptive worlds that are woven tightly into their stories. How can a griever imagine their equivalent of “California”? I suggest by borrowing narrative fragments and stories from historical and biographical grievers and sifting through those stories for nuggets of encouragement, future, or hope, just as the forty-niners panned for gold along
streams in California. The clinician may spend long hours sifting a narrative for the nugget that has the potential to make a difference.

**Trajectories of Adaptation**

This book focuses on using narratives that demonstrate positive trajectories of adaptation following loss. Alford (2009) argues that life is not so much the survival of the fittest but rather the survival of the “most adaptable” (p. 39) or those able to find or make meaning in their losses. Some historical figures from whom I borrow narratives were remarkably adaptable following loss; some lived a long number of years after a death or deaths. Some, like Eleanor Roosevelt, would discover their best days after a husband’s death. Eleanor Roosevelt, the widow of the thirty-third president, wrote early in widowhood, “You must do the thing you think you cannot do” (E. Roosevelt, 1960, p. 30). Initially, she thought she could not make a significant contribution without Franklin. She confided to a granddaughter that no one would remember her in a decade. Later, she reflected back on transitioning from first lady to private citizen:

> Every time you meet a situation, though you may think at the time it is an impossibility and you go through the tortures of the damned, once you have met it and lived through it you find that forever after you are freer than you ever were before. If you can live through that you can live through anything. You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. (E. Roosevelt, 1960, p. 29)

How might you, as a clinician, use that string of words from Mrs. Roosevelt’s grief experience to support or encourage a client? How might you as a grief educator use that quote in a class or a presentation or in writing?

**Using Quotations to Jump-Start Narratives**

In the Grief Gatherings I lead at St. Luke’s Hospital, in Kansas City, Missouri, I distribute quotations—like Eleanor Roosevelt’s—to grievers. I call these “refrigerator quotes” and ask grievers to put the

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quotation on a refrigerator door so they and members of the family, or friends, will see it. Some participants photocopy the quotes and pass them on. Others carry the quotes in a purse, notebook, or wallet for further reflection. The more they read and ponder a refrigerator quote, the more meaning it offers.

Mrs. Roosevelt, one of the most widely admired women and widely quoted American activists, has been dead for half a century. Why is her life still valued by Americans? C. Black (2003) identified Franklin D. Roosevelt as “the most important person in the twentieth century” and America’s “most accomplished leader” since Abraham Lincoln (p. 1122). Gottlieb, Gottlieb, Bowers, and Bowers (1998) included Anna Eleanor Roosevelt as one of the 1,000 people who shaped the millennium (p. 43). What might a griever, particularly a widow, learn from Mrs. Roosevelt’s experience as a widow that might be a resource for meaning making and sense making? Mrs. Roosevelt moved out of the White House convinced her time on the political stage had ended. In late April 1945, when a reporter asked about her future, Mrs. Roosevelt responded curtly, “The story is over.” (Lash, 1984, p. 123). She, nevertheless, pondered questions commonly faced by widows 60 years later: “Who am I now?” and “Who might I yet become?” and “What is to become of me without her or him” (Attig, 2001, p. 40)?

If clinicians borrow narratives, how might they be encouraged and equipped to find relevant narratives to borrow?

Admittedly, some biographies have been “cleansed” or “sanitized” to preserve the “hero” associated with the personality. Theodore Roosevelt, paradoxically in his own campaign autobiography never mentioned Alice, his first wife, who died in 1884, 2 days after giving birth to a daughter also named Alice—the Alice who became the most rambunctious of all the first children to live in the White House (Wead, 2003). Which of Theodore Roosevelt’s quotes—he, too, is widely quoted nearly a century after his death—might become meaningful if the reader knew more of the grief behind the quote? For example, “For good or ill, my life has been lived out” (E. Morris, 1979, p. 244). That is a dark conclusion—or premature assumption—for a 25-year old. However, as I sat in the funeral for a 23-year-old combat soldier killed in Iraq, the widow’s words to the congregation near
the end of the service sounded vaguely like Roosevelt’s. As Roosevelt could not have imagined a future, neither could this widow.

The Narratives of Eleanor Roosevelt

Eleanor Roosevelt is widely known for her activism and her writing extracted into quotations that appear in compilations of quotes, articles, presentations, t-shirts, greeting cards, posters, or on knick-knack magnets and coffee mugs. Few persons who find meaning in her admonition, “You must do the thing you think you cannot do,” know the context in which it was formed. As Eleanor, a widow, age 61, “old” by longevity standards in that era, packed family possessions, she was driven by a woundedness and anger. Just hours after Franklin’s death, at his retreat in Warm Springs, Georgia, Eleanor learned that Lucy Mercer Rutherfurd, the woman with whom he had had a public affair in Washington during World War I, had been with him for 3 days. To save his marriage, keep access to his mother’s money, and preserve his political future, in 1918 FDR promised to “give up” Lucy. Twenty-seven years later after the agreement was reached, as she rode the funeral train back to Washington and later to Hyde Park, unfinished psychological grief erupted within Eleanor. Immediately after Franklin’s death and the succession of Vice President Harry Truman, Bess Truman became First Lady. As she packed around the clock, Eleanor had to confront a question as did thousands of war widows: Who am I now?

Eleanor Roosevelt joined a small sorority of former first ladies—Grace Coolidge, Edith Wilson, and Frances Cleveland Preston—who lived their lives out of the public eye. Gradually, she shifted in her identity from being Mrs. Franklin D. Roosevelt, the name used in much of her writing up to that point, to Eleanor Roosevelt. A griever might find words from a letter she wrote to her close friend Ellen Woodward, in response to a condolence card, weeks after she had had time to reflect on her situation: “I intend fully to keep my interests and make myself heard on important issues” (May 19, 1945).

A thanatologist might share Eleanor’s grief experience and rephrase Eleanor’s words to ask a client: “What is the thing—as a widow/griever/midlife orphan—you think you cannot do?” A clinician
might follow-up with “How do you intend to pursue your interests?” Or “What interest(s) or causes can you now more fully invest in?” The client response could lead to further therapeutic dialogue and growth.

The noted historian Arthur Schlesinger (1979) concluded, “In a certain sense she was freed by FDR’s death.” On board a ship to Europe for the first meeting of the United Nations, Eleanor admitted to reporters, “For the first time in my life I can say just what I want. For your information it is wonderful to feel free” (Lash, 1984, p. 126).

Grief as a Consequence of Other Losses

As a serious student of the life of Eleanor Roosevelt, I conclude that doing the thing “you think you cannot do” had been presforged in her consciousness as a result of the string of pivotal antecedent losses in her life: the death of her beloved alcoholic father when she was 10; discovering Franklin’s infidelity with her former social secretary Lucy Mercer in 1918; giving up her teaching post at Tadhunter School in New York City to become the most reluctant first lady; and being deeply depressed during her first months in the White House. Eleanor considered divorcing Franklin before they left Albany in 1932, and again after he won a third term in 1940 (Faber, 1980). What goes unnoticed by many historians is that in 1932 Eleanor had to return to the city, Washington, where Franklin had openly flaunted his relationship with Lucy Mercer.

Early on Inauguration Day, March 4, 1933, Eleanor and her friend, Leona Hickok, rode in a taxi to Rock Creek Cemetery to spend time sitting at the statue of Clover Adams—a woman who had suicided after learning that her husband, Henry Adams, a prominent Washington political figure and a Roosevelt neighbor, was having an affair with a prominent neighbor (Dupre, 2007). Eleanor returned to that grave—a sacred space to her—many times during her husband’s presidency. Does your client have such a place?

Eleanor, in 1918 after the affair, in 1921 after Franklin developed polio, in 1933 after Franklin was elected president, and after his death in 1945, had to reinvent herself. Eleanor had to create a new Eleanor Roosevelt. Early losses nudged her to evolve from intimate companion to political partner with Franklin; indeed, on some issues, Eleanor
had been the scout that tested public attitudes before Franklin committed himself. Eleanor had to face her fear that in Washington she would be compared unfavorably to her Aunt Edith (Mrs. Theodore Roosevelt), considered an outstanding first lady but who, as an aunt, had been emotionally distant to her orphaned niece.

Robert Neimeyer, in the closing plenary session of the 2010 annual meeting of the Association for Death Education and Counseling, highlighted differences between “the event story” and “the back story.” “The king died” is an event story. “The king died following the death of his beloved queen” is the back story. Every griever has both an event story and back story—or stories—that deserve thorough vigorous clinical exploration and reflection.

One has to wonder how the Roosevelt marriage would have been different—perhaps better—had Franklin’s father not died in 1900 while Franklin was a student at Harvard. James Roosevelt would have “reigned in” Sara and thus given Franklin and Eleanor opportunity to develop a more meaningful marriage without Sara’s continuous interference. Eleanor—in alliance with Franklin’s political strategist Louis Howe—created an alternative future for Franklin, a future his mother opposed. Admittedly, that future necessitated secrecy about the extent of his paralysis.

Beasley (2010) notes that Eleanor had long resented the emotional and financial control Sara exercised over all of their lives. To avoid being sucked back into Sara’s fiefdom, and to avoid the emotional suffocation she would have experienced living “under Sara’s thumb at Hyde Park” (p. 32), Eleanor actively promoted Franklin’s political future by working in New York Democratic Party offices.

How many surviving spouses and family members have learned things that have challenged their understanding of the deceased? Honor Moore (2008) later discovered her father—an Episcopal bishop and activist—had a long-term homosexual lover. Peter Selwyn (1998) discovered that his father’s death had not been an accident but rather a suicide—a fact not scripted in the family narrative. Sally Ryder Brady (2011) discovered that throughout her 46-year marriage, her husband had been gay.

How many grievers have to navigate the discovery of the presence of an intimate other or secrets? How many grievers might find insights
into Eleanor’s experience of a husband’s deception that continued, literally, to Franklin’s dying breath?

Seeking Relevance in Historical Narratives

In essence, the clinician pursues an historical or biographical narrative just as a scientist studies a slide under a microscope or an economist explores numbers: “What have we here?” What, in this narrative of an episode of grief or chain of losses might be meaningful to those currently experiencing grief or to those who will use their reading and reflection as something of an escrow deposit for future grief? By letting the narrative tumble over in their minds, readers may make applications that the clinician had not considered. The process of borrowing narratives can be a two-way learning experience.

In Borrowed Narratives, I contend that the examination of grief narratives—or grief episodes—in the lives of the historically and biographically significant has value for a griever engaged in meaning making. It may be like examining film scraps on the cutting room floor that directors have edited out of a final cut of the movie. Are there clues, examples, or models that prompt: “Take note of this in your grief?”

In cooking, sometimes “minor” herbs, spices, or other ingredients are used, in small portions, to create, or enhance, a particular flavor. Some ambitious chefs may begin a recipe uncertain as to how the ingredient will influence the end product. So it is with the lives of grievers. Small slices of the back story may become a significant therapeutic gift that diffuses feelings of alienation, hopelessness, and loneliness that many grievers feel.

Cultural Influences on Narrative

In cultures that seek to make fast work of grief, or in which grievers seek one way tickets to “Over-it-land,” too many are left on their own to seek meaning in and make sense of their losses. Few are encouraged to thoroughly get into grief. There is, in some quarters, a growing impatience for a category in a future edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) to brand “slow grievers”
as problematic, prolonged, or complicated, and to add “disorder” to the description like a caboose on the end of a train. By imposing a label clinicians imply that a griever ought to be doing a better job “getting over” their grief or “moving on.” One can only wonder how certain historical griever would be branded.

Value of History and Memoir in Grief Work

Biography, history, and memoir offer resources to see through the life and to peer into the experienced grief, particularly in a time period before mental health care professionals or support groups were available, and in a time period when grief etiquette maintained rigid standards for acceptable behavior, such as wearing black clothing or armbands or declining social invitations for a year. Many are unaware of the extensive thanatological literature that existed in earlier historic periods when grief was such a part of daily lives—when disputes between nations were more commonly settled through warfare than diplomacy; when illness, plague, and childbirth resulted in multiple marriages; and short life spans were the norm. Many are underaware of the influence that grief has had on the arts, music, drama, and literature, particularly poetry.

Clinicians often look for resources to aid receiving and clarifying the grief narratives of and caring for their clients, or in offering hospitality to the grief narratives, particularly those that are different from their own experience. Given the cultural diversity within American and Canadian societies, particularly in urban environments, diverse grief practices must be understood and enfranchised. Recently, en route home to Kansas City, after exploring grief and funeral practices in Hanoi, I had accepted an invitation to deliver lectures for Horan & McConaty Funeral Home in Denver. As John Horan drove me to where the lectures would be given, we discussed my impressions of Vietnam. I discovered that in neighborhoods near the funeral home in Aurora, Colorado, live a large community of Hmong resettled in the United States. Horan & McConaty has become their funeral home.

Could directed reading in historical and biographical narratives strengthen the “bandwidth” of compassionate response? Yes. Could such materials be used to enhance therapeutic relationships? Yes.
Borrowed Narratives and Future Making

“What do I do now?” is a predicament for grievers in a culture urging, “Move on!” Advice packaged in platitudes, such as “She’s in ‘a better place,”’ encourage individuals to bypass the depths of grief. Rarely are the bereaved urged to get into their grief.

In investing in thorough grief, how many can imagine what Gilbert (2006a) terms “a next” or a future? Might historical examples of individuals who creatively engaged their grief to discover a next be important to a client?

Webb (1999) advocates using “people potential” in counseling. Clinicians and grievers tap into the grief narratives of individuals known or admired. In Webb’s construct, a clinician would ask a griever to identify an historical griever. Then the clinician asks, “So, what advice might this griever give you?” Given our culture’s commitment to heroes, personalities, and celebrities, narratives from their grief experiences offer a resource to explore. Borrowing from some grievers who have written extensively about their grief is like extracting sap from a Vermont maple tree.

As we will explore later in this book, clinicians and grievers can mine historical narratives or memoirs for anecdotal insight on grief. “Fictive heroes” might become, after reflection, a supportive resource from which grievers draw insight and hope. The clinician, acting as “thanobiographer,” could ask an individual who admires Coretta Scott King:

“How do you think Coretta would react in your situation?”
“What might Coretta counsel you in regard to your children?”
“What might Coretta say to you that you would find helpful and hopeful in exploring a future?”

The Example of Leland and Jane Stanford

Stanford University in Palo Alto, California, is among the nation’s elite research universities. Few, however, pay close attention to the university’s legal name appearing on degrees and publications: The Leland Stanford Junior University. Leland and Jane Stanford’s only son, Leland, Jr., age 15, died during the family’s visit to Italy in 1884.
The Stanfords decided to create a university “to educate the children of
California.” After her husband’s death and early in the life of the insti-
tution, Jane fought to keep the university open during the prolonged
settlement of her husband’s estate and several economic recessions.

In Stanford’s first graduating class, one member was 8 when his
father died and 10 when his mother died. This boy was separated
from his two siblings to be raised by an uncle whose son had died.
This Stanford graduate would make a difference in the world. Who
would have heard of Herbert Hoover—the great humanitarian who
fed Europe after World War I and served as the 31st president—if the
Stanfords had not imagined “a next” and created a university as a liv-
ing memorial to their son (Stanford University, n.d.)?

Admittedly, few grievers have the Stanfords’ financial resources.
Grievers do have resources and time to invest in deliberately and inten-
tionally remembering a loved one. The story of the Stanfords’ active
remembrance could lead someone to conclude, “I can do something.”

Lois Banner, historian and biographer, contends that “biographers
are detectives and interpreters attempting to illuminate the past and
to interweave its threads in new and compelling patterns” (2009, p.
582). Jeffreys (2011), as grieved parent and clinician, would urge to
create a new social orientation.

Clinicians, grief educators, bereavement coordinators, and grief
group facilitators, through reading and reflective engagement with
Borrowed Narratives—and exposure to the methodology of thanato-
logical biographical exploration—will find processes they can use in
their own research and adaptation of borrowed narratives.

Unexplored lives offer raw resources that can make a difference
in encounters with contemporary grievers committed to both sense
making and future making. The clinician does not have to expose the
client to the entire grief roster of Eleanor Roosevelt—more than 21
major deaths of family and friends.

Admittedly, grievers, or audiences, may respond, “I did not know
that about Herbert Hoover, or Arthur Ashe, or Eleanor Roosevelt.”
But once they know, what can they do with that knowledge?

If the grief of historical and biographical personalities counts—and
it does—after sharing borrowed narratives a clinician confidently can

http://www.routledgementalhealth.com/borrowed-narratives-9780415893947
say to a griever: “Your grief counts, too! In time, someone will borrow from your narrative.”

Conclusion

John Donne, the Anglican priest and author well acquainted with death, penned lasting words, “No man is an island, entire of itself.” No one’s grief should make her feel like a marooned exile on an island. Perspectives can be widened and hope can be rekindled through the use of borrowed narratives. What would Theodore Roosevelt, Jane Stanford, or Martha Washington think if they knew that years, decades, or centuries after their loss experience, that their decisions and words are of value to grievers?

The narratives are there.
The grievers are there.
What is needed are skills to find, probe, and borrow those narratives.

A Story for the Road

Searching for narratives offers little surprises to the curious and persistent. Some surprises come at the end of long days that have not been as productive as we hoped. Researching the retirement years of Grover Cleveland in Princeton, New Jersey, where he had a warm relationship with students, I asked a reference librarian in the Princeton (N.J.) Public Library for assistance. I explained that I was looking for stories about Grover Cleveland’s years there. The librarian responded, “Oh, you really should talk to …” and named a librarian who had extensively studied Cleveland’s postpresidential life in Princeton and the life of his widow, Francis Cleveland Preston, the first presidential widow to remarry. The second librarian turned something of a needle in the haystack into productive insights into Cleveland’s postpresidency and a stack of photocopies. The persistent researcher enjoys the hunt for resources that she can use to keep readers reading and grievers thinking. Sometimes, one needs to inject some humor into a spring after continuing-education experience. Or, a small detail could be the magnet that draws a griever’s attention. Several individuals urged me to notice the graves adjoining Cleveland’s in Princeton’s burial
ground. Maybe it was important to them, or perhaps it comforted their families, to be buried near a U.S. president. Real estate agents live by the mantra: “Location, location, location.” Maybe permanent location is worth giving more attention to. After spending time at President Cleveland’s plain grave marker, I slowly toured the neighborhood of his fellow dead. At one grave, I burst out laughing. One of Cleveland’s neighbor’s markers reads: “I told you I was sick!” The irony? Grover Cleveland, in 1893, spent a lot of time, as did members of his staff, insisting that he was not sick. In fact, he had a cancerous tumor removed from his mouth and the surgery took place on a yacht to divert nosey reporters (Algeo, 2011). Over a cold beer, Cleveland would have chuckled about his neighbor Grace’s inscription.