



When Grief Arrives:

An oral history of grief and death within queer, trans and Black, Indigenous and people of colour communities

by Anne-lise Ah-Fat



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Abstract

When Grief Arrives is a narrative therapy and oral history project aimed at re-storying narratives of grief and loss within queer, trans and Black, Indigenous and people of colour communities. The project documents multi-storied accounts of grief that resist the individualisation and isolation of grieving that is common under settler colonialism and capitalism. By honouring overlooked landscapes of experience, the project seeks to generate solidarity and interconnection through shared knowledges. This article discusses the project's methodology, ethical considerations, and the transformative potential of collective storytelling in fostering solidarity and healing within marginalised communities.

Key words: ***grief; bereavement; tragic deaths; LGBT; queer; trans; transgender; Black; Indigenous; People of Colour; oral history; collective document; narrative practice***

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“When Grief Arrives: An oral history of grief and death within queer, trans and BIPOC communities” is a narrative therapy project encompassing an oral history initiative. It includes a published book that shares stories of our loved ones who have died, along with insider knowledges of death and grieving. The impetus for the project stemmed from my personal experiences with the deaths of loved ones, which served as a catalyst for deeper inquiry into how queer, trans and BIPOC (Black, Indigenous and people of colour) communities respond to death, navigate grieving and persist amidst pain and hardship. Within our context of settler colonialism and capitalism, grief often finds itself pathologised, individualised and detached from collective practices. This project has sought to explore: my personal context; grief and death under settler colonialism and capitalism; community as a site of healing; and oral histories as an antidote to the positioning of therapist as expert. In this paper I address power dynamics within the project and examine the narrative oral history interviews. The project has made use of the narrative practices of double listening, the absent but implicit, re-authoring, externalising, re-membering, naming injustices and outsider witnessing. In alignment with rich traditions and histories, the project positions queer, trans and BIPOC communities as sites of justice and healing, and it centres the lived expertise of people who have experienced tragic deaths.

My context

Philippe – my pa – died in May 2020. He was a brown man who experienced a lot of suffering and injustices in his life, and he died young. While I do not want to reduce the aliveness of my pa’s life or diminish his life into his dying, I also do not want to soften that he died a premature Black and working-class death. My pa died during the COVID-19 lockdowns, and due to restrictions, his last days were with immediate family and friends and his funeral had attendance limits. We went into another lockdown in July 2020, and it was a time of profound solitude in grieving.

My close friend Alex died in March 2023. A group of us found out he had overdosed when we were down the coast together on Gadubanud Country. Close friends and I organised for loved ones, comrades and family to be together the Friday of the week he died. We shared photos, memories, ate together, cried, made space for rage (which there was a lot of), sadness, love,

connection and care. Contrasted to what happened when my pa died, it was a remarkably different and healing experience for me.

Over the last few years, many friends and family members have died young from suicide, overdose or health issues. Vikki Reynolds (2016) described “tragic deaths” as being distinct from deaths that are part of life through ageing. Reynolds (2016) shared that death as part of living can be meaningful and dignified, whereas tragic deaths are difficult to respond to.

In order to explore skills and knowledges about grieving tragic deaths, an outline of my aims was distributed via text message to friends and extended community and through my personal social media. Engaging in single conversations, I spoke with both individuals and groups about their experiences with tragic deaths. Eleven of these conversations were recorded and transcribed, with consent, to form the oral history project. I collated the stories into a book titled *When grief arrives: An oral history of grief and death within queer, trans and/or BIPOC communities* (Ah-Fat, 2024).

Grief and death under settler colonialism and capitalism

When Grief Arrives comprises narratives of tragic deaths ranging from overdose and suicide to murder, rare conditions, working-class death and chronic illnesses. These deaths are often attributed to manifestations of capitalism and its related institutions of violence including white supremacy, the prison-industrial complex, cisheteropatriarchy and colonialism (Wingard, 2011). Reflecting on these tragic deaths prompts us to question which lives society deems worthy of grieving and what defines a grievable life (Butler, 2003; Out of the Woods Collective, 2020). Mbembe (2019) extended this concept to describe “death-worlds”: environments where people endure life conditions that relegate them to the status of the living dead. Here, on this continent, Aboriginal deaths are often hidden, excluded from public grieving as Indigenous people are dehumanised. Similarly, in occupied Palestine, settler violence dictates who matters and who is disposable.

Tragic deaths are frequently accompanied by anger and pain as they evoke a profound sense of unfairness. Navigating the aftermath of tragic deaths raises profound questions about the nature of grief and its

significance when some of us are closer to death from the beginning. Due to the nature of tragic deaths, these deaths become politicised.

B, a participant in the project, reflected on S's experience:

I often come back to the structural oppression that she had to fight. I believe that structural violence is what is responsible for tragic deaths. (B. "My loved one's name is S. She died by suicide in January this year.")

Grief under capitalism and settler colonialism necessitates critical examination. Michael Dennis reported that in the 20th century, particularly in the West, dominant discourses on grief in psychiatry advocated for closure, distance and detachment from the dead (2012). Concepts such as moving on, letting go, replacing the connection with the dead with a new connection with the living, and severing ties with the dead persist as mainstream practices that prioritise swiftly resuming one's life (Wingard, 2011). Spade et al. (2022) have argued that life under capitalism, white supremacy, settler colonialism and heteropatriarchy exemplify a quick return to capitalist notions of normality.

J, a participant in the project, illustrated the effects of grief under capitalism:

And it pisses me off so much when I look at the fact that there is a medical diagnosis for prolonged grief disorder. And it's like, how long is too long? Who the fuck are you to tell me that I'm not allowed to so be sad? Get fucked. No, I will not take more SSRIs about it ... And also, I'm sad and angry that that is the marker that represents culturally and socially an idea that grief is a process that has to finish quickly, or finish at all. And also, it's the patriarchal imperialist capitalism system once again, being like, oh, well, you're too sad to work? Oh, no. Have some fucking Prozac and get back to work, get back to doing the thing. Make more money for somebody else. (J. "My loved one's name is B. She died eight years ago last Thursday by suicide.")

I asked M, "Are there aspects of your culture's ways of responding to grief and loss that are significant to you and/or do not fit so well for you?"

What stayed with me was the part on this being a death-denying society ... We just don't talk about

death, and we try to avoid it as much as possible. It's a sign of the broader disconnection between humans and the earth. Our ancestors were more connected to the cycles of death and life because they were living in communities. Death was not kept in hospitals and morgues. When a person died, the body was there for people to process it. That is why people have ritual and religion and the practices that humans have done for millennia ... We can learn from people that are still connected to that or Indigenous wisdoms. People that are not separate from every other living being. Everything lives and dies, and there is no life without death and no death without life, they are totally connected. (M. "My loved one's name is A. He basically collapsed in the bathroom and my aunty thought it might have been suicide.")

These stories stand in stark contrast to the prevailing neoliberal, individualised and normative responses to grief and express a strong desire and necessity to establish space for collective and shared grieving.

Community as a site of healing

When Grief Arrives has been shaped by rich traditions and histories that situate communities as sites of justice and healing (Dang, 2018; Hung & Denborough, 2013). Neoliberalism has led to the professionalisation of local skills and knowledges, fostering pathologising discourses that undermine the significance of community (Bracho, 2000; White, 2006). Such discourses have empowered mental health professionals to construct othered identities, consequently placing people on the margins of knowledge (Baretta et al., 2010). Adalberto Barreto and Marilene Grandesso (Baretto et al., 2010) described this exclusion and diminishment of local skills and knowledges as contributing to psychic misery. I have noticed that queer, trans and BIPOC friends and communities have been recruited into totalising and harmful ideas about who we are, and deficit ideas about our contributions to each other and to the world (Sakutukwa, 2021). Further, Bracho (2000) stated there is a rescue narrative in the history of community work, in which communities are treated as having nothing to offer. The pervasiveness of therapist as expert has led to the expectation that individuals experiencing hardship should primarily consult a therapist for healing, instead of valuing the skills and knowledges that are located within individuals and communities.

During the oral history conversations, I asked, “What were the ways that members of your community responded? Any particular responses that stand out? What did others do that have made things a little lighter?”

F: K, who I imagine had been through a lot of grief at the time, they lost friends to AIDS and shit. Their ability to talk about grief was one of the first experiences that I had of someone being really on to it. We were all in the house and it should have been a circle, but there were so many people – maybe it was 60 people – and anyone was able to share something about this person. And K was kind of pushy in a way that I actually think is important, because of this thing where people are afraid to take up space. Then the people who are really fucked up by it often don’t want to share right in that moment, so then if no one says anything, it’s often the people a little further away that are able to say something and start a bit of a conversation. It was good that K was quite pushy about trying to get people to speak ... Almost everyone was crying and almost everyone spoke. (“My loved ones are my dad and my friend M. My dad died of lung cancer and M died of suicide.”)

JA: That thing you organised at Catalyst was really sweet. That was a really nice thing that you organised. I think that was very crucial, very, very crucial. And it was really beautiful. At the funeral, the singing of his favourite songs and all those cute things that people thought of to do. All the photos. I stole one of the photos you brought, and I have this little thing here on the top of my bookshelf that I look at. (“My loved one’s name is A. And the other injustice of course is the drug use and, yeah, the overdose.”)

Anne-lise: Does this way of showing up for friends have any connections to political or movement histories?

J: The way that I met all these friends is through activism and histories of queer family. I think the concept of queer chosen family has been very meaningful to all of us. I think having a sense of responsibility

for one another, and an understanding that nobody else is coming to save us, so we have to save ourselves and each other.

A: It’s reaffirmed how important it is to honour community care as something that’s historically been such a big part of the queer community and community care to each other, when there is no other better resource or knowledge base on the trans experience. (“My loved one’s name is B. Once she gets to that point, which is looking likely to be in the next couple of weeks, we can deprescribe her what is essentially assisted euthanasia because of how many life-sustaining medications that she’s on and considering how unpredictable this whole condition has been.”)

These stories stand as examples of communities collaboratively building and sharing resources, ensuring that community therapy is not only useful, but also situates communities as uniquely equipped to envision and build creative approaches to the complexities of grief.

Oral history as an antidote to therapist as expert

Wood et al. (2015) shared that colonising practices have resulted in the exclusion and diminishment of local skills and knowledges. Rewriting histories that are primarily written by dominant groups holds significant potential for individual and community healing (Jackson, 2002a). Jackson (2002a) has argued that oral histories place the power to heal in the hands of those experiencing injustices, positioning storytelling as a powerful tool for justice-doing. Further, oral histories, when created by and for marginalised communities, hold potential to significantly contribute to collective action and resistance against systemic injustices (Jackson, 2002a).

In this project, I held on to dual intentions: 1. to use narrative practices to therapeutically respond to people’s experiences of tragic deaths; 2. to adapt collective narrative practice as a means of contributing to oral histories containing multi-storied accounts of grief, which bear witness to people’s responses (Denborough et al., 2008; White, 2006). When Grief Arrives also builds on Heng Yim’s (2022) stance of witnessing stories without being extractive. In the

project, oral history meant positioning participants as co-authors, and situated me as narrator rather than an expert interviewer. The participants were authors and experts on themselves and their experiences (Heng Yim, 2022; Jackson, 2002a; Nestle, 2003; Wood et al., 2015).

Drawing on the work of Jackson (2002a, 2002b) and Nestle (2003), *When Grief Arrives* connects to movement histories that contribute to liberation struggles. Oral histories form part of the radical left; they story resistance, challenge the idea of the expert, create an archive based in community knowledges and are used to highlight the lives of communities who are silenced or erased. Oral histories fit well within narrative therapy, as living documents and archiving of solution knowledges are existing practices (Newman, 2008). I hope the links between oral history and narrative therapy are taken up for further exploration in future papers.

Addressing power

The dynamics of power within this project are complex and multifaceted. Throughout, I have held a commitment to remaining attuned to how power has been operationalised both in conversations and in the project as a whole (Gaddis, 2004; Raheim et al., 2004; Waldegrave et al., 2003; White, 1995a). During the compilation of the book, I regularly contacted all the participants, providing updates and opportunities to edit, change or rescind their oral history stories. Some participants chose to not be part of the book publication, and it was deeply important to me that I respected what was useful and significant for people.

Referring to queer, trans and BIPOC communities, it is important to clarify that there is no single community that can be neatly summarised or represented. Communities are not unified, and due to the mechanisms of capitalism, many experience alienation and isolation. I value friendship and community as a mode of struggle, recognising that it requires cultivation and to be actively sustained. These unlikely connections, often formed in less-than-ideal circumstances, extend across difference and time. Within this imperfection, I do hold a thinking that groups and communities can work against individual pathology and provide a space for collective healing, enabling contributions and social action (Denborough, 2008).

Jackson (2002a) maintained that while history is worth preserving, a more important question to ask is who is in charge of the preservation of it. Nestle (2003) further pointed out that largely marginalised people have few opportunities to research or write about our own lives. Because of this, the ethic of invitation through friendship and community networks rather than through a “worker-client” relationship was meaningful for me in joining with friends and community to explore individual and collective responses to tragic death (White, 2003).

Bearing witness to these stories has helped me heal in ways that I could not have predicted. The conversations offered me an aliveness and I am hoping the stories do the same for others.

Narrative oral history interviews

The project has been influenced by the work of Vikki Reynolds (2014) in structuring enough safety for collaboration, informed by a decolonising stance. It draws from the work of Michael White (2007) in adopting a decentred but influential stance, and adapts re-membering, externalising, absent-but-implicit and re-authoring practices to elicit oral histories. The project has emphasised the use of double listening: bearing witness not only to stories of pain, overwhelm and distress but also to how people have responded to the death and dying of their loved ones (Yuen, 2009). The use of documents (White & Epston, 1990), archiving of solution knowledges and sharing these knowledges between people were central to this project (Denborough et al., 2006). Moreover, this work recognises that friends and family already perform community therapy and aims to reinvigorate the value of this role while fostering networks of solidarity, collective responsibility and ways of linking people’s lives to the lives of others (Andrews, 2001; Baretta et al., 2010; Dang, 2018; Denborough, 2008; Epston & White, 1992; White, 2003, 2007).

Double listening

Throughout this project, I have engaged in multiple roles: participant, facilitator and final editor of the oral history narratives. Drawing on my own insider knowledges, I positioned myself as a context for the project, driven by a personal desire for a resource like this for both myself and my friends. M shared that “uncared for and unhealed grief leads to problems for our shared communities”. As facilitator, I conscientiously

embraced the ethic of not retraumatizing people in therapy, aligning with the principles outlined by White (1995b). The practice of double listening created a space for the exploration of double-storied accounts (White, 1995b). This involved not only listening to the experiences of trauma, but also attending to contrasted and subordinated experiences of what people gave value to (White, 2000). Through double listening – despite the pain, sadness, anger, hardship and madness of grief – people shared stories of collectivity, friendship and survival, along with multiple acts of care and resistance.

Participants were invited to richly describe their experiences, emphasizing a move away from single-storied narratives. As White (2006) suggested, understanding what a person values serves as a foundation for meaningful conversations about the history of these values, skills and knowledges to be generated and significant relationships tied to them. This approach was crucial for reinvigorating a sense of self, offering an antidote to the disabling identity conclusions that people had come to hold about themselves.

Re-authoring: Resisting single stories

Experiences of tragic deaths and their effects have drawn people to this project, and the oral histories draw heavily on the ways in which people and communities have responded to the deaths of their loved ones. Narratives about grieving have a profound impact on queer, trans and BIPOC communities. Queer, trans and BIPOC peoples are up against many single stories that are presented as universal truths (Denborough, 2014; Sakutukwa, 2021). Frequently, these narratives depict distress, a sense of failure, unworthiness and disconnection. Re-authoring and the exploration of alternative storylines proved useful in bringing forth stories of community healing, preferred ways of being, life purposes and commitments.

Throughout the conversations, I was drawn to the idea of magnifying the unnoticed and quiet stories in people's lives, which are often hidden by the single story (Adichie, 2009; Madigan, 2011). I asked about individual and collective responses to tragic deaths, the shaping of life purposes and skills, and knowledges of grieving.

Anne-lise: Has S's death shaped any life purposes or commitments?

B: S did a lot to change and fight for the rights

of sex workers, particularly in the Northern Territory because she worked in Garramilla. The main reason that she died is because of structural oppression: because of racism, abuse, sexual violence, misogyny. I think she experienced injustice from so many different angles, which is really difficult. I felt this before she died also, but I feel motivated to continue fighting against those things that made her life so hard.

At the moment, this looks like staying in touch with her community in Garramilla and continuing to educate myself. Even if it's conversations with people who are outside of her community and how I speak about her world to others ... But at the moment, it's maintaining connections with people in her community, that is where I am at right now.

I found that asking re-membering questions provided another pathway into exploring unique outcomes.

Anne-lise: What do you think B would say about what she valued about you?

A: She's been incredibly dedicated and detailed in telling me the things that she values and appreciates in me. My dedication to my values, my dedication to my loved ones, even when things are incredibly uncomfortable and difficult. Consistency in those moments and also the ability to kind of hold all kinds of shades of emotions as they pop up. She tells me that I'm really amazing at making her feel safe and cared for and considered really deeply.

Anne-lise: How do you find your own ways to grieve?

M: This society we do the opposite, and it really says a lot about the values and practices of a society that denies death, it means we do not live. Ruth Wilson Gilmore talks about death-making institutions and life-making institutions, so that is a more academic way to talk about it (2022). In terms of capitalism, if people are thinking about death, if people are cognizant about death, aware that death is happening and are not denying it, that radically changes the kind of conclusions you come to, the decisions you make and the priorities you

have. We just wouldn't be silent, consume and die. The awareness of death and the respect of death enables us to be fully alive.

B, A and M strengthened alternative storylines that emphasised care, connection, social contribution and valued skills in relationship building. Re-authoring practices played a crucial role in supporting people to move away from narratives of failure (Drahm-Butler, 2015). Instead, re-authoring facilitated richer descriptions of what people stand for in their lives: maintaining connections with communities, continuing to fight for sex worker rights, dedication to loved ones, relationships of care and reciprocity, and shifting the normative paradigms of grief towards living a life that is fully alive. Through this process, participants reshaped their narratives, arriving at new identity conclusions. The deconstruction of single stories is vital, as dominant belief systems can otherwise reinforce narratives that diminish and reduce people and their communities (Drahm-Butler, 2015). Re-authoring practices also serve as a resistance against what bell hooks (2004) referred to as the "white-supremacist capitalist cis-hetero patriarchy".

Absent but implicit: Pain as testimony

Michael White (2000) developed the concept of the absent but implicit, drawing inspiration from Jacques Derrida (1978). According to Derrida, the meanings we derive from texts are contingent on the distinctions made between what is presented to us – privileged meaning – and what is left out – subjugated meaning. White (2000) emphasised that our understanding is not only shaped by what is explicitly stated but also by what is absent yet implicit.

In this project, I was mindful of exploring multi-storied and rich descriptions of grieving without intending to undermine or diminish feelings of pain, anger or resentment arising from tragic deaths. Engaging in absent-but-implicit practices allowed for the acknowledgment of pain while also illuminating neglected parts of people's stories, reinforcing narratives aligned with people's preferred identities.

To navigate these expressions, I posed questions such as:

- What has been negated that gives rise to this anger?
- What values are you unwilling to relinquish that are reflected in this resentment?

- What is this pain a testimony to?

I engaged in a conversation with E and took an approach centred around exploring what was absent but implicit in their resentment.

E. Later on, when I'd see posts, I would get a reaction, and I couldn't deal with it. So, every time her anniversary comes along, it hurts. And when people posted that they went and made a little shrine for her in a park, and they did a whole ritual and ceremony there, I felt resentful. It feels too painful. My heart is on the verge of breaking.

Anne-lise: This resentment you feel, what is it you believe has been ignored or negated?

E: At the time, what was making me mad was that we weren't making it overt – the conversation of psychosis and drug use. But I wanted to respect the parents and the family, and I didn't want the attention to get pointed towards R. I feel that there are people in that scene, active in organising spaces, who brought drugs into R's life. She told me that she did drugs because other people gave them to her. She always saw the best in everyone and found herself in difficult situations because of that. It is how the psychosis happened. I'm sure she wasn't on drugs for that long. ("My loved one's name is R. I was so mad because she died by suicide, well, she died by psychosis.")

In the conversation, that which was absent but implicit in E's discernment of resentment was richly described; that is, experiences of life that are read as examples of concern for their friend, hopes for open conversation in community around the relationship between psychosis and drug use, and respect for R's family. Considering expressions of resentment as testament to what was held precious, preferred and valued offered a re-storying of E's experience (Feliciano, 2022; Freedman, 2012).

Externalising: Negotiating with guilt

According to Charles Waldegrave, Taimalieutu Kiwi Tamasese, Flora Tuhaka and Warihi Campbell from the Just Therapy team, the effects of colonisation and neoliberalism obscure the structures of inequality often

associated with the struggles for which people are seeking support (Waldegrave et al., 2003). Additionally, we see that structural inequalities become located within the individual, often resulting in totalising lives and identities (White, 2007). Guilt after suicide and overdose were common themes in the conversations. G said

I feel that guilt is almost worse than grief. I think there's survivor's guilt. I think there's guilt of not doing enough. There's guilt of a missed moment. I feel so much guilt.

I focused on externalising guilt by asking:

- Has guilt, shame or blame visited you in response to their suicide?
- What have you found helpful in negotiating with guilt?
- Is there something that has helped in speaking back to guilt?
- If you were to pass on a message to other people going through a similar experience to what you've gone through, losing someone from suicide, what would your message be to them?

The following conversation with J appeared to provide an antidote to internalised guilt.

Anne-lise: Is there any message you would share with someone who is also negotiating guilt?

J. Something that has helped me a lot is actually developing more of my political consciousness. Understanding that it is not me, or B's housemates, or her friends, or whatever individual who failed her. She saw a doctor two days before she died and was distressed and was unable to get mental health care ... It was a series of social and collective failures. I think broadening the responsibility diffuses the kind of pressure on any one person ... I think that learning to respect her and her choices that she made and understanding, there is a kind of power in that. I feel complicated about it because I would never want to stop anyone's efforts to prevent someone from taking their life. There is a really good essay by Kai Cheng Thom in *I hope we choose love* (2019). I have recommended it to so many people ... I suppose also acceptance of the guilt, instead of fighting it. Accepting it will always

kind of be with me in some form because trying to deny it makes it stronger. And yeah, looking at it in the eye instead of trying to deny it.

Engaging in externalising conversations created a space for people to experience an identity that was separate from the problem. This separation allowed for greater visibility and accessibility of options for problem resolution, including making peace with choices – though limited – surrounding suicide

Legacy: Re-membering

Legacy is at the heart of this project. Dominant ideas about grief and loss have us thinking we need to “say goodbye” or “move on”, often resulting in profound sadness, overwhelm and feelings of isolation. According to Hedtke and Winslade (2017), people do not usually miss and yearn for someone who they do not value; their sadnesses can be interpreted as a reflection of important parts of themselves.

Re-membering practices are a way to “say hullo” again to a loved one who has died, and to honour their life through our own (Voght, 2017; White, 1988). Myerhoff (1982) used this term to draw attention to the people who belong to our life stories. Re-membering is not a passive recollection but a deliberate re-engagement with significant people in our lives by exploring two-way contributions: the contributions our loved ones have made to our lives, and the contributions we have made to their lives, and the lives of others (White, 1988).

The following are some of the questions I asked, drawn from Michael White's re-remembering conversations map (White, 2007, p. 139).

Memory and missing

- I was wondering if we could begin by you introducing me to your loved one who's died? What they meant to you and maybe a special memory that you shared together?
- What are some of the things that you miss the most in relation to your loved one who has died? Why?

Places

- Are there particular places that you go to that bring comfort in relation to loss?

Legacy

- Are there stories about your loved one you think they would want to see passed on?
- Were there any wishes and desires concerning your future?

Contributions to each other's lives

- What difference did your loved one make to your life?
- What has this made possible in your life that would maybe otherwise not have been possible?
- How do you think this person would feel knowing this?
- In thinking about your relationship with your loved one who has died, do you get a sense of what that meant for them? Whether it made a difference to how they thought about themselves and their lives?
- Has your loved one's life and death shaped particular life purposes?

The below comprises brief excerpts from the oral histories.

Anne-lise: If C were here, what would she say about what she valued about you?

K: I think she would value the way that I've chosen to fight for her, and for injustice. I think she would think that I was brave and really admire some of the choices that I've made to live the life that I want to live despite the pressure to live differently. I think partly because my feeling is that she felt quite trapped in her life in some ways, and I think that she would love that I have chosen the path that I have, in the sense that I'm doing life on my terms. I think that she would really value the way that I am in relationship to my friendships and my chosen family, and I feel I get that from her in some sense. ("My loved one's name is C. She is my mum and she was murdered.")

Anne-lise: Has J's life and death shaped particular life purposes?

G: A lot of my career choices have come through all my experiences growing up with J and visiting her in hospital and not understanding any of it. She had anorexia

and bulimia, and I just always felt so helpless and never knew how to support her, not to say that I couldn't solve problems or challenges ... I wanted to educate myself and find ways to feel useful or practical with other people experiencing not necessarily the same, but similar challenges with mental health and drugs and alcohol ... I'm an OT now, an occupational therapist in mental health. ("My loved one's name is J. She died by suicide when I was 16 and she was 20.")

Anne-lise: Are there things A saw in you or knew about you that you sometimes found hard to know about yourself?

JA: I do know that my existence in this world does make a difference to other people's lives, but because I am constantly comparing myself to other people in this horrible way, I undervalue myself and the impact that I have towards community and people around me. When I first started making the documentary, there were so many people who were not interested and thought it was stupid, but A from the start, he was one of the very few people that thought it was fucking sick. Truly no exaggeration at all. throughout me making the film, A thought it was valuable and important having a historical record and a way to reflect important shit that we are all doing.

Anne-lise: Are there particular values, dreams, or ways of being of A that you wish to continue?

M: The way that he loved and he was so respectful. He was so extremely respectful. There is just no one in the whole world that he would look down on, even the people that did what they did to him. That really matters to me because it's a choice he made. When you've had that many things happen to you, I think it would be justified to be a horrible and violent person ... I can see it in my life. It is the same kind of thing that has motivated me. The language has changed throughout my life, but it feels like the same thing. I want to do revolution in a way that dedicates my whole life to love.

Re-membering practices acknowledged the significance of cherished relationships. The questions appeared to play an important role in amplifying the aspects of the relationship that people wished to highlight. Re-membering practices also provided a thickening of preferred stories: of career choices, of living with intention and ethics, fighting against injustices, and shifting from negative identity conclusions to valuing the contributions made to the lives of others. Overall, these stories collectively paint a rich narrative of two-way contributions and how people's lives and deaths have shaped identities, purposes and life trajectories.

Naming injustices

In the context of Aboriginal deaths, Barbara Wingard (2011) emphasised the significance of naming and acknowledging injustice in tragic deaths within settler colonialism. Throughout the oral history conversations for this project, I witnessed a shared commitment among participants to transform the conditions of injustice that contributed to the deaths of our loved ones. Therefore, within the context of tragic deaths, I found it important to ask "Are there any injustices you would like to name in your loved one's life and dying?"

- G: I'm angry about all of the times my parents tried to seek support and were turned away. I can think of one example where her alcohol intake was not good, but she couldn't get into a detox facility to reduce her alcohol use because of her eating disorder, and people are not able to get into an eating disorder place because of alcohol use ... She got kicked out of the detox place within 24 hours because she started bingeing and they would not deal with her, so she came back home and things really fell apart. I definitely think that's a continued injustice, and a lack of education around eating disorders.
- JA: I think one of the really big injustices was how invisibilised his disability was and the impact that Addison's was having on his life. I remember at the time researching it and other people researching it and in all these ways we just kind of wrote it off as him being shit... A and I bonded a lot over neuro divergency and that also plays into why people do drugs, do crime and can't live the lives that the world expects us to live. I think it's an injustice in general, in the world where

people who suffer from these problems end up dying prematurely because they belong to these groups."

The act of naming injustices brings attention to the social and political aspects of people's experiences (Dolman, 2011). This approach facilitated acknowledgment of these injustices; including inadequacies within the medical industrial complex, invisibilised disability, the impacts of the criminalisation of drug use; and family violence perpetrated by men within dominator culture. Wingard (2011) shares that the naming of injustices and their effects makes healing more possible.

Outsider witnessing

According to Denborough (2008), definitional ceremonies are crucial in integrating aspects of meaning-making, enabling contribution, identity-formation and social action. Myerhoff's (1982) work affirms that definitional ceremonies serve as a platform for people to be acknowledged, their histories and identities validated, and supports the ongoing process of shaping identities and lives.

In this project, I asked queer, trans and BIPOC peoples to witness the stories of the oral history project. Participants, friends and extended community were invited via text message and through my personal social media. Responses were shared back to participants whose stories were witnessed.

- Anne-lise: How have you been moved on account of being present to witness these expressions of life?
- AT: The expressions about individual responsibility, systemic oppression and fighting injustice – I want to try to hold on to some of that. Maybe we can't individually fix everything, but continuing to work against the injustices is actually doing something, honouring people. Reminding myself of this might also help to not jump to fixing or avoiding and be able to sit with people in the depths of pain and talk with people about grief.
- P: Thinking about difficult experiences I've had in my life (e.g. relationship violence, migration, body shame/anti-fatness) and

how relationships and friendships have sometimes been difficult to maintain. To me the expressions expressed this clear desire to want to be wanted and cared for, and the want to show others they are wanted and cared for. I think this is something I have felt embarrassed to admit I want – like to belong or for others to want to get to know me or for me to show interest in other people – but it is something I do want and am grateful for.

Witnessing of the oral histories facilitated AT and P reflecting on their own lives and experiences, taking them also to preferred selves and ethical preferences. Outsider witnessing appeared to create a context where knowledges about grief and preferred ways of being in community could be circulated among friends and community (Epston, 1999; White, 1995b).

I asked participants what it was like for them to be part of this project and the publishing of the book:

Such a deep honour to be a part of this... What a beautiful and deeply moving collection. I'm so awed by everyone's love and connection with their people and with their grief. I feel really honoured to be part of this - thank you. Even though I don't know a lot of the people who participated in this collection, I feel so close to them (and to their loved ones) in some way. And I learnt so much about different grief practices too, and ways of being with loved ones who have died - and of being with loved ones who are still here (in bodily form). Hugely thankful to you Anne-lise, and to those you have lost who are so much a part of you, and this project. (K)

Thank you so much for holding space, for the book and for me being part of the project. (G)

Thank you so much. The parts I have read so far, have been incredibly moving and beautiful. (M)

Conclusion

Through this project, I have considered how individual and collective narrative practices combined with oral histories can re-story narratives about grieving tragic deaths within queer, trans and BIPOC communities.

When Grief Arrives co-researched and documented multi-storied accounts of grief and loss (Epston, 1999; Reynolds, 2016; White, 2007), with the hope of linking participants with others in their histories and communities and resisting individualisation and isolation (Denborough et al., 2006). The work honours landscapes of experience that were previously overlooked and lacked acknowledgment (Epston & White, 1992). I aspired to utilise these knowledges to generate a sense of solidarity through interconnection. My hope for this project is that friends, family and community members could offer those experiencing grief with an alternative perspective of themselves, rather than just the experiences of the hardships and struggles they are facing (White, 2007).

Acknowledgments

When Grief Arrives took place on the stolen lands of the Wurundjeri & Boon Wurrung/Bunurong peoples of the Kulin Nation. Sovereignty was never ceded, and this is and always will be Aboriginal land.

I would like to honour Aboriginal skills and knowledges in grief practices, from communities whose many deaths are unjust and often unacknowledged. Re-membering practices have been central to this project, and while in narrative therapy they can be attributed to Barbara Myerhoff (1982) and Michael White (2007), re-membering also accurately describes practices found in ancestral Aboriginal traditions (Dumaresque et al., 2018; Wingard & Lester, 2001). Part of this project took place in Mauritius on my ancestral lands. Re-membering practices are ancestral practices in my family, where the dead are honoured and continue to live within and through the living.

I would like to dedicate When Grief Arrives to all the people who took part in it, and all of their loved ones who have died. This project is also for Alex, Calum, Popefred, my pa, and my uncles Jean-Francois and Nichola who all died in the last three years. All of whom I love deeply.

When grief arrives. An oral history of grief and death within queer, trans and/or Black, Indigenous and people of colour communities is available to buy here:

<https://incendiumradicallibrarypress.bigcartel.com/product/when-grief-arrives>

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