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Acts of Resistance: Breaking the Silence of Grief Following Traffic Crash Fatalities

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Abstract

Theoretical arguments and empirical evidence demonstrate the limited utility of a narrow construction of 'normal' grief. Sudden, violent death, the young age of the deceased, and perceptions of death preventability are associated with grief reactions that extend beyond an expected grief response. Interviews were conducted with 21 adults bereaved through the death of a family member in a traffic crash. We present their attempts to resist notions of 'working through' grief and 'recovery' from it and consider how the participants' constructions of an alternative discourse, or normative narrative, possess the potential to challenge a prevailing grief discourse.

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A key theme in the bereavement literature is that every grief experience is unique and dependent on many variables. Various reviews (e.g., Center for the Advancement of Health [CAH], 2004; Kristjanson, Lobb, Aoun, & Monterosso, 2006; W. Stroebe & Schut, 2001) indicate that the circumstance of a death is a significant determinant of the resulting grief experience. Sudden, traumatic or violent death, the young age of the deceased, and perceptions of death preventability are associated with diagnoses of Major Depressive Disorder, Post-Traumatic Stress Disorder (PTSD), and complicated grief (Barry, Kasl, & Prigerson, 2002; Currier, Holland, Coleman, & Neimeyer, 2008; Murphy, Johnson, Chung, & Beaton, 2003; Prigerson & Maciejewski, 2005-2006), poor work productivity, prescription medication (anti-depressants, tranquilisers, and anxiolytics) use two years' post-bereavement, and deficits in concentration, memory, and decision-making (Murphy, Lohan, Braun, Johnson, Cain, Beaton, & Baugher, 1999), and these effects often persist over the very long-term (Dyregrov & Dyregrov, 1999).

Somewhat paradoxical to the notion of grief as unique is the persistent idea that the 'typical' grief response is generally a short-term process of 'working through' a relatively distinct, quasi-linear pattern of stages (or phases, tasks, or processes) which culminates in the detachment from the deceased (Breen & O'Connor, 2007; CAH, 2004; Rothaupt & Becker, 2007; Valentine, 2006; Wortman & Boerner, 2007). This construction of grief is influenced by socio-cultural norms concerning the appropriate intensity of, and place for, emotional expression following bereavement (e.g., Jalland, 2006) and is accepted by many service providers, lay people, and the media (Murray, 2002; Payne, Jarrett, Wiles, & Field, 2002; Walter, 2000; Wiles, Jarrett, Payne, & Field,

2002) However, growing theoretical arguments and empirical evidence demonstrate the limited utility of the construction of 'normal' grief to capture all grief experiences, particularly those following the death of a child; sudden, violent, preventable, and stigmatising deaths; or grief experiences of people outside Western cultures (e.g., Christ, Bonanno, Malkinson, & Rubin, 2002; Currier et al., 2008; Klass, Silverman, & Nickman, 1996; Rosenblatt, 2008; Rynearson, 2006). Increasingly, the boundary demarcating normal grief is being widened (Raphael, Stevens, & Dunsmore, 2006); outside of the recent literature, however, this construction remains the dominant discourse concerning grief (for a further discussion see Breen & O'Connor, 2007).

Road traffic crash fatalities share the characteristics of being sudden, traumatic, violent, preventable, and untimely, all of which contribute to the likelihood that the bereaved individual might experience a grief reaction that extends beyond the 'typical' grief response. In addition, crash fatalities usually involve the negotiation of police investigations, coronial processes, insurance claims, court (criminal and civil) proceedings, hospital and medical systems, and media attention (Lord, 2000; Mitchell 1997; World Health Organization [WHO], 2004), which could potentially obfuscate and exacerbate the grief experience further.

Grief Experiences Following Road Traffic Crash Fatalities

The small number of published studies of grief following road traffic crash deaths reveals the impact to be significant. Shanfield and Swain (1984) investigated the outcome for 40 parents bereaved by the deaths of their adult children in crashes. Two years after the deaths, 30% of parents experienced depression, reported loneliness and guilt, bore a significant increase in the number of health complaints, and significant decreases in satisfaction with work, leisure, and life in general. A study of the long-term

outcomes of losing a family member in a crash indicates that the bereaved participants experienced more depression, more psychiatric symptoms, greater mortality, and less future orientation than do matched controls from a non-bereaved community sample (Lehman, Wortman, & Williams, 1987). In another study, 62% of individuals bereaved by the death of a family member in a crash met criteria for PTSD just over two years following the crash (Sprang, 1997) and another study of 57 people demonstrated that one third were experiencing symptoms of PTSD an average of 4.5 years following the death of a family member in a crash (Tehrani, 2004). Further, parents bereaved through the deaths of their children in crashes an average of four years previously reported high levels of psychiatric distress, 'traumatic' grief, anxiety, depression, insomnia, somatic symptoms, and social dysfunction (Spooren, Henderick, & Jannes, 2000-2001).

The Federation of European Traffic Victims [FEVR] (1993) indicated that 90% of people bereaved through crashes reported a significant and permanent reduction in their quality of life, and approximately half stated they had suffered an enduring decline in standard of living. A follow up survey (FEVR, 1995) of almost 700 families throughout Europe demonstrated that, following a crash fatality, 49% moved house, 11% experienced separation or divorce, and 91% reported an inability to take pleasure in life. Further, the effects of the death of a family member in a crash may be considerable and damaging, with common outcomes including communication breakdown within families and isolation from friends (Breen & O'Connor, in press; Tehrani, 2004). It is clear that enormous upheaval is likely to occur following the death of a family member in a road traffic crash. Indeed, violent deaths, including road traffic crash deaths, are often the catalyst for grief and mourning responses that extend beyond

the margins of ‘controlled’ deaths that tend to occur in older age (Haney, Leimer, & Lowery, 1997).

The Current Study

Crashes result in approximately 1.2 million people deaths every year and are the 11th leading cause of death worldwide (WHO, 2004). In 2006, Western Australia’s fatality rate was 9.85 deaths per 100,000 people (Australian Transport Safety Bureau [ATSB], 2007a), which is approximately equivalent to the median for Organisation for Economic Co-operation and Development (OECD) nations (ATSB, 2007b). Despite the frequency of crashes and the prevalence of crash-related deaths, road crashes and their psychosocial burden remain “neglected” (WHO, 2004, p. 3).

In this paper we present data drawn from a larger study devoted to grief experiences following road traffic crashes. Aspects of the larger study demonstrated that the negotiation of the dominant grief discourse was a significant component of the bereaved participants’ experiences of grief. In this paper we explore the various acts of resistance¹ to the dominant grief discourse engaged in by people bereaved through the death of a family member in a traffic crash.

Method

Sample

The participants were 21 Western Australian adults aged 24 to 71 years ($M = 47.95$, $SD = 10.83$) from 16 families. Sixteen were women and five were men. The time that had passed since the deaths of their loved ones ranged from 13 months to 23 years ($M = 6.84$ years, $SD = 6.64$). While the passage of time affects the accuracy of information recalled in an interview (Williams, Woodby, Bailey, & Burgio, 2008), we were not relying on the informant’s memory per se; rather, we were interested in how

they described their experiences of grief at the time of the interviews. The age of their deceased loved ones ranged from 6 to 73 years ($M = 30.17$, $SD = 20.64$) and were predominantly children, followed by siblings, parents, a spouse, and a grandparent. Participants were recruited from three key sources: a bereavement mutual-help group, a road safety activist group, and a media release published in community newspapers. Snowball sampling was useful in accessing three additional participants. Multiple sampling techniques were utilised to obtain a diverse sample. Demographic data are presented Table 1.

[Insert Table 1 here]

Materials

An interview guide facilitated the exploration of the participants' grief experiences since the deaths of their family members. The topics and issues explored included finding out about the death, the psychosocial impact of the death, and experiences of formal support services. The wording and order of the questions derived from the guide were constructed 'in the moment' (Minichiello, Aroni, Timewell, & Alexander, 1995). The semi-structured approach provided consistency in topics yet each interview could be adapted to each participant, and this flexibility facilitated the development of rapport.

Procedure

Ethical clearance was granted in July 2002 and the interviews occurred between July 2002 and November 2003. The first author conducted all the interviews and analysed the data. The interviews occurred in the participants' homes, which encouraged each participant to remain relaxed, and facilitated open communication. Each interview was audio-recorded to provide accurate records for analysis. After the

completion of each interview, information about support services was provided and all participants received a thank you letter within a few days of their interview. Data collection and analysis occurred concurrently until no new information was uncovered.

Analysis Strategy

Analysis began as soon as possible after each interview to aid sampling of subsequent participants and was based upon the data analysis strategies of grounded theory – coding, memoing, and diagramming (Strauss & Corbin, 1990). Coding enabled the discovery and naming of categories which were subsequently developed, refined, and integrated according to similarities and differences in the data (Strauss, 1987; Strauss & Corbin, 1998). Memo writing aided the exploration of commonalities and differences in the data and provided hypotheses or questions, and reflections (Strauss, 1987; Strauss & Corbin, 1990, 1998). Diagramming was used to identify relationships between concepts and categories as well as underdeveloped sections (Strauss, 1987).

Data collection and analysis occurred concurrently until it appeared that no new information was emerging (Strauss & Corbin, 1998). Three participants participated in a short second interview to clarify interpretations of their data. In addition, all participants received a summary of the findings and were invited to provide comments and clarification. Literature was accessed during analysis (as well as prior and subsequent to analysis) as an additional data source to facilitate the elaboration of ideas that emerged from the data (Strauss & Corbin, 1998) and the interpretations were continually refined throughout the research process (Strauss & Corbin, 1990). All attempts were made to ensure the process was as rigorous as possible, including the use of multiple sampling methods, the presence of an audit trail, checking interpretations with some of the

participants to maximise accuracy, and conducting the research under the supervision of a team (Berg, 2001; Denzin & Lincoln, 1998; Lincoln & Guba, 1985).

Findings and Discussion

Resistance to the dominant grief discourse was evident in three domains – the intrapersonal (questioning the silence), the interpersonal (breaking the silence), and the political (fighting the silence). To protect their identities, pseudonyms are used for all participants and their family members.

Questioning the Silence: The Inner World

Most of the participants reported learning quickly that their natural support networks were not readily supportive and many of the participants' social support networks changed irrevocably following the deaths of their loved ones in a crash. From within their social networks, the participants were faced with what they considered to be judgemental comments about their experiences of grief (see Breen & O'Connor, in press). Furthermore, their descriptions of the structured support services, such as insurance officers, medical doctors, and victim support officers, as unsupportive, correspond with research outside of Australia demonstrating that structured services tend to overlook the psychosocial experiences of people bereaved through crash fatalities (Lord, 2000; Mitchell, 1997; Tehrani, 2004). The outcome was that most of the participants reported learning to rely on themselves. For example Maggie stated, "It's up to myself and me only, to help myself, to know that I'm the only one I've got to rely on".

The participants developed a number of strategies that enabled them to rely on themselves such as keeping a journal and reading books on grief. However, books have the potential to increase anxiety if the bereaved judge themselves according to the

book's descriptions of grief (Walter, 1999). Dawn, Karen, and Pieter reported they did not like the emphasis on short timelines and stages because they invalidated their experiences. For example, Karen described that she thought books she had accessed were "useless because they talked about stages and weren't real". In contrast, Iris shared that she read books on grief that legitimated her experiences. In particular, she cited a particular author's books as "very open and normal" because "years after he got involved in grief counselling, his own daughter suicided, so he's also had the experience of a bereaved parent himself".

The participants also engaged in filtering processes, which enabled them to ignore, justify, and excuse the hurtful comments and actions from others. Sylvia reported that she felt people might engage in hurtful comments and behaviours to protect themselves from feeling the emotions. Karen did not think the hurtful behaviour was explained by deliberate coldness and instead commented, "I actually believe some people genuinely don't know any better. They haven't experienced grief, let alone at that level... I forgive them because they haven't experienced [it]... I just think 'well you don't really understand'." At first, the filtering process was deliberate and controlled but, with practice, it became automatic and helped to maintain relationships with friends and family by minimising the impact of hurtful comments and behaviours. Additionally, some of the participants understood that those in their social network might think they were no longer grieving because grief is 'invisible' (see Breen & O'Connor, in press). In engaging in the processes of ignoring, justifying, and excusing the behaviours of others, some of the participants recognised that they might have contributed to people around them thinking they were okay when they were not. Kelly

noted, “I was a master of masks. I had a face for everyday...Perhaps I created part of the situation myself because people thought I was fine and had gotten over it”.

With time, most of the participants reported being able to examine their experience of grief within a socio-cultural context. For example, some recognised that the dominant cultural norm in Australia concerning emotions is to maintain a ‘stiff upper lip’ rather than openly displaying emotions. Some also reported that people, especially men, are raised to be emotionally ‘strong’, and to believe that discussing death and grief is taboo. In recognising these cultural norms, many of the participants were able to accept their grief experience as normal and no longer judged themselves by a grief ‘standard’. For example, Dawn explained:

It’s a whole cultural thing. Western culture. [we] don’t talk about death... It’s one of those no-no’s, it’s taboo, you don’t talk about it until you have to... [so] I kind of felt like I wasn’t doing it the right way. I wasn’t doing it the way society expected me.

Over time, many of the participants reported coming to terms with their experiences of grief. A significant component of this process was learning to accept their feelings as appropriate. In engaging in self-acceptance, the participants began to position themselves as the experts in their situation and in their grief experiences. They reported learning over time to become more comfortable with their experience of grief rather than allowing their grief to be silenced by friends and/or family members. The participants emphasised that they had learned to engage in self-care behaviours, refrained from putting pressure on themselves or doing more than they needed to do, and learned to do things when they were ready rather than when they thought they ‘ought’ to.

Some of the participants were not embarrassed to cry in front of others. As Debra stated, “If you want to cry in front of people, don’t feel embarrassed. If you want to show your emotions, just do it. To heck with it if they can’t handle it; that’s their problem, not yours”. However, others chose to avoid disclosing their bereavement as a matter of course because of the likelihood that those around would not understand the magnitude and longevity of their feelings. Nicola likened the vulnerability of grief to the vulnerability of childbirth: “You’re just totally...at your most vulnerable. I think even more vulnerable to grief than you are in childbirth I think... [In] childbirth you’re probably exposed physically I think but [in] grief you’re probably exposed completely emotionally.” Consequently, some of the participants reported changing the way they behaved and talked about their deceased loved ones and the circumstances of their deaths so people did not have the opportunity to make inappropriate comments. For example, Kelly reported that:

I think you get to the point where you have the strength to deal with ‘well you should be over that, shouldn’t you?’... When I talk to someone about my mum, I talk about her in the context of I miss her desperately still now, and not just ‘cause she’s my mum, but because of what happened and how it happened, and it was just too early, so I don’t give anyone the opportunity to say anything like that.

In this section, we showed that the participants engaged in a number of learned processes in an effort to negotiate their way through and around the dominant grief discourse. These were primarily cognitive in nature and included self-reliance, protective self-talk, reduced expectations of understanding and support from others, filtering, self-acceptance, and avoiding or managing disclosure. However, these

processes potentially reinforce the dominant grief discourse because they are not active and explicit rejections of it. Nevertheless, these processes can still be classified as acts of resistance because the participants were not passively accepting the dominant discourse relating to grief. Instead, they were resisting them privately, a process which has been described by McDonald, Keys, and Balcazar (2007) as a “psychological form of self-liberation” (p. 148) in their analysis of disability narratives. In the following section, we present the participants’ attempts to ‘break’ the silence by supporting, and gaining support from, peers.

Breaking the Silence: Accessing Peer Support

Some of the participants reported engaging in a process of identifying their supporters and non-supporters, and then altering their behaviour accordingly. Some put on a ‘brave’ face for public consumption (see Riches & Dawson, 2000) and/or avoided certain people, places, and events such as parties. Avoiding certain people meant that some friendships were not as close as before the death, and some social networks changed significantly (Breen & O’Connor, in press). Often, however, the avoidance of certain people and situations tends to exacerbate the loneliness, isolation, and dislocation felt by the bereaved (Breen & O’Connor, in press; Riches & Dawson, 2000; Rosenblatt, 2000). Further, the bereaved perceived the formation of a boundary between those who are bereaved and those who are not, a phenomenon reported by Cacciatore (2007) and Riches and Dawson (1996) in their studies of bereaved parents. As Natasha described; “bereaved parents, we’re a different breed, we are. I feel so because we’ve been pushed off, kicked off the path of reality, ‘get over there, not on our path no more, don’t walk down here’.”

The participants turned to others with similar experiences in order to access support they were not getting from elsewhere. Seeking out others with a similar experience provided a safe psychological space where they could be themselves and say what they wanted and needed to say, rather than being judged or given empty platitudes. Peer support provides a reprieve from the day-to-day isolation because of the shared experience, understanding, and sensitivity (Cacciatore, 2007; Riches & Dawson, 1996). Rather than thinking they had to avoid certain topics or act 'happy' despite their true feelings, the bereaved could express their emotions to peers without embarrassment or judgement. As a result, their experiences were normalised because they were recognised as real, authentic, and legitimate. Even after the passing of many years, talking about their losses was easier with others with a similar experience. For example, Karen explained:

There's just a barrier that has already been broken... You're on a level where you each know there's, there's some things that don't need to be said...All we do is squeeze each other's hand, you don't have to say anything, there's just a different level of understanding, yeah (crying)... words aren't necessary that's, that's probably...the best I can say, words are not necessary.

These peers were located from within the participants' social networks, church, at the cemetery, and through grief support groups. Sharing of a similar loss experience facilitated the development of an immediate bond (see Cacciatore, 2007; Morgan, Carder, & Neal, 1997). As Jim stated, "We made new friends, all people in a similar position [to us]." Many participants found comfort talking to others who had lost loved ones in crashes. They reported a connection with each other because of the shared

experiences of losses that were sudden, violent, and often preventable. In addition, they often shared experiences of police investigations and trials.

Many of the participants sought peers via the mutual help group The Compassionate Friends ([TCF], Lawley, 2006). The support from TCF was characterised by many participants as empathic, accepting, and non-judgemental. TCF facilitated the bi-directional education between bereaved parents via the exposure to other parents' personal experiences of the death of a child, and via the sharing of coping strategies and information. The basic premise that learning from those with the personal experiences of the death of a child was more important and relevant than 'expert' knowledge was crucial, as Iris described:

One of them [at TCF] asked me, 'what do you say when people ask me how many children I have?' I nearly fell off the chair that night, because it was something I'd never ever said to anyone, how I felt about that. I hadn't said it to Jacob, I hadn't said it to anyone. But I used to cheat. I [would say] when Jacob and I got married, we had nine children between us. I didn't say there were only eight left. But I dodged the question by saying that because there was no way I was going to drop down the one child, and I knew perfectly well people didn't want to know that I'd lost one because then they'd go into this panic attack [as if to say] 'get away from me'. So to save them doing that, [and] to save me the pain of trying to deal with denying her [existence], I used to get out of it like that. So I thought I was lucky that I could dodge that question. But I couldn't believe they were saying this to me. Somebody else knew this hurt.

Mutual-help groups are more likely to be accessed for assistance with socially-stigmatised phenomena (Davison, Pennebaker, & Dickerson, 2000). TCF provided a place where some of the participants felt they belonged because they could be themselves and they were allowed to share things they would never talk about with those who did not share the experience. However, not all of the participants thought people had to experience the death of a loved one to be supportive, but they recognised that most people who have not had the experience do not know what to do or say. As Nick stated, “I don’t automatically dismiss people that haven’t experienced this so I don’t think, ‘Oh, they won’t be able to help because they don’t know what it’s like’, but people don’t know what to do”. The support from TCF became more important over time as the understanding and compassion from within natural support networks friends and family diminished, as TCF allowed people to continue to talk about their loss. For some of the participants, the networks made through accessing a mutual support group resulted in the development of new friendship circles, which was also identified by Caserta and Lund (1996). As Maggie affirmed:

I can only [talk about Sally] at [The] Compassionate Friends... I’ve started meeting a couple of ladies from there for lunch and we have a great lunch, we’ve just done it a couple of times, we’ll do it again soon... I just find it so much easier to be with people that have been through it... They don’t offer advice to say you should be doing this, that, or the other, they just know not to (laughs).

Most of the participants actively sought support from people who had experienced a similar loss. Peer support generally follows a partnership model wherein power is shared (Constantino & Nelson, 1995; Schiff & Bargal, 2000), which is in

contrast with the professionalisation of support (Small & Hockey, 2001), which can render personal experiences as a form of ‘baggage’ that hinders or prevents the objectivity construed as necessary in the provision of help. Through the access to and contact with peers, the private experience of grief becomes public. Peers allow experiences to be shared openly and unburdened instead of ‘masking’ the grief in order to fit a social norm. Thus, the experiences are considered authentic and valid rather than silenced. In the next section, we outline the participants’ attempts to ‘fight’ for greater awareness of the psychosocial experiences resulting from crashes.

Fighting the Silence: Entering the Political Realm

For a small subset of the participants (Natasha, Jim, Iris, Sharon, George, and Debra), it was important to explicitly and publicly promote their perspectives of being bereaved through crashes in order to create social and political change. They explained their actions as motivated by the principle of justice and also by the notion of honouring their deceased children so they did not die in vain. These reasons were also cited by parents fighting for justice following the deaths through unintentional injuries, ‘disappearances’, and murders of their children (Armour, 2006; Girasek, 2003; Holst-Warhaft, 2000; Rock, 1998). However, the experiences of feeling silenced tended to continue in their attempts to create change, as described in this section.

In Western Australia (and many jurisdictions elsewhere), the government positions road safety as a community responsibility, and this position is evident within websites and road safety publications (e.g., Road Safety Council of Western Australia [RSC], n.d.). These emphasise that community ownership is the key to reducing deaths and serious injury on Western Australian roads. The Royal Automobile Club of Western Australia, which represents approximately 440,000 of the state’s motorists, has a

representative on the RSC, but apart from this representation, there is no other formal and explicit mechanism for seeking feedback and involvement from the community.

Between them, this subset of participants reported presenting to school, hospital, and community groups, being interviewed by the media, and joining various working parties and steering committees concerning coronial and organ donation processes, road safety for young drivers, the placement of roadside memorials, and the development of a telephone counselling service for people affected by traffic crash injuries and fatalities. The participants were often overwhelmed by jargon used by the 'professional' members of the committees, thought that their involvement was perceived as threatening and antagonistic, and felt discouraged from voicing their opinions or were ignored outright. Similar experiences were reported in other studies of bereaved parents engaging in advocacy attempts (Girasek, 2003; Rock, 1998).

The participants reported receiving no payment or other remuneration for their involvement in these groups, even when the commitment was considerable and required time off work. Iris stated that it was unfair that some expertise was considered more important than others, especially as the doctors on the working party she was on were paid whereas she and the other bereaved parents were not.

Two of the bereavement participants, George and Debra, formed Australian Parents Against Road Trauma (APART) in 2000, after a meeting with the Chair of the RSC where he invited them to consider working in the area of road trauma. At the time of data collection, the group had approximately 20 members². APART aimed to advocate for greater awareness of the psychosocial consequences of crashes, especially bereavement; changes in legislation pertaining to vehicle advertising and the enforcement of road rules; and the development of a structured support service for

people who have been affected by crashes. George and Debra described feeling discouraged by the lack of financial assistance to enable them to achieve APART's aims which were outside the scope of the Western Australia's road safety strategy's exclusive focus on crash prevention (RSC, n.d.). As Debra claimed, "It's usually platitudes and rhetoric that we hear and not enough gutsy stuff...even though we were asked initially by the Road Safety Council to do this. We've gone ahead and done it and we don't get support".

Worldwide, road safety advocacy groups usually consist of volunteers who aim to fill the support, information, and legislation gaps evident in the provision of post-crash services and supports (FEVR, 1993, 1995; Lord, 2000; Tehrani, 2004). However, the commitment and enthusiasm of advocacy groups are difficult to maintain when gains are slow, when involvement may be emotionally risky, and when attempting to change complex and systemic systems. Advocating for changes was characterised by many of the participants as 'fighting', which was also evident in Armour's (2006) study of family members bereaved through homicide. The participants viewed their attempts to create change as battles that took their own toll, both physically and emotionally. The 'fights' were analogous to a boxing match where they either planted a punch or were knocked down. After taking some time out between 'rounds', they would go back into the 'ring' to fight another 'bout', as Sharon described:

It's either fight to survive or just curl up and die. I know when I had a fight...I'd have three days when I wouldn't answer the phone, the door, anything, and I'd just be curled up in the foetal position, the pain was so intense, and I just didn't want to know anybody. I didn't eat, I didn't

drink, didn't do anything, and then I'd come around for another bout, another week, and then I'd disappear again.

By positioning the responsibility for road safety within the community, the government is able to draw from community discourses in order to imply the existence of mutual obligation and bi-directional influence between the government and the community. Despite the dominant definitions of community stressing relational ties, bonding, collaboration, and so on (McMillan & Chavis, 1986), the government's usage of the term does not borrow from affective definitions. By allowing some people bereaved through crashes to sit on committees, the government is able to regulate the extent of their engagement through determining who is involved, how often they are involved, and the roles of those involved. On the one hand, the government encourages community ownership of community problems, and on the other, acts to limit efforts to voice individual experiences (Craig, 2007; Saggars, 2005).

Conclusion

Over the past century, grief has been viewed primarily through 'medicalised' and 'psychologised' lenses, which has resulted in the articulation and proliferation of a pervasive dominant grief discourse (Breen & O'Connor, 2007; Rothaup & Becker, 2007; Small & Hockey, 2001). In this paper we have attempted to show that, throughout the grief experience following the death of a loved one in a crash, the dominant grief discourse is privileged while the experiences of the bereaved are silenced. We further demonstrated the existence of processes that act to silence attempts to resist the dominant grief discourse and create systemic change. These acts of resistance can be conceptualised as representing a continuum, ranging from private and internal thoughts

for purposes of self-protection to conscious and deliberate behavioural and political acts.

Overwhelmingly, the participants were clearly not complicit with the pervasive conceptualisations that construct grief narrowly as a stage-based and short-term phenomenon with pathological variants (Breen & O'Connor, 2007; CAH, 2004; Rothaupt & Becker, 2007; Wortman & Boerner, 2007). Instead, they favoured a partnership model of support where they are presented with alternatives and are able to control decision-making processes. They wanted to be listened to rather than being told what to do or what they needed. Further, they wanted holistic rather than symptom-focussed care. Peer support fulfilled all these needs but despite the participants' positive experiences with it, peer support is not legitimated and consequently remains under-recognised and under-funded.

The uncritical acceptance and application of the dominant grief discourse to all grief experiences potentially leads to three adverse outcomes for the bereaved. First, family and friends of the bereaved are likely to impose and enforce the dominant grief narrative onto the bereaved, resulting in the bereaved feeling ignored, judged, or avoided (Breen & O'Connor, in press). Second, service providers' narrow definition concerning 'normal' grief potentially pathologises grief experiences that differ from the idealised norm (Hogan, Worden, & Schmidt, 2003-2004; M. Stroebe & Schut, 2005-2006). Third, the bereaved themselves might become distressed when their experience differs from what is expected, a process which has been described as self-disenfranchisement (Kauffman, 1989, 2002) and 'policing' (Walter, 1999) of one's grief.

Dominant discourses (Foucault, 1961), or dominant cultural narratives (Rappaport, 1995, 2000) are powerful because they are widely considered legitimate and true, yet, like many dominant discourses, they are rarely endorsed by those experiencing the phenomenon in question, and who in this case, are the bereaved. The participants fought to be heard and for their needs to be recognised, but their attempts to politicise crash-related bereavement were largely unsuccessful. The experiences of the participants were essentially rendered invalid and their critiques of current practices were largely silenced, ensuring their political voice was diminished.

Fortunately, dominant discourses are not fixed; they can be challenged by acts of resistance (Foucault, 1961; Prilleltensky & Nelson, 2002). The alternative to the dominant discourse or narrative is a normative narrative. ‘Authored’ by the community about which it describes, normative narratives (Rappaport, 2000), continually threaten dominant discourses, and possess the potential to challenge discourses legitimated as ‘truth’. Resisting the dominant discourse ultimately weakens its power and, in the data reported in this study, this is evident in three domains: the personal domain, in terms of how the bereaved see themselves; the interpersonal domain, in how they present themselves to and find support from similar others; and the political domain, in terms of advocating for and creating change.

Notes

¹ In describing their attempts to and resist the dominant grief discourse, we have chosen to use the term resistance rather than empowerment. While the notion of empowerment is generally rooted in ecological and critical understandings (Rappaport, 1995; Zimmerman, 1995) it has also been criticised for (a) implying a simplistic and linear relationship between the transfer of power and/or knowledge; (b) emphasising the intrapersonal rather than the collective, (c) alluding to and drawing upon masculine concepts such as mastery and power, and (d) being a middle class concept that may be appropriated for purposes of controlling and regulating those being ‘empowered’ (Baistow, 1995; Riger, 1993; Speer, 2000).

² APART has been inactive since 2003, primarily as a result of George and Debra relocating several hundred kilometres from Perth, Western Australia.

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Table 1

Demographic Data

Participant	Age (years)	Occupation	Relationship and age of loved one(s)	Time since death(s)	Household members now	Circumstances of death
Sylvia	66	Retiree/ Volunteer	Husband Keith (68); Son Ian (32)	1 year 8 months	Lives alone	Passenger and driver in a single car crash
Patrick	42	Homemaker/ Odd jobs	Father Keith (68); Brother Ian (32)	1 year and 10 months	Wife and 2 children	Passenger and driver in a single car crash
Joan	63	Retiree	Son Craig (19)	11 years	Partner	Motorcycle rider hit by a car
Kelly	39	Small business owner	Mother (39)	23 years	Husband and 2 sons	Driver in a single car crash
Nicola	40	Respite worker	Brother Tom (36)	2 years 2 months	Lives alone	Pedestrian killed by truck
George	54	Self-employed builder	Daughter Kate (17)	3 years 5 months	Wife	Driver in a two car crash; a passenger was also killed
Debra	53	Teachers' assistant	Daughter Kate (17)	3 years 5 months	Husband	Driver in a two car crash; a passenger was also killed
Nick	24	Disability pensioner	Sister Kate (17)	3 years 5 months	Partner, her parents, and her sister	Driver in a two car crash; a passenger was also killed
Lorraine	46	Homemaker	Father (70)	1 year 10 months	Teenage daughter	Driver in a two car crash; mother seriously injured
Heather	48	Homemaker	Sister Melanie (42)	1 year 11 months	Husband	Pedestrian killed by motorcyclist; another sister seriously injured
Sharon	51	Bank officer	Son Alex (20)	9 years 9 months	Husband	Pedestrian hit by car
Pieter	46	Technical officer	Son Chris (19)	1 year 1 month	Wife and 2 teenage sons	Passenger in a single car crash
Di	45	Homemaker	Son Chris (19)	1 year 1 month	Husband and 2 teenage sons	Passenger in a single car crash
Maggie	50	Bank officer	Daughter Sally (21)	3 years 11 months	Husband	Driver in a single car crash
Natasha	57	Homemaker	Daughter Jess (18)	11 years 4 months	Husband and 2 grandchildren	Pedestrian hit by car; another pedestrian also killed
Jim	56	Truck driver	Daughter Jess (18)	11 years 4 months	Wife and 2 grandchildren	Pedestrian hit by car; another

Participant	Age (years)	Occupation	Relationship and age of loved one(s)	Time since death(s)	Household members now	pedestrian also killed Circumstances of death
Natasha	57	Homemaker	Daughter Jess (18)	11 years 4 months	Husband and 2 grandchildren	Pedestrian hit by car; another pedestrian also killed
Jim	56	Truck driver	Daughter Jess (18)	11 years 4 months	Wife and 2 grandchildren	Pedestrian hit by car; another pedestrian also killed
Brooke	33	Retail assistant	Grandmother (74)	8 years	Teenage son	Driver in a two car crash
Iris	71	Retiree	Daughter Mary-Anne (10)	23 years	Lives alone	Pedestrian hit by car
Dawn	43	Student	Daughter Claire (17)	3 years 4 months	Husband and teenage son	Passenger in a two car crash; the driver was also killed
Karen	43	Teachers' assistant	Son Mikey (6)	4 years 1 month	Husband and 2 teenage sons	Pedestrian hit by car
Jelena	37	Part-time student/ homemaker	Brother Sasha (25)	13 years	Husband and 2 children	Single motorcycle crash

Note. Pseudonyms are used.