Chapter one

Meditations on the Story
I Cannot Write
Reflexivity, Autoethnography, and the Possibilities of Maybe

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“What else can I get for you?” Cathy asks me and my sister, Kathleen (Kath).

Kath and I are sitting at the counter after eating breakfast at Pach’s Place (Pach’s), my family’s favorite breakfast and lunch diner near where we live in Tampa, Florida (FL). We are waiting to receive a final update on the condition of our father, Mike. He’s in liver-transplant surgery this morning, four hours away from Tampa at the Mayo Clinic in Jacksonville, FL. Our mother, Linda, and Kath’s husband, Kevin, are with him. Kath and I will travel to be with them tomorrow.

“I’m good, no more for me, thanks,” Kath says.

“I’m good, too. Kath and I are going to hang out for a while until we hear that all is good with our dad, if that’s okay?”

“Sure, stay as long as you want. I want to hear the good news, too!” Cathy owns and runs Pach’s. We met Cathy through my dad, who got to know her when he discovered the place and became a regular customer there years ago. When he is alone, he likes to sit at the counter and talk with Cathy. Cathy and I are good friends.

“The waiting is intense,” Kath says to us with a smile on her face. I can tell by the look in her eyes that she’s anxious. So am I.

My family has recently lived through a series of traumas. Dad is a recovering painkiller addict and alcoholic. Just two days ago he was living miserably with the side effects of end-stage cirrhosis and related ailments, including chronic obstructive pulmonary disease (COPD) and neuropathy. He has been unwell for years and terribly ill this past year, but nowhere near sick enough to earn a promising spot on the list that would qualify him to receive the next donated liver. One has to get sicker before getting better. So learning yesterday they had a liver for him was jarring and hopeful.

“It is intense,” Cathy says. “But your dad is strong. Mike is a fighter.”

“‘Intense’ is putting it lightly,” I say and smile. We all nod our heads.

We have received text messages from Kevin that keep us aware of the status of the operation, and our dad, since the surgery began. Now we want to hear the update that tells us he’s resting comfortably in recovery. Kath, Cathy, and I continue to visit, engaging in small talk to keep us busy, until my sister receives another message.

“It’s from Kev,” she tells me.

“Oh good, what does it say?” (Reading) “Liver is in place, blood is flowing from the organ!” The three of us exhale in unison, assuming the surgery is nearly completed. We’re relieved.

“Okay . . . this is good,” I say. My sister and Cathy nod their heads in agreement. Kath and I have been at Pach’s for three hours. This latest update leaves us feeling comfortable enough to pay for our meals and go to our respective homes.

“I’m paying your check,” Cathy says. We try to hand her cash, but she insists on buying us breakfast. “Please keep me posted, okay? Give Mike and Linda my love.”

“We will . . . I’ll text you later,” I say. I do not remember what Kath and I talked about as we left the restaurant. I remember feeling like maybe we could move...
forward; although his recovery will be challenging, it is time for the next chapter of our story.

Once I arrive home, I am tired from the early start to the day and the anxiety of waiting. I strip off my clothes and climb into my bed to relax and surf the web on my phone. About 30 minutes later my phone rings—it’s a call from Kevin.

“Hey,” I say, feeling a bit surprised to be hearing from him again so soon.

“Hey Keith,” he says, and gets right to the point. “So, they’re having some complications with your dad—something to do with his lungs and kidneys. We don’t know much else, but, just in case, the doctors think it would be a good idea for you and Kath to come to the hospital.”

(Long pause)

“Fuck . . . okay . . . I’ll call Kath and we’ll be on our way to you soon.”

“Good, drive safely.”

“We will, thanks, bye.” I immediately call my sister, who answers after only one ring.

“Hey . . . I guess we’re going to the hospital,” she says. I hear the worry in her voice.

“Ya, I heard. I just need to throw some clothes and stuff in a bag and quickly shower.”

“Okay. I’m already packed. Sophia (Kath’s best friend) is picking up Peyton, Morgan, and Addison (Kath and Kevin’s daughters) after school; they’ll spend the night at her house. Will you drive?”

“Sure, I’ll pick you up in twenty or thirty minutes and text you when I’m on the way.”

“Okay.” Neither one of us says goodbye before ending the call. We’re now numb and instinctively working in emergency mode.

I jump out of my bed, fill my bag with a change of clothes, and hurry to the shower.

“Be strong, Dad.” I say out loud as I step under warm water and begin to cry. “Be strong.” I’m in shock and worried. I’m especially worried about my mom. She’s been through so much. We all have.

At about the halfway point, as Kath and I travel on I-75 to the clinic, there’s a new text message from Kevin.

“It’s from Kev,” I tell Kath.

“What did he say?!”

(Reading) “Can you pull over at the next rest area, so we can talk on phone?” We both look at each other and say nothing for a few seconds.

“This is probably not good news,” I say. I notice there is a gas station directly ahead, so I take the next exit and drive into the station’s gravelly parking lot, and to a remote section on the lot. I call Kevin using my phone and put it on speaker so we both can hear. Kath and I instinctively grab each other’s hands and rest them together on the armrest in between us.

“Hi,” he says in a quiet voice.

“Is he dead?” my sister asks bluntly.

“Yes, he died. I’m so sorry. The doctors tried their best to fix the issues, but your dad’s lungs filled with so much fluid, and so quickly, that they couldn’t get control of it. They tried really hard to save him, but couldn’t stop his system from shutting down.”

Much more happened in that moment, that day, and in the days, months, and years before and after his death. Our experiences would make for a powerful evocative autoethnography (Bochner & Ellis, 2016). Yet the story here is as much as I have been able to write. Writing even this brief account was painful.

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I am sipping my large unsweetened black iced tea while writing at my favorite coffee shop. Working in this space helps me in the early phases of writing. Maybe being surrounded by people and the ambient noises make the solitary nature of writing, especially during difficult moments like the one I am currently facing, feel less isolating. I am struggling to identify the direction I want to take in this chapter about practicing reflexivity in research and writing that uses autoethnography. As the sounds of banging espresso mallets and the faint smell of a partially burnt bagel fill the air, I ruminate on the story I want to tell—a fuller and more evocative account of my father’s death and related struggle with addiction. It’s been four years since he died; I want to write this story. I am well personally and professionally; but I feel like I have just begun to come to terms with the traumatic issues my family and I endured, what happened before and after his death. I have only started to heal. There is so much to say, and so many feelings and meanings to explore. What happened would make for a good story; yet maybe I won’t be able to translate into words what happened and how it impacted me. I feel like I need to write this story. Folk wisdom suggests that telling my story will help me to “get it out of my system” and feel better; but the uncertainty I feel keeps stopping me from getting started. Besides, what is the “it” I need to “get out” and what would getting it out do to my “system”? To write a fuller and more evocative account I would want to explore experiences that were, and at times still are, painful and to dig deeply into our experiences, and my pain, with vivid detail and emotion. I want to be “ready” to tell this story, but readiness is an indeterminate and complicated way of being in writing situations like this (Gingrich-Philbrook, 2015). After careful consideration, I decide to not write the story I desire. I do not feel ready. Still, there is an allure...
to the story and my inability to write it that prevents me from letting it go. This is not the first time I have held on to a story.

In “Consumed Self: Understanding the Stories I Cannot Have” (Berry, 2017), I write about the research process that led to the publication of my book Bullied: Tales of Torment, Identity, and Youth (Berry, 2016). Bullied uses autoethnography to explore the communicative nature of bullying and its impact on identity formation, as rooted in a study I conducted in conjunction with two interpersonal communication courses I taught at the University of South Florida. Students’ stories of bullying, my own stories, and various “reflexive interludes” on dilemmas inherent to studying bullying via autoethnography comprise the book. “Consumed Self . . .” focuses on one such dilemma related to the story written by a student named Renee. She wrote a powerful story on her cousin’s bullying-related suicide for class but did not want to participate in the study. I investigate my reactions to her decision, particularly my attachment to her account, the longing I felt to include it in the book, and the dissonance I felt by holding on and wanting to “have” her story as a practitioner of mindfulness and as a critically oriented scholar who takes relational ethics seriously (Ellis, 2007).

Reflecting on the ways I came to terms with the “cannot have-ness” I experienced regarding the loss of Renee’s story leads me to be curious about the “cannot write-ness” I feel regarding the story of the events surrounding my dad’s death. I am aware that the hardship my family and I endured, including what we lived through immediately following his death, wounded me. Also, I am aware that my wounds prevent me from being able to tell the story I want to tell at this moment, and perhaps forever. However, I am less clear about the depths of those wounds that condition my inability to tell the story I want to tell: There has been little time for me to grieve, let alone reflect more deeply on and learn about the impact of what happened. Therefore, I turn to my writing in this chapter to begin this work. Maybe exploring the “cannot write-ness” of the story I am unable to write, now that the trauma is more retrospective, will be helpful in my healing. Maybe telling this story will also allow others to “see” their own experiences in mine. Maybe it will resonate (Bochner & Ellis, 2016).

In this chapter I draw together reflexivity, mindfulness, and autoethnography to examine the conditions surrounding my dad’s addiction and death as related to the prospect of writing my story. I begin by defining reflexivity and mindfulness, existential practices I take to be interrelated in instructive ways. I then convey four meditations that explore the conditions that keep me from writing a fuller and even more evocative account: the extraordinary nature of my story, the risks to revisiting trauma, the alternate space for resonance and reflection in mediated texts, and exhaustion. I describe these influences in the form of reflexive “maybes” (Pelias, 2004) to stress and underscore the contingent and thus tentative nature of this labor. In distinct and shared ways, each of these conditions comprises my phenomenological lifeworld (everyday reality); in turn, each shapes the ways in which I do, or do not, write. I conclude by reflecting on several lessons that stem from using mindfulness and reflexivity to evocatively uncover the influences that inform the story I cannot write.

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Reflexivity is a contested theoretical concept and methodological practice (Berry & Clair, 2011) that dwells at the heart of autoethnography. Goodall (2000) defines reflexivity as “the process of personally and academically reflecting on lived experiences in ways that reveal the deep connections between the writer and her or his subject” and suggests that “to be ‘reflexive’ means to turn back on your self the lens through which we are interpreting the world” (p. 137, emphasis in original). In this sense, reflexivity is an introspective (Ellis, 1991) and autobiographical (Ellis et al., 2011) process of reflecting on the cultural experiences and selves autoethnographers have lived and performed, and using these experiences and selves to inform the stories we tell and examine. Practices of reflexivity are particular and personal. Yet reflexivity is also a communicative process, which, if done well, is directed toward others—for example, readers and audiences to staged performances (Berry & Patti, 2015; Bochner & Ellis, 2016; Goodall, 2000; Holman Jones, Adams, & Ellis, 2013). Scholars enact reflexivity differently but typically share in the goal of producing creative and experimental accounts that describe, interpret, and often critique and seek positive change in response to cultural problems (Boylorn & Orbe, 2014).

Practicing reflexivity within evocative autoethnographic research and writing practices also creates the conditions through which autoethnographers co-constitute (i.e., creatively make and remake) ourselves within this inquiry. This process informs, and is informed by, the therapeutic potential of autoethnography. Researchers have described the personal impact this inquiry has on autoethnographers and the potential for innovative change in a number of ways,
Mindfulness is the deliberate practice of “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible” (Kabat-Zinn, 2005, p. 108). It is a “simple but not easy” (Kabat-Zinn, 1994, p. 8) meditative practice wherein meditation means to become familiar with. Mindfulness is a central tenet of secular Buddhist philosophy and a way for practitioners to more intimately and thoroughly relate to, and perform within, the suffering and joy of lived experience. It is a psychological, emotional, and visceral process of living more fully, which can be practiced in any situation. One’s breathing, and every breath, serves as a constant centering and steadying point in this lifelong practice.

The application of mindfulness asks practitioners to look inwardly—even to the point of a dissolution of a stable “I” who is doing the looking—while engaging with life “outside” oneself, to take the ever-present journey of realizing where we already are and to lean directly and gracefully into the full spectrum of what we feel as our human experience: suffering and joy, interconnectedness and disconnections, and the impermanence and groundlessness of all people and life, generally. Mindfulness from this perspective is the opposite of taking life, and even a mundane moment, for granted.

Practicing mindfulness involves opening up to a larger awareness in which we are not swept up, or knocked over, by the stories we tell ourselves, and the emotions we feel, about dis-ease and happiness. It is about stepping out of the habituated practice of drawing too heavily and harshly on the past, or on the anticipated future, and instead continually returning to the richness of present moments with compassion for others and one’s self, and, when possible, with a lightness in spirit and sense of humor (Chödrön, 1997). For many people, meditation practices (e.g., sitting, walking, eating) are intertwined with mindfulness. In these ways, the practice means noticing impulses to not live mindfully and working to let go, in order to “return home” relationally to ourselves and others in this very moment.4

My relationship with mindfulness entails two major phases. I first began to study mindfulness in the 1990s when I was struggling to “come out” as gay and when the HIV/AIDS epidemic terrified me. In these early years of practice, being mindful meant challenging my routine and habitual ways of living, staying open to the possibilities that exist for understanding others and myself, and trying to live with as much positivity and hope as possible. I began a second phase of mindfulness when my father’s condition grew worse in 2008, and then when my dear friend and collaborator John T. Warren died from complications related to esophageal cancer in 2011. These events challenged me to begin to practice mindfulness at deeper levels, exploring how to engage with, and learn from, the pain and suffering that condition lived experience in direct and fuller ways. Still today I rely on mindfulness as an invaluable resource, a trusted “friend” who has kept me well, or sometimes at least well enough, during situations of great happiness and hardship in all facets of my life, including teaching, research, and writing (see, e.g., Berry, 2007, 2015, 2016, 2017).

In what follows I use reflexivity and mindfulness to explore the conditions that inform my (not) writing more fully and even more evocatively about the events surrounding my dad’s death. I engage with these influences assuming that, with Pelias (2004), reflexivity is a situated, contingent, and uncertain process that “lives for maybe” (p. 12) and that mindfulness is a way of enacting and enriching practices of reflexivity. I frame these influences as mindful meditations through which I seek to become more “familiar with” the “maybes” informing the issues at hand. I end the chapter by reflecting more on lessons I glean from this reflexive and mindful practice.

BIGNESS

Maybe I cannot write the story because of the bigness of the story. I last wrote about my dad’s addiction years ago when I explored father-song relationships
in the context of addiction (see Berry, 2012). The story explored interpersonal issues in our relationship from when I was growing up and in my twenties, my coming out, his addiction, and my anger concerning how I felt he treated my mom relationally, including the trauma he created related to her open-heart surgery (see below). At that point, the story was already big enough. I had no idea it would unfurl and grow to become even bigger.

My dad was addicted to Vicodin and other painkillers, mood enhancers, and alcohol. He spent many years denying he was ill, then later downplaying his issues, hiding when he was “using,” and even later being vaguely open about his “struggles with pills.” He participated in several weekend-long rehabilitation processes yet was unable to remain sober. My mom and dad moved to Tampa the year after her heart surgery. Later that year, he hit “rock bottom” in his addiction, and entered, and successfully completed, a month-long rehabilitation program in Boca Raton, FL (see Berry, 2012).

Save for the handful of times when he experienced brief relapses, my dad lived the last five years of his life in active recovery. He attended numerous meetings every week and sometimes went every day for months at a time; was happier and more alive than I can remember in our life together; communicated openly with me and others, and often self-disclosed intimate details about himself without pause; was present and caring in his family’s and closest friends’ lives; and took the lead in developing closer relationships with the people he loved, including me. He was more of himself and more of a “dad,” one whom my siblings and I were meeting, and liking, perhaps for the first time. My dad pulled himself back from the brink of hell and, as a result, lived in awake and more present ways than ever before. He was lighter and grateful to be alive. He was more mindful.

My dad also lived through considerable hardship during these years and was never fully well within his practice of recovery. Most significantly, his abuse of alcohol and prescription painkillers had seriously damaged his liver. As a result, during the last year of his life, he spent 138 days in the hospital and received 56.5 units of transfused blood to replenish the hemoglobin that was lost due to ongoing internal bleeding stemming from his cirrhosis. He was deteriorating physically and emotionally, and terrified to consider the fact that he was dying. He wanted to live. My dad worked hard through psychotherapy and group meetings to minimize his feelings of regret for the existential moment he embodied and for his primary responsibility in damaging his health and overall well-being. He often told me, “Son, if I knew back then what I know now, I would be a different man today.” His words served as a way of lamenting his past actions and a warning for his son on how (not) to live. “I know dad,” I usually replied in a soft voice, looking directly into his big blue eyes. “I know.”

The bigness of the story does not end with his death. My family held a “celebration of life” for my dad in our hometown, Chicago, Illinois. On the day after the celebration, my sister, her family, and I flew home to Tampa. My mom stayed with my brother and his family at their house in Chicago, to begin to grieve the loss of her husband of 50 years by visiting with family and friends. One night during my mother’s stay with my brother, she lost her balance in a darkened hallway and fell down the stairs, shattering her left knee, fracturing nearly all ribs on the left side of her ribcage, and further wounding her spirit. She spent the next two months in intensive in-patient rehabilitation at a facility near my brother’s house and endured three major surgeries—two procedures on her knee and one to clamp her ribs in place so they would heal. Just before Christmas, I flew to Chicago to be with her on the return flight home to Tampa. We were delighted she was back. However, the problems didn’t end there. During the next year, her local doctors determined that her knee had not properly healed, and so she went through a knee-replacement surgery. Extensive physical rehabilitation, positive thinking, physical strength and determination, and her strong faith enabled her to return to her normal routine some months later.

Many colleagues and friends understand the allure of this story and have encouraged me to write a fuller piece on the trauma we (well, most of us) survived. They often cite a number of good reasons as to why what happened is ideal for evocative autoethnography. I agree—present in these experiences are rich and promising aspects comprising the literary, such as characters, episodes, emotions, and turning points. Also, I love and feel empowered by using the trauma to do good, to let it serve as catalyst for using mindfulness to be more “awake” to what happened and how it shaped, and continues to shape, mine and others’ lives, and to contribute to cultural awareness on such problems. The “content” is available. However, the size and intensity of the story feel overwhelming. There is too much to process in terms of what this lived experience entailed and meant to us or anyone of us. The story’s bigness is bigger than anything I’ve ever experienced or tried to write. I fear getting lost in all of the details, the twists and turns in lived experience and the thoughts and feelings that inform them. What happened evades typical sense-making processes of a story, and capturing the totality of the story feels like
a difficult, if not impossible, goal. The bigness of the story feels unmanageable; diving deep “into” it would result in my conveying and examining very little.

**RISKY REVISITING**

Maybe I cannot write the story because to revisit the past would risk re-living events and, thus, re-experiencing trauma (Ellis, 2004). More particularly, it would entail unpacking and assigning meaning/s to memories and issues, including . . .

... his being high on painkillers during my mom’s open-heart surgery and recovery;

... the sacrifices my mom made by staying married to and later caretaking for my father;

... the scarring relational nature of his addiction and related illnesses, and the way he died;

... the resistance he gave after learning he could no longer do basic, everyday tasks;

... the ways encephalitis led him to sometimes look and act like a zombie;

... his worry about the toll his condition was taking on my mother;

... how it was difficult to tell (and trust) whether he was truly ill and exhausted or simply high;

... how he and I were finally bonding as father and son;

... how his death halted our bonding;

... the more detailed ways Kath and I responded after she and I first learned he died;

... not being able to say “goodbye” to him;

... driving my mom home from Mayo Clinic on the day after his death;

... the emotional labor related to my mom’s fall and injuries;

... the ways addiction still affects the lives of loved ones, even after the addict’s death.

There is much I could write about these and other memories. I do not write about them because the risks of re-living them far outweigh the potential benefits for me and others. Living through them traumatized me enough; I do not need to be reminded of them. For instance, watching hospital scenes in television dramas, especially those in which a patient is “coding” during surgery, triggers me. They feel like I’m receiving a punch to the heart when they first “hit.” Tears form as I watch surgeons frantically try to save the patient while loved ones are on standby in the waiting room. Those scenes are far too real, as my mom and brother-in-law saw doctors racing my dad down the hallway on a gurney when he was coding. When I see patients survive surgery, I think about how relieved the loved ones will be, as I know the alternate ending. In addition, I do not write these memories and issues because I am doing well recovering from the trauma. Re-living could set back my healing. Why take a chance? Additionally, what happened still feels too recent and fresh. A lot can happen in five years, but I likely do not have enough distance from the lived experience of his death and I may not have healed enough. Then again, I’m not sure any amount of distance or healing would allow me to write more. Also, I’m not convinced that every trauma, or hardship more generally, needs to be shared publicly. Some writers might say they would feel embarrassed or ashamed by their story being public. Some might not write the story because they feel uncomfortable with sharing personal and family problems. I feel no embarrassment or shame. There’s something comforting about keeping this story private. That feels strange, as I am used to sharing deeply personal ideas and experiences when writing reflexively in autoethnography. This one feels different. Maybe it’s because of the type of sorrow I feel, stemming from the loss of a parent. Maybe it’s the harsh way in which he died, harshness that occurred within the context of such great hope concerning the transplant and the potential for him to salvage a gentler and extended end of life. I suspect it is both, and probably other influences of which I am not yet aware.

The risks of re-living the events of this trauma are at tension with my desire to tell it. The very reasons for why I do not go deeper with the story also signal the reasons why such writing would be beneficial. On one level, I survived the battle with my dad’s addiction. I may have emerged with wounds that will probably take a lifetime to closely understand. I may have sacrificed in terms of my own happiness and energy that was spent on my father and family, which could have been spent elsewhere. But I survived this battle, as did my family. Sharing the intimate details of the battle and what it took and feels like to survive would make for a story, and a series of stories, that can help others. On a second level, I think I would benefit from telling more of the story. The chance for more relief that may come through the catharsis that might result from writing more, and getting the story “out of my system,” feels promising and attractive. Maybe there is something to be said about finding the personal beauties by writing about something so dark. Nonetheless, as I describe next, there are other ways outside of writing in which I have worked on healing, and will continue doing so, such as with mindfulness. In this case, pragmatic self-care seems to win out over allure’s temptations.
MEDITATED RESONANCE

Maybe I cannot write because alternate ways of learning about this trauma and its impact help me therapeutically. I see the film *A Star Is Born*, starring Bradley Cooper and Lady Gaga (Stefani Germanotta), in the theater. The film chronicles singer Jackson (Jack) Maine’s drug addiction and alcoholism, the reckless ways in which his problems impact his romantic love Ally, and his attempts to get and stay sober and be a good partner. As I watch the film, I see my dad’s story in Jack’s actions as he succumbs to his illness in spite of his promises to live sober. Although Jack’s addiction was more severe, and his behavior with others more vicious, both Jack and my dad lived in ways that demonstrate the inherent relational selfishness of addiction. I remember and can feel my dad’s regret and contrition for having negatively impacted our lives in the past when watching Jack and Ally interact when she visits him for the first time in rehabilitation. I connect my mom’s love and devotion for my dad to the bond between Ally and Jack. I see *A Star Is Born* three times—once alone, once with my sister Kath, and once with a friend. My mom decides to watch the film alone in the comfort of her home, concerned that it might be too much to handle at the theater. Afterward she reports that the end of the film, particularly the tear-jerking song Ally sings about/for Jack, “destroyed me.” “Those words she sang, it is how I feel!”

I see the film *Rocketman*, which tells the story of singer Elton John (played by Taron Egerton), his rise to fame, and the ways in which his being a gay man who is also a drug addict and alcoholic are inform, and are informed by, relationships with his family, romantic loves, and close friends. Conversations John has with other addicts in group therapy in a rehabilitation center serve as anchoring points for the story. As I watch John open up to group members, and himself, I feel grateful that my dad benefitted from group meetings. My dad typically “just listened” at meetings and then socialized with other group members afterward. He shared this with me on a number of occasions, in ways that suggested his presence in the groups was less valuable than the vocal members. Watching John eventually relate more openly with his group members makes me wish I was able to tell my dad how many members of his meeting groups attended the celebration of life we held for him in Tampa after he died, and even more, scores of men and women living in recovery who, at the celebration, told me how much my dad meant to them and how helpful he was in their own recovery. Overall, I celebrate with John in his overall success in active recovery, recalling how focused and proud my dad was in recovery, and how proud, and relieved, I felt that he was feeling and doing better. I see *Rocketman* four times—alone, with my sister and oldest niece Peyton, with my mom and sister, and then, again, alone.

Maybe I turn to these films because the depth of emotion and vivid detail made available by these portrayals allow me to grieve in different ways and continue to heal. Viewing them feels temporary and less intense than what I have endured, as they require a different type of emotional investment than writing one’s story for publication. Similarly, *A Star Is Born* and *Rocketman* may not be about me, per say, but the stories resonate. I am implicated by the films, their characters, and the tensions. That is, I am interpretively “in” the storylines, as if they are my own stories. I lived those stories and survived those pains. They are not mine but feel like a part of me. Thus, I feel connected to them; they confirm what I lived through and the ways it affected me. This way of public relating might feel, to some, impersonal and risky. There are moments in the films that are painful to watch. Yet I feel safer and more comfortable in those spaces.

I also have other responses to these films. For instance, the ways in which they resonate with my lived experience encourage me to welcome mindful reflection on what I survived and the intersections of addiction, death, and relating with others and ourselves, communication, more generally. As a result, I emerge from being “with” their stories thinking and feeling about mine, and the ways I can and cannot write my story. Similarly, I also emerge performing in ways that remind me that I am a survivor who is part of a larger community of people who have survived the pain and suffering related to addiction and traumatic death. That kinship comforts me. I am not alone. In addition, I also respond in ways that leave me wanting more from the films’ storytelling. For instance, the story of *Rocketman* ends in polished or sanitized ways that emphasize John’s amazing 28 years of recovery. Yet it doesn’t provide all of the important details regarding what it took for him to successfully stay sober. That such an outcome would be part of a Hollywood film doesn’t surprise me. Still, it prevents filmgoers from seeing the collateral damage that often stems from addiction.

TIRED

Maybe I am too tired to write the story. Surviving required me (and my family) to be “on”—constantly present, engaged, and comforting—so I could help my dad while he was ill and dying, and my mom after
she fell. How is dad doing? He doesn’t seem well. Is he declining? Is he high? Did he take the car somewhere? I hear the sirens of police cars and fire trucks. Did he have an accident? Did he drive his car into the bay? Did he kill someone? Does he really think he can get up on the roof and fix the loose shingles? Is mom okay? How is she able to handle all of this? Do we need to intervene? How do we support and show love to her as she recovers physically and mourns her husband? Making sure I stayed as well as possible consumed a massive amount of time and energy. Only recently, now that my mom is fully recovered from her fall, and life seems to be back to “normal,” am I able to pause and realize more fully how much these years exhausted me. Only recently have I been able to marvel at how my family and I were able to endure so much hardship, which took a toll on all of us, all the while needing to try to live and honor the responsibilities of our own lives. Only recently have I been able to come to terms with the fact that, although I feel my healing from the loss of my dad and the trauma surrounding his addiction and death, I am still exhausted. I am too tired to be able to subject myself to re-living the trauma by writing in ways that, although alluring, nonetheless are still unwise in terms of my well-being.

I have no doubt that my exhaustion stems from living for years, and especially during the last two years of my dad’s life, with a constant feeling of anticipatory grief. My father’s condition was so severe that his death felt plausible at any minute; thus, I needed to steady myself and prepare. I was never fully sure what to expect in terms of news when my mom would call me on the telephone, but more often than not, I felt it would have something to do with his being hospitalized, and possible death. My dad abused substances for years, starting most chronically in 2004. We spent years riding the waves of the “ups” and “downs” of him taking pills, then stopping, then craving and taking again, and so on and so forth. As a result, my dad and his addiction took me and my family on an emotional rollercoaster that was as scary as it was tiring. I recall talking on multiple occasions with my best friend and colleague Jay Brower, venting to him about how tired I was of what we were living through and my dad. “Buddy, I hate to admit it, but sometimes I feel like life would be better if he was dead,” I shared with him. “I feel terrible about feeling this way. Who wants someone to die?” Jay would often mostly listen and empathetically respond in ways that honored but that did not try to diagnose or fix the problems. Yet on one occasion he made an observation meant to encourage me to reframe my thinking. “Maybe it is not that you want him to die, but only want the problems to go away?” He was right. Although I was shocked with how it eventually happened, when my dad died I also felt relieved. I wish he was still alive and feel grateful that I miss him. Still, his death allowed me—nearly instantly—to begin to recoup the energy that had been sapped from my system. My mom’s fall and subsequent recovery added to my mental and emotional exhaustion as well. But caring for her when she needed it, and life generally, felt manageable once he died.

The tiredness that prevents me from feeling I can write is also informed by influences that are immediately related not to my dad’s condition but to everyday communication. Take, for instance, “you play, you pay”—a don’t-abuse-alcohol mantra that my mother repeated to me and my siblings on a regular basis when we were in our youth and young adulthood. Or take, for instance, the Weight Watchers workshop leader I recently heard sarcastically say, “It sounds like you may need to consider a whole different type of meeting,” alluding to Alcoholics Anonymous meetings, when a fellow member shared that she drank many glasses of wine during the past week. Or take, for instance, the jokes I overhear from people around me in restaurants or bars: “I have a Vicodin leftover from my surgery, it’s going to be a pill-and-wine party for me tonight!” “What’s the problem with having another drink, my liver is already wrecked?” “I am drinking well over my limits tonight—I wouldn’t want to be my liver!” These jokers mean no harm. However, my lived experience tends to prevent me from thinking they are funny and makes me wonder if they have ever known someone with advanced liver disease. I like humor, and some dark humor, but given what I’ve lived, such humor tires me. Hearing them reminds me of all that we endured and my wounds. I don’t need to be reminded; my memory is clear enough.

The prospect of writing a more in-depth evocative autoethnography that narrates what transpired over all these years, and the aftermath of the problems, would require far more energy than I wish, and am willing and able, to give at this moment. I suspect this will be the case for some time. I have exhausted enough energy in completing my earlier writing (Berry, 2012), in writing this chapter, and surviving within this problem itself. As I convey here, this reflexive writing process has allowed me to learn in invaluable ways. Yet it is time to continue to rest and heal, and to exert my energies in other mindful ways.

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The personal, relational, and cultural conditions that comprise my lived experience lead me to identify the
above four “maybes” that have been most influential in my writing (or not writing) process. Yet there are other possibilities for understanding my response or how other autoethnographers who face similar situations might identify. For instance, maybe writing would uncover realities related to the trauma, or how the trauma is lived today, that are scary and perhaps terrifying. Maybe writing would identify deep-seated anger felt by the writer for the loved one who is responsible for trauma and resentment that for any number of good reasons prevents writing from happening. Maybe some traumatic experiences feel too private to be conveyed and, therefore, should not be made public. Maybe the pain and suffering from being traumatized is still present, real, and incapacitating, and writing about it is unfathomable. Maybe it is less about the specific problem and trauma themselves and more aspects of lived experience outside of one’s work and writing that take up the time and energy that would be necessary to devote to such a project. I don’t feel a strong connection to any of these additional possibilities, but some readers might connect to them, maybe.

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 Reflexivity and mindfulness immerse autoethnographers in processes of dynamic investigating, familiarizing, relating, and being. They provide us with a pathway on which to experience ongoing moments of compassionate learning, or reflexive and mindful meaning-making, about ourselves and others, conflict and joy, stagnation and growth, and imprisonment and freedom. I end the chapter by sharing several lessons I take from this writing, which I offer in the spirit of additional meditations on the story I cannot write.

I emerge from this learning process understanding more about the allure of stories. The allure I’ve explored in this chapter is, to me, most interesting in terms of not what the story I desire to write “is,” per say, but what one hopes or wants the story to do to, or for, us and others. It is the type of allure and the attending “cannot write-ness” that lead me to want to practice “account-ability”—that is, to foreground “not just the telling of the ethnographic tale . . . [but also] the telling of our story, or how we came to know the ethnographic tale . . . the story of our story” (González, 2003, pp. 83–84, emphasis in original). Being more account-able in the chapter enables me to become more aware of my hunger and to come to terms with the wounds I was left with from these traumas. Also, that hunger signals my desire to heal more. I oriented to the allure and story in ways that made them entry points into an interpretive space that helps me to feel better concerning what happened, and whether or not it is likely a potential way in which to leave behind the sorrow I still feel. I did not think the process would “fix” things once and for all, or serve as a magical antidote to not hurt or put “closure” on the event and my pain and suffering. But I did want to be able to use it to continue to heal and, at the very least, to more deeply understand trauma. Of course, just because I wanted to engage with the allure by writing the story does not mean doing so would be good for me.

The mindfulness concept of attachment (shenpa) (see Chödrön, 2004) unpeels an additional layer of meaningfulness to my hunger. There is an energy, or an emotional and cognitive charge, so to speak, to the ways we orient to what we like and dislike. That charge is greater and more intense in situations of significant attachment; in turn, attachment becomes problematic when one fixates on what is desired, or not desired, rather than allowing things to be as they are in the here and now of the present. Similar to how I experienced the allure of wanting Renee’s story about bullying and suicide, there is a way in which I have felt, and sometimes still feel, attached to the fuller story I desire but am unable to tell about my dad’s death. The allure of the story sometimes has led me to crave the ability to write a fuller account, even if at the expense of how doing so might further harm. I have considered writing the story ever since my dad died, known the risks with trying to write it, and known I wouldn’t be able to do so. Drawing mindfulness into my practice of reflexivity served as a complementary way to become aware of the risks inherent to doing this work. No allure is, or will ever be, worth responding in ways that jeopardize well-being. Responding as I did in this chapter entailed using gentleness, love, and compassion as a viable way to honor the story I am able to tell right now. In turn, the process of exploring the “cannot write-ness” further affirms my decision to not tell a fuller, more desired story.

I also emerge from this process learning more about the importance of personal limits. Autoethnographers are some of the bravest people I know, but we are not superheroes who are invincible to pain and suffering. My work in this chapter enabled me to recognize my limits in terms of what I can and cannot tell, including the story I desired but cannot write, as well as the ways in which I write the current story. It entailed recognizing that I want to write more but simply cannot, and this cannot-ness is acceptable. It is a dimension to my subjectivity imprinted on me throughout my lived experience. It is who I am right now. In addition, neglecting personal limits is not only risky but also understandable in the case of autoethnography. There is an alluring nature to practicing reflexivity. It is an often fun and exciting process. Reflexivity not
only “lives for maybe” (Pelias, 2004, p. 14); it “lives” in ways that entice scholars to practice it with passion and immersion. There’s something thrilling about being reflective, knowing that one’s lived experience matters and can be used at the service of something larger than us. Yet the practice should not be taken lightly. In these ways, I have come to give myself a break and let myself off the hook for not being able to do what I could not do.

Some readers may wonder if I feel like I exceeded my personal limits when writing this chapter. I have two answers. Frankly, I do not feel like there was a moment during my writing process when I wasn’t working at my limits. At times, I felt terrific sadness and tension, feeling the aftershock of an existential earthquake that had already erupted and ended. I was at my limits but more or less well. Yet writing the opening story repeatedly took me over my limits. I did not decide to tell that story until I had nearly finished a first full draft of the chapter. I did so because I wanted to put myself “on the spot,” to familiarize myself more with the hardship from his death. Granted, I feel like the overall story is pretty damn evocative, but writing the opening story effectively opened me in even deeper and more emotional ways. Writing certain lines, and thus, recalling particular memories, led me to feel sorrow. I often cried. “Liver is in place, blood is flowing from the organ!” and “Be strong, dad.” I say out loud as I step under warm shower water and begin to cry. “Be strong.” Re-living these two moments felt nothing less than gut-wrenching. However, the process did not feel harmful—just terribly difficult and uncomfortable. Yet it was also cathartic. I cried for myself, my mom, and for other loved ones. I also cried for others who have similar stories, feeling as though my process here allowed me to be more aware of the pain that might have gone into the writing of past autoethnographies I’ve read.

I also emerge from telling this story having learned more about the significance of what I endured, and its impact on who I am. These meditations feel less like reflexive maybes and more like definitive yesses. Writing the chapter, as with my earlier writing (see Berry, 2012), enables me to recognize and affirm the often all-consuming nature of the illness of addiction on bodies and beings. Active addiction can be unrelenting, vicious, and incapacitating; in turn, it can consume the lives of addicts who are not in recovery and, as a result, the lives of their loved ones. Sometimes (often?) even after addicts emerge from active addiction and into a life of strong recovery, as was the case with my father’s excesses over all his years, addiction has a way of staying around and beating up addicts (and their loved ones) by way of physical illness, some of which is fatal. To witness the deterioration of someone you love, someone who has made a change for the better and yet has done so too late, is enough to never ever be able to see jokes or shaming about addiction and addicts as funny and welcomed. In addition, drawing together reflexivity and mindfulness has allowed me to emerge from this writing process with a clearer understanding of my subjectivity. I have a fuller awareness about all of the pain and suffering my family and I endured, and the nearly incapacitating effect it tended to have on our lives. And yet, I was able to continue to flourish in my professional life and stay well enough (maybe okay enough) throughout all of the problems and years. As a result, I emerge with the personal strength I am usually able to embody, the determination in focus and drive, and my ability to extend compassion to others, and to myself, as best as I can. I emerge with a clearer understanding of being an adult survivor of an addict—a survivor who is imperfect and infallible, but also certainly a survivor or, in mindfulness terms, a gentle warrior.

I also emerge from this process with a more intimate understanding about the ways self-care is crucial in terms of relational ethics (Ellis, 2007) in research and writing that uses reflexivity in autoethnography. This is especially important given the emphasis on vulnerability and evocative writing (Bochner & Ellis, 2016; Ellis, 2004). Part of this self-care entails remembering that whether or not one is able to tell a story does not necessarily serve as the gauge for knowing if one is healing or is healed. I largely feel well and well on my way in the healing process; but at the same time I am not able to write the desired story. Part of self-care in this context entails remembering to grieve mindfully (Kumar, 2005), and remembering that trauma is not something that the traumatized necessarily “get over,” nor is it something to be rushed (Epstein, 2014). Connecting these lessons is the import of relating to oneself, and to others, when enduring hardship and (potentially) writing reflexively, with compassion (Chödrön, 1997). In this way, taking care of ourselves within relational ethics is a gift to self (Ellis, 2007) that is just as important as a gift to others. Unwrapping the gift entails loving oneself and taking care of oneself in ways that keep us as well as we can be.

More generally, autoethnography is a “gift” that “nourish[es]” the soul during painful emotional times (Bochner & Ellis, 2006, p. 111). The potential for healing from reflexive nourishment is one of the most precious possibilities inherent to this offering. Writing is “the healing place where I could collect the bits and pieces, where I could put them together again. It was the sanctuary, the safe place” (hooks, 1999, p. 7). It is too soon to understand with much
clarity the extent to which the writing of this chapter influenced my healing. Although I feel tired, I love that I do not feel worse off now that I’m ending the story than I did prior to beginning to write it. That tells me that I have worked well with mindfulness to reflexively examine the allure. I also feel a sense of personal satisfaction and pride that comes with noticing the difficulties inherent to this project, respecting them and their influence on my personal limits, and writing in ways that offer one example of mindfulness-infused reflective writing. I feel more familiar with the conditions shaping what I can and cannot write. I feel like I’ve written the chapter that this moment of healing allows.

NOTES

1. I have masked the identity of this student in a number of ways with respect to demographics and the focus of the story the student wrote for class.

2. Scholars who use evocative autoethnography often aim to invoke a response in readers, or the persons who sit in the audiences of performed autoethnographies, to create a sense of verisimilitude, or “a feeling that the experience described is lifelike, believable, and possible, a feeling that what has been represented could be true” (Ellis, Adams, & Bochner, 2011).

3. Some ideas in the foregoing section include ideas from past writing that ultimately led to Berry and Patti (2015).

4. Readers may wish to draw on any one, or several, of the mindfulness concepts I describe in the foregoing section to further explore my opening story and the four conditions I describe later.

5. Regarding my approach to relational ethics (Ellis, 2007), my sister was the only family member who knew about the essay I published on father–son relationships in the context of addiction at the time of its publication (see Berry, 2012). She read and affirmed the story. Fearing it would be intrusive to his recovery, I did not tell my father about the essay. It was not until July 2019 that I told my mom about the essay; gave her a copy to read; and offered to sit by her side as she read it. She has chosen not to read it, for now, she says, a decision I told her I fully support. My mom knows about, and is supportive of, my work in the current chapter and, for that matter, all of my writing. She has offered me a few suggestions and memories but has only been minimally involved in my writing. She gave me the wording for her comment to me about A Star Is Born (see below). Also, my sister and her husband both read the opening story and gave me a few comments from the experience that I had forgotten but they had not. Although I share many personal details in the essay and this chapter, out of respect to my dad, mom, and other family members, there are also other more intense and/or personal aspects of our lived experience I choose not to share.

6. Practicing reflexivity and mindfulness are, to me, complementary processes. Both practices share a keen interest in engaging with issues of hardship and the attending pain and suffering; ask practitioners to notice the ways in which we are thinking, feeling, breathing, and questioning and, as a result, compel us to try to pause, slow down, and reflect on the ways we are living; embrace the fundamental interdependency, or interdependence, of all people and things; work best when practitioners relate to others and ourselves in ways that embody compassion, by avoiding judgment and cruelty; and with lightheartedness, and even humor; and prompt us to attend to and learn from/with the multiplicity of possibilities inherent to thinking and feeling about oneself, others, and cultural life, more generally. I draw the practices of mindfulness and reflexivity together to illustrate how they complement and coexist. I have drawn on mindfulness to complement my autoethnographic and ethnographic research for some time (see, e.g., Berry, 2008, 2013, 2016). A more thorough exploration of the connections and disconnections between the two, including the ways in which reflexivity and mindfulness are different, is needed but falls beyond the aim and scope of this chapter.

REFERENCES


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