



Hope for Those Impacted by Addiction  
Coaching • Education • Advocacy

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## *A Different Kind of Grief<sup>sm</sup>*: The Client Grief Process from an Overdose or Substance use-related Death

- Recent research vs. my theoretical point of view.<sup>1</sup>
- Why *A Different Kind of Grief<sup>sm</sup>*
  - My personal experience.
- **432 people dying every day in this country from a substance use-related death.** <sup>2,3</sup>
  - Consider all the loved ones connected to these deaths.
- **What is Addiction – Substance Use Disorder (SUD)?**
  - The American Medical Association (AMA) recognized alcoholism as a disease in 1956 which allowed it to be viewed as a diagnosable condition for which insurance reimbursement was possible.
  - Most treatment focused on it being a psychological/behavior disorder.
    - Fifty-years later (2011), the American Society of Addiction Medicine (ASAM) stated that addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.<sup>4</sup>

- Followed by the National Institute on Drug Abuse (NIDA) stating that addiction is, “*A chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences.*”<sup>5</sup>
- **Do people choose to use/do addictive substances/behaviors?**
  - “*Addictive behaviors are a manifestation of the disease, not a cause.*”
    - ~ Dr. Raju Hajela, past president of the Canadian Society of Addiction Medicine and chair of the ASAM in 2011.
- **Is it simply a matter of will power?**
  - Because brain chemistry has been altered, recovery involves *much more than simple will power.*
    - A symptom of SUD is the user’s inability to engage their will power to stop using/doing the mind-altering chemical or behavior.
- **The stigma of addiction.**
  - Making addiction about the person’s character, choices and/or will power has allowed us to blame the person for their illness.
- **Value of education regarding Addiction – Substance Use Disorder (SUD).**
  - They know “what” their loved one died from – an incurable brain disease – which answers the question for the “why” of the death.
    - Focus on the “why” keeps the attention on their loved one instead of their own healing.

- **Why is *A Different Kind of Grief<sup>sm</sup>* considered disenfranchised/ambiguous loss?**
  - **Disenfranchised Grief<sup>7</sup>**
  - “...the types of loss that are not so readily recognized or supported by society. ...losses that might be stigmatized, including death by suicide or from disease, or self-destructive behaviors like smoking or alcoholism.”<sup>7</sup>
- **Ambiguous Loss<sup>8</sup>**
  - **A loss that is not very clear. It is unseen, or not accepted as valid.**
  - “...person is physically present but psychologically absent... The second type ...is when there is a physical absence but a psychological (emotional) presence.”<sup>8</sup>
- **Why is *A Different Kind of Grief<sup>sm</sup>* a two-fold loss?**
- **Interplay of stigma, shame, and trauma.**
  - How stigma and shame complicate the grief process for the loved one.
  - **Complicated Grief:**
    - “...is a persistent form of intense grief in which maladaptive thoughts and dysfunctional behaviors are present along with continued yearning, longing and sadness and/or preoccupation with thoughts and memories of the person who died.”<sup>6</sup>
- **How trauma may be involved in *A Different Kind of Grief<sup>sm</sup>***
  - Overdose death of a loved one after period of recovery.
  - No knowledge that loved one had a SUD before the death.
  - Survivors are often ones to discover the body.
  - Neglectful prescribing for a loved one by attending physicians.
  - Car accidents – by, or involving loved one who died.
  - Violent crimes committed while under the influence of addictive substances – either by or to the loved one.

- Violence between loved ones under the influence of addictive substances.
- Others???
- **Handouts contrasting grief and trauma** <sup>18,19,20,21,22,23</sup>
  - #1 Grief Symptoms
  - #2 Trauma Symptoms
  - #3 Traumatic Grief Symptoms
  - #4 What can happen when death is traumatic?
  - #5 Dual Process Model
  - #6 Contrasting Grief and Trauma Response
- **How and why survivors shut down<sup>23</sup>.**
  - Memories/cause of death are overwhelming.
  - Survivor copes by avoiding images, feelings, thoughts and memories.
  - This avoidance impedes processing the loss/restoration tasks.
- **Video: Personal experience of trauma-related grief.**

### **How the healing begins.**

- Healing work requires movement between remembering the event and going on with the basics of life.
  - #5 Handout: Dual Process Model of Coping with Bereavement.<sup>22</sup>
- **Ted Bowman’s Development of Compassionate Responses to Difficult Losses.** <sup>10</sup>
  - # 7 & 8 Handouts on Compassionate Responses. <sup>25</sup>
- **Defining the need for groups specific for people who have a loved one who has died from overdose or an addiction-related death.**
  - They don’t have to “explain” their loss – group members already “get it.”
    - Reduces stigma/shame of SUD

- Focus on their loss/healing rather than loved one's illness.
- On-going educational reminder about SUD as brain illness.
- Each family member/loved one has a different grieving process.
  - Based on the individual relationship.
  - Based on status of each relationship when the loved one died.
  - Parents grieve a loss differently than spouses and siblings.
  - Siblings' loss tends to be overshadowed by parental loss.
    - Siblings may discount their loss when in the same group with parents.
  - Husbands/Wives/Significant Others.
  - Step Parents.
  - Relatives.
  - Friends.
  
- **Self Care Practices for Healing.**
  - Related to “restoration-oriented coping” discussed in Dual Process Model.<sup>26</sup> Handout #5
    - Specific Practices/Hobbies/Social Group/Change of Vocation.
  
- **Meditation as a Self-care Practice.**
  - Increase one's ability to **respond** rather and **react**.
  
- **Gratitude Practice<sup>27</sup>**
  
- **Video: Personal Experience of a Meditation Practice.**
  
- **Relationship between *A Different Kind of Grief<sup>sm</sup>* and Post-traumatic growth (PTG).<sup>28</sup>**
  - A set of positive changes which occur as a result of coping with a traumatic event.<sup>28</sup>
  
  - My personal recognition.
  
  - Difference between resilience and PTG.

- “Resilience is when you get punched, stagger and jump right back up.”<sup>31</sup>
    - Your personal work and life remain the same.
  - “Post-traumatic growth is different – when you stand back up, you are transformed.”<sup>32</sup>
    - Many aspects of your personal/work life change.
- **Five possible life changes resulting from PTG.**<sup>35,36,37</sup>
  - Many have closer relationships to specific groups of people and become more compassionate toward the plight of others.
  - Some choose different career as they remake worldviews.
  - Some may seek a stronger (or different) spiritual dimension to their lives.
  - “... An increased sense of one’s own strength – *‘if I lived through that, I can face anything.’*”
  - “... A greater appreciation for life in general.”
- What PTG **does not change** for the survivor.
  - “...” It doesn’t replace [or extinguish] the pain involved in coping with the traumatic event.”<sup>38</sup>
  - It does offer a means for people to cope with the loss and deal with the suffering.<sup>39</sup>
  - PTG doesn’t develop in everyone who experiences a life-changing shock/trauma.<sup>40</sup>
- **Video: Personal experience of PTG.**

## References

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# #1 Definitions de Jour:

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## Traumatic Grief

### GRIEF

- \*Sadness, tears
- \*Belief that person is still alive
- \*Feelings of sadness, off and on
- \*Anger, irritability
- \*Regressed behavior
- \*Sleep problems that resolve
- \*Temporary loss of appetite
- \*Separation anxiety
- That eases over time--

Rabenstein, S., M.Sc. RMFT. "Family Counseling in the Context of Traumatic Losses," Minnesota Coalition for Death Education and Support, Fall Conference October 7, 2016.

## #2 Definitions de Jour:

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### Traumatic Grief

#### TRAUMA

- \*Flashbacks
- \*Event reenacted in play
- \*Nightmares with or without trauma content
- \*Avoiding people, places, things
- \*Numbing
- \*Changes in thought processes
- \*Changes in mood
- \*Changes in arousal and reactivity

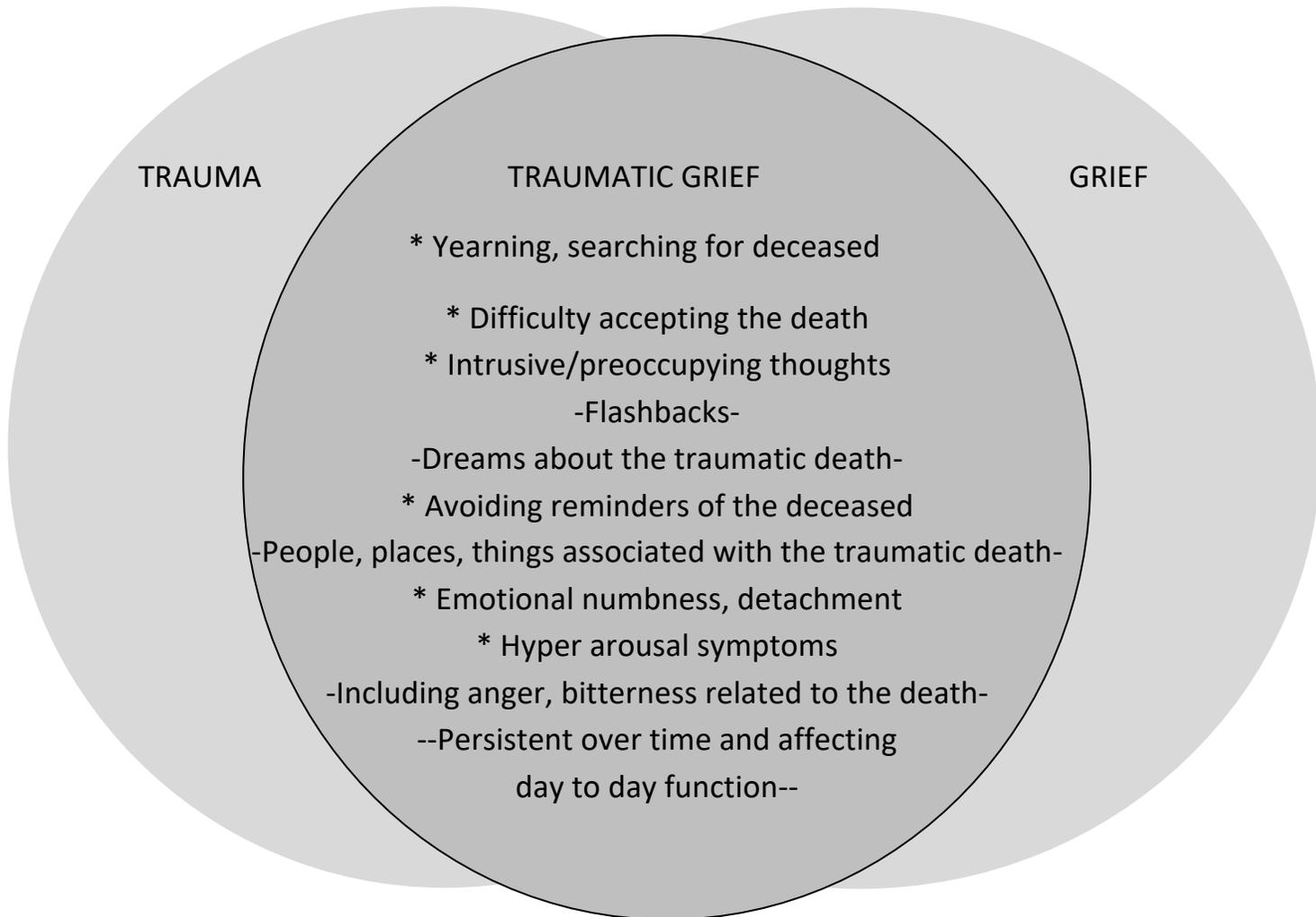
--That eases over time--

Rabenstein, S., M.Sc. RMFT. "Family Counseling in the Context of Traumatic Losses," Minnesota Coalition for Death Education and Support, Fall Conference October 7, 2016.

## #3 Definitions de Jour:

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# Traumatic Grief



Rabenstein, S., M.Sc. RMFT. "Family Counseling in the Context of Traumatic Losses," Minnesota Coalition for Death Education and Support, Fall Conference October 7, 2016.

# #4 What can happen when death is traumatic?

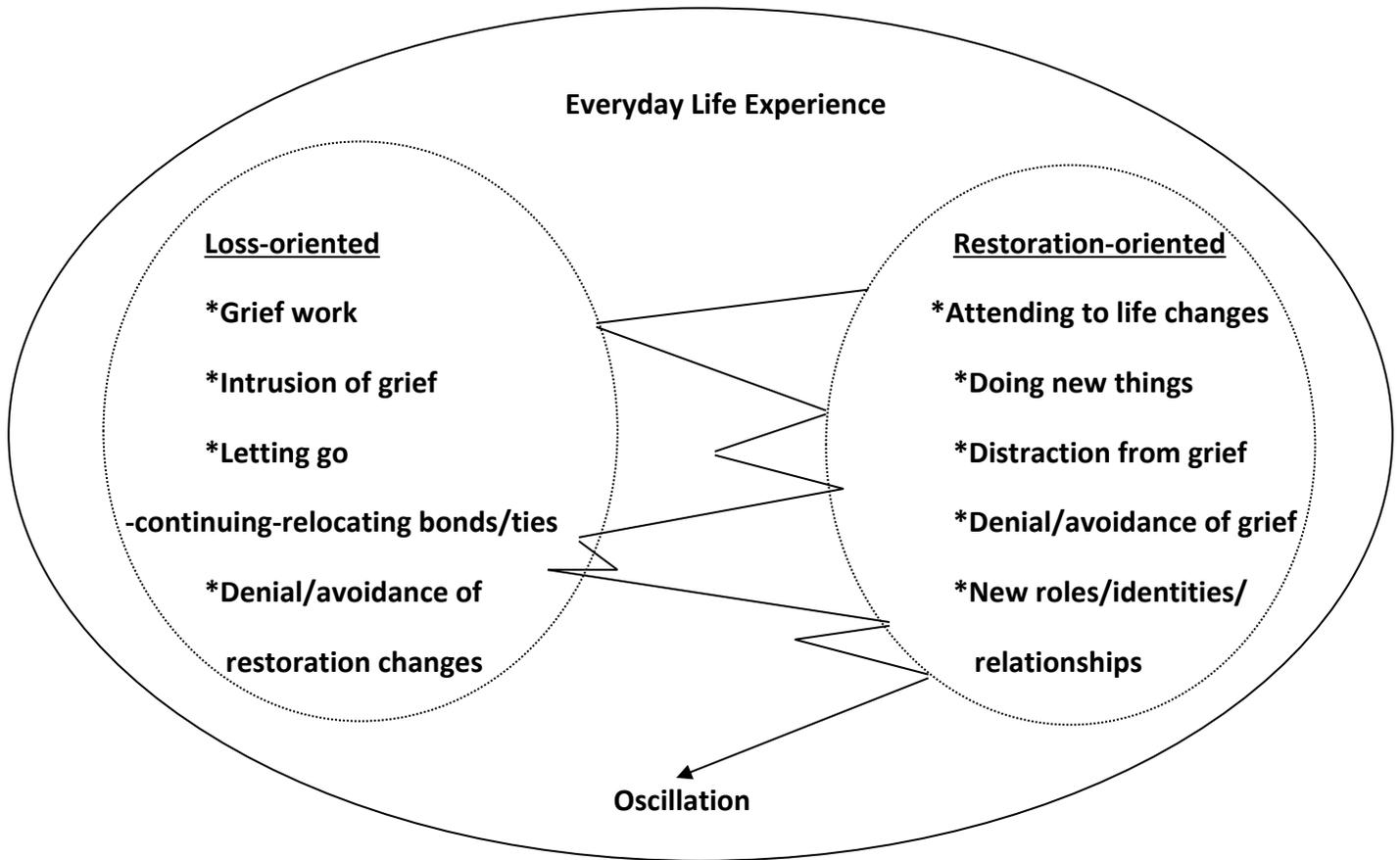
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- \*Traumatic memories of the deceased and cause of death are potentially overwhelming.
- \*The survivor is flooded.
- \*The survivor copes by avoiding images, feelings, thoughts and memories of the deceased.
- \*This avoidance impedes or shuts down the loss AND restoration tasks because of the trauma-based images or emotions evoked when the child or adult thinks about the deceased.

Rabenstein, S., M.Sc. RMFT. "Family Counseling in the Context of Traumatic Losses," Minnesota Coalition for Death Education and Support, Fall Conference October 7, 2016

# #5 The Dual Process Model of Coping with Bereavement

Stroebe & Schut (1999)



Stroebe, M. & Schut, H. (1999). *Death Studies*, 23: 197-224, Utrecht University, The Netherlands

# #6 Contrasting Grief and Trauma Responses

	<b>Grief Responses</b>	<b>Trauma Responses</b>
Cognition	Yearning/Focus on the <i>lost relationship</i>	Focus on the <i>traumatic event</i>
Reliving	The absence	The event
Affect	Sadness/Yearning – Separation Anxiety	Fear/Horror – Traumatic Anxiety
Belief System	How can I go on? Who am I?	Why did this happen? Can it happen again?
Memory	Approach/Reminiscing	Avoidance/Intrusion
Symptoms	Depressive	Anxiety/Agitation/Arousal

Jordan, J. R. Ph.D., "Traumatic Loss: New Understandings, New Directions," Minnesota Coalition for Death Education and Support Spring Conference May 2, 2014.

## **#7 Compassionate Responses Prepared by Ted Bowman**

**“Finding Compassionate Responses to Difficult Losses: Substance Abuse, Overdose and/or Suicide,” sponsored by *Pathways* at Plymouth Congregational Church, 1900 Nicollet Avenue Minneapolis, MN 55403 United States, June 19, 2018.**

- Serenity prayer – I cannot change the ending of the story, but I can hope in my retelling of the story that I change
- Follow the thread – that got you through other rough times – resiliency
- Caring acts – things you can do that don’t cost much, take much time and may not address relationship issues, but which show care or love
- Care conferences – a version of professional gatherings of everyone that should be at the table: who’s on your team?
- Separate as much as possible how something happened to an honest acknowledgement of what happened - Edward Rynearson asserts that the compulsive retelling of a violent story often eclipses the retelling of the living story
- Centering and meditative practices
- Respite – give yourself permission to put your worries on the shelf for two hours while you attend a concert, movie, or go bowling
- Try to keep a sense of humor
- Be a wounded healer - use your own wounds as a teaching tool for what can be done differently in the future
- Be ready to receive help – make a list of things people can do who ask: how can I be helpful?
- Know the difference between compassion fatigue and compassion satisfaction

- Rynearson – unrealized caring seems to have been my dilemma...I didn't have the chance (or time or opportunity) to carry out my obligation to protect
- Distinguish what you know now that you didn't know then
- Helping, fixing and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul. – Remen
- Discreetly and respectfully, move some of your grief story from inside to outside. Telling a trusted other reduces internal physical, psychological and spiritual distress.
- ...joy as a seemingly real quality of this lived world can invade us even in pain and periods of deep grief. It does not seem to be the case that joy and grief can occur simultaneously, but they can occur alternately; that is, the pervasive emotion may be grief, and yet joy can slip in momentarily. So it may happen that even in the deepest grief, filled with guilt and sorrow and regret and despair, I may still see and feel joy there in the world, trembling at my fingertips – Noddings
- Choose people to be with that can be present with you
- I don't know why...  
I'll never know why...  
I don't have to know why...  
I don't like it...  
I don't have to like it...
- What I do have to do is make a choice about my living.  
What I do want to do is to accept it and go on living.  
The choice is mine.  
I can go on living, valuing every moment in a way I never did before,  
Or I can be destroyed by it and in turn, destroy others.
- The direction in which you look will determine what you see

## **#8 Compassionate Responses to Difficult Losses**

**Gathered from audience on June 19, 2018 as Part of Ted Bowman's  
Presentation: "Finding Compassionate Responses to Difficult Losses: Substance  
Abuse, Overdose and/or Suicide," sponsored by *Pathways* at Plymouth  
Congregational Church, 1900 Nicollet Avenue  
Minneapolis, MN 55403 United States, June 19, 2018.**

- I'm here for you
- Listen
- Daily or weekly phone call – continuing to check in
- Remembering trigger days – anniversaries, birthdays, holidays etc.
- Being present and not filling a silence
- Send a care package
- Forgiveness
- Moving to a place of letting go of your own blame
- Honoring their choice
- Talking about them – name the name
- Sharing their story
- Sharing memories of life
- Sharing the words of lament psalms, elegies, words of grieving
- Honoring the decision to do other things in life, to focus on other things
- Letting yourself have good days – experience joy and laughter
- Have times and places to grieve as well as heal
- Validating and honoring anger
- Listen for the feelings underneath the anger
- Honor confidences
- Compassion by touch – a hug, holding a hand, a massage when appropriate

- Lending a dog, companion animal
- Legitimize the loss
- Memory objects
- Memory place, serenity corner, a healing place in your home
- Asking what they miss about them, asking about favorite memories and trips, remembering things associated with them, revisiting favorite places
- Bring them to life with laughter – remember them through their own words
- Inviting for a sleepover, take a trip together, go for a drive or a walk together – getting out of the house
- Helping with unexpected things, making calls, ironing clothes
- Remembering the benefit of the practical
- Asking “how’s your heart?”
- Instead of asking ‘How are you?’ say “It’s good to see you”.
- Practice small acts of kindness – bring over a meal or other needed item – without expecting any particular thanks or response
- Asking someone what they need rather than assuming what they need
- Acknowledging how difficult loss, grief, and the grieving process can be
- Honoring and respecting a person who chooses not to talk or wants to have time alone
- Get curious – listen and watch for the little losses, ambiguous losses, losses that people blow off and don’t accept or acknowledge – call them out, acknowledge them
- Sitting in silence with someone or showing up with a box of tissues and offering to cry together
- Bring them flowers
- Write down a memory of the person to give to the mourner
- Offer to help with thank you cards
- Be present after the funeral too
- Treat them with a simple pleasure – flowers, coffee, ice cream
- It’s okay to say, “I don’t know what to say but I am here for you”.