Transcript: A Different Kind of Grief: Understanding the Client Grief Process From An Overdose or Addiction-Related Death

Presenter: Gloria Englund

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ANN SCHENSKY: And welcome to our webinar today, A Different Kind of Grief: Understanding the Client Grief Process from an Overdose or Addiction-Related Death. Today's webinar is brought to you by the Great Lakes ATTC, the Great Lakes PTTC, the Great Lakes MHTTC, and SAMHSA. A little bit about us: The Great Lakes ATTC, MHTTC, and PTTC are all funded by the Substance Abuse and Mental Health Services Administration.

The presentation today was prepared for the Great Lakes ATTC, MHTTC, and PTTC under a cooperative agreement with SAMHSA. At the time of the presentation, all of the opinions expressed are that of the views of the speaker and do not necessarily reflect the official position of DHHS or SAMHSA. We are funded under these cooperative agreement numbers.

A little bit about today's webinar. This is a recorded webinar. The audio for this webinar will be broadcast through your computer speakers. So please make sure they're turned on and up. The webinar recording can be accessed on the Great Lakes YouTube channel and the Great Lakes ATTC website. No certificates of attendance or CEUs will be issued for viewing this webinar. I'm going to ask Kris Kelly to please introduce our speaker today, Gloria Englund.

KRIS KELLY: Thanks, Ann. Today's presenter is Gloria England, who is the founder of Recovering U, is a psychotherapist who holds a Master of Arts degree in human development. As a professional recovery coach, she works with individuals and families dealing with an addiction to alcohol, food, drugs, and relationships. Gloria has personal as well as professional knowledge of addiction and recovery. Her oldest son Aaron died of a heroin overdose in 2007. One of her groups, A Different Kind of Grief, offers a unique type of grief support for those seeking healing after a loved one dies from a substance use-related death.

Her book, *Living in the Wake of Addiction: Lessons for Courageous Caregiving*, demystifies addiction, defines stigma, offers hope for recovery, and serves as a guide for professional families and individuals seeking

support on the journey to recovery. Gloria is also a dear friend and works within the Twin Cities where I live and has been a strong advocate for the recovery community. And Gloria, I'll let you take it from here.

GLORIA ENGLUND: OK, thank you, Kris. I'm very pleased to be able to share this information with the community today. This has been a work of mine for the last eight years, and it's really nice to be able to put it all in a specific format that is workable and sharable for all.

One thing I do want to make clear is that when I started my groups in 2012 there was very little research about the grief process regarding addiction or substance use-related deaths. It wasn't until about 2014 or 2015 that grief experts started putting together research on the family members and loved ones of people who died from substance use disorder, mainly because of the rise of the opioid deaths and the opioid epidemic.

So, a lot of my theories were put together without any research to back them up. But now there is a lot. And I'm grateful for that because I feel as though it adds to the validity of what I have to share today.

These are pictures of my son Aaron. We mentioned in the introduction that Aaron died in 2007 of a heroin overdose. I always like to show these pictures of him because there's still so much stigma about who dies from substance use disorder. People have in their mind it's a certain kind of person.

I think there's a hierarchy in addiction-related deaths. And I think people that are IV users are way down on the list. And so I like to show people that he was like any other kid. That he loved to fish. He was a football fan. He dreamed of going to the University of Nebraska and playing football.

And the picture over in the corner is him showing up when I got my master's degree. He loved his family and was always happy when we could celebrate his birthday with him.

My personal grief experience started in 2007, of course, when my son died. He died in May. And I did not really seek any support for myself. Again, I think the stigma and shame around the illness kept me from doing that.

But finally, in the fall of 2007, I went to community grief groups and sought support. I went to a group that offered support based upon whether it was a parent, a sibling, or a child. And so that felt supportive to me.

But when I got into the group, there was very little understanding about addiction being a brain illness, it was still very much looked on then as a character defect, a flaw, a lack of willpower. It was really hard for me to get the support I needed and speak openly without the feeling of being judged.

There was one other woman in the group whose adult daughter had also died of alcohol withdrawal-related causes actually in a hospital in San Francisco. She went into alcohol withdrawal. And they had just left her alone, and she died.

So she and I had a lot in common. I had nothing in common with anybody else. And so I finally left the group and went back to my family recovery group for my support because at least they understood about the nature of the illness. And I felt like I could talk openly there.

I always want people to get these figures. And these figures of deaths from substance-use disorder are based upon information I got on the first of this year. These may be a little bit higher. They may be a little bit lower.

But just generally speaking, when we think of 432 people dying every day from a substance-use related death, think of all the lives that their lives touch, and how those people suffer from this different kind of grief.

So let's just multiply it times 4. That's 1,600 people a day, right? Take it times 365. So that's why I think this information about why this kind of grief process needs to be supported and looked at in a different way is really important information.

I always like to include the definitions of addiction from the American Medical Association and the NIDA. These are all part of the education in my groups. So my groups are six-week groups. I limit it to six people at a time. Once the first week starts, people-- unless it's very unusual circumstances-- are not allowed to join.

And what this does is it creates a place where people only have to tell their story once. They create a bonding within that six weeks in their connections, just with six other people. And it's really important in these groups to educate people about substance-use disorder and actually what it is because you would be surprised how many people come into these support groups and really don't understand the nature of this illness.

I think it's important to remember that it was recognized as a disease by the AMA in 1956 just so it could be viewed as a diagnosable condition for insurance reimbursement. But on the treatment side, back then-- and actually I got my master's degree in 1991, and the little bit of information I got about substance-use disorder was that it was mostly a behavioural or psychological or personality disorder.

And so that's why it's interesting to note why there's still so much stigma and shame about this illness because it wasn't until 2011-- that's nine years ago, only nine years ago-- that we actually started to try to define this illness for what it is. So we have a big ship to turn around as far as people really understanding that-- like this slide says, people don't choose to use.

I think that it's really important to remember that addictive behaviors are manifestations of the disease, not the cause. And so many people have that backwards. They know that the person they love or care about has distorted ideas of their thinking.

And they act-- and their feelings and perceptions are not what they understand or who they understand the person to be. But they are not

choosing to be that way. Nobody grows up and says, gee, when I grow up I want to have a substance-use disorder. That's just not the way life goes.

And my biggest point here regarding this choosing to use is that because we know that this illness has a lot to do with people's environment, definitely it affects the brain, but it also involves where people are in their environment, how much trauma was involved in their use or in their life beforehand. And we're going to talk more about that.

So all of these things come into play. And there seems to be a very narrow window for people when they ask for help. And what is most upsetting to me and what I really work to change is that the moment they ask for help is when services should be available.

And because when my husband walks into the emergency room with symptoms of a heart attack, he is taken care of immediately. There are no questions asked. And if we could treat people, get them their assessment, get them into a treatment center within 24 or 48 hours of their assessment, and get them an assessment the moment they ask for it, I think we'd see a lot less destruction from this illness.

So I mentioned this, it's much more than willpower. I think people say to me, if you had anything you wanted to say to Aaron now, what would it be? And it would be, “It didn't matter how hard you tried.” I mean, he died not even understanding that it was a brain illness.

And if anybody could engage their willpower to do anything, it was my son. And I see this in so many of my clients. And so we have to recognize that one of the biggest symptoms of people knowing that you have a person whose illness has become chronic is their inability to engage their willpower to stop using or doing the mind-altering chemical.

So all these things tie into the stigma. When we make substance-use disorder about the person's character, their choices, or their willpower, it allows us to blame them for their illness. We don't blame people who have diabetes or heart disease or asthma for their illness.

We might make a few judgments about them not being able to take care of themselves. But the hype of stigma around this particular illness is enormous.

And so I think there is distance between the general public and people who have substance-use disorder. So the general public does not feel a responsibility to do something about this illness, to really crank up the machines, get people the help that they need. And I think this thinking is what keeps the stigma of substance-use disorder alive and personal, rather than bringing it into the light of the national health epidemic that it is today.

So again, the value of education is really important in my groups. Like I said, the very first week that we meet, this is one of the first things we go over again and again.

And what I noticed is that when my clients come in, and they're still into the stage of why, why, why did they have to die. Why couldn't I help them? Why

weren't they able to help themselves? This why is kind of like a gerbil on a wheel. It just goes round, and round, and round. And they cannot get grounded in their own recovery, their own healing.

If I can explain to them, and they can begin to accept the what of how they died. What they died of was an illness they couldn't cure, didn't cause, and can't control. If I can get them to get grounded in that, it allows them to move away from the illness and their loved ones-- the preoccupation with their loved one's death and start working on their own grief process.

And this education is brought up every week in some way during my six-week class because the trauma that a lot of these people deal with before their loved one died, while their loved one was in active addiction, and then there's many people that experience trauma when their loved one dies. By the time they come to me, most of them are still either traumatized or in some state of shock.

And they aren't thinking. They can't think clearly. They can't digest things as readily as they could if this hadn't happened to them. So that's why this information goes on throughout my six-week class.

So I want to share some of the ways this different kind of grief fits into some traditional grief containers. This is definitely a disenfranchised grief because it's something that is not readily recognized. It's overdose, substance-use related deaths.

You will see people in the paper say they had a heroic battle against cancer. You very seldom see an obituary where somebody says they had a heroic battle against substance-use disorder or addiction.

So I've always known it was very disenfranchised grief. And now I have some of the research to acknowledge that. And it is very ambiguous in that it isn't clear, because, as we all know, the illness isn't something-- I heard substance-use disorder the other day compared to Alzheimer's where the person looks fine. I mean, I know in advanced stages it starts to really affect people physically.

But somebody can be really in the chronic stages of their illness and look pretty good on the outside. But then we know with this ambiguous loss that the person then is physically present but they are not psychologically present. They're very absent because their brain has been affected by whatever chemical they're misusing.

And then the second type-- that I think this is really important to remember-- is that there can be a physical absence. But it's very huge psychological presence for the loved one. And this was something that I see in my clients and I recognized in myself.

So when my son would be gone for days or weeks at a time, when he was using, I would be conflicted because he would be physically gone. And there'd be some relief in that. But I'm telling you he was psychologically present in my

mind many, many hours of the day. So I think it's really important to keep in mind that this is a disenfranchised grief. And that it is an ambiguous loss.

The other thing is the way then that the community looks at this. It's really important to remember, I talked about how the trauma that the loved one experiences while the person with the substance-use disorder is alive-- that trauma gets transferred to them, as well as the stigma and shame.

So I think the loved ones here experience just as much stigma and shame as does the person with the substance-use disorder. And so as they grieve, they're experiencing that stigma and shame. And so many of them never share, number one, that their loved one ever suffered from this illness. Nor do they share about it after they die. They carry it around.

Because again, the general public often looks at this as an avoidable death. They didn't try hard enough. The loved one didn't help enough. And so that it makes this a very dehumanizing loss.

And I love this quote. I guess I shouldn't say I love it. But I admire the wisdom in this quote. "It is one thing to lose something that was important to you, but it is far worse when no one in your universe recognizes that you lost it. The failure to acknowledge another's loss is to deny that person's humanity."

I think it's also to deny the loved one's humanity. And I will tell you that when my son Aaron died 13 years ago, he was 33 years old, his illness was talked about a lot at his memorial service. Family members talked a lot about how Aaron was not his illness, that Aaron was all these other things.

And after that memorial service was over, my family never spoke his name again. Hardly at all.

Now my present husband, Aaron's stepfather, he was the only one that would talk about Aaron. Nobody else would.

Now I know this isn't always the case, but you can imagine how having-- and this isn't only for me, I'm just using me as an example-- but having this person take up your every thought and all your energy and trying to give them help for months or years, as was my case, and have his name said a million times a week or 100 times a week, many times a day. And of course when Aaron was still alive, people were always saying, well, how is Aaron. How's Aaron doing?

But once he died, nobody ever wanted to talk about him again, which really was part of the trauma that I think that I had to learn to live with. And I'm going to talk about this later on in the presentation. But I began to see that the relationship I had with Aaron when he died was very different from the relationship he had with many other people in the family, and that affected their inability to grieve or mourn his loss outwardly.

So the ambiguous loss and the dehumanization of the loss, I think all these things tie into what I originally call this grief as being a two-fold loss. And what I mean by that is when somebody is ill with this and you start to see it affect their whole life, and you watch them, if they stay ill for a number of years, and

sometimes it only takes a number of months, they lose everything that they thought was important to them and that you thought was important to them.

But with a hope of recovery, you start to hang on to the fact that they'll have new life dreams. There'll be new dreams when they recover. So you don't really grieve those previous life dreams that they lost.

But when they die, that simultaneous death of the loved one and the loss of their life's dreams creates a devastating avalanche of grief and loss for those left behind. And this is what was so overpowering for me because I never ever let go of the hope of recovery for my son, especially because in the last three or four years of his life we really learned how to respect each other's boundaries.

And I finally accepted that he had an illness. And that made all the difference. But it probably contributed to why his loss was so devastating because I was very entrenched in the hope of recovery for him.

And again, this can be complicated by the loved ones' perceived failure to prevent the death, directly or directly. So again, it adds to complicated grief. And so I'm just going to talk a little bit about this because I know there will probably be folks that are experts in the grief field. And I want them to see how these different containers of grief fit into a different kind of grief.

So complicated grief is a persistent form of intense grief with maladaptive thoughts, dysfunction, and behaviors which are present along with that continued yearning, longing, and sadness, or preoccupation with the person that died. So this is the most important thing to hold in your mind when you think about how the interplay of stigma, shame, and trauma come in to being able to grieve this loss.

Again, I talked earlier about how the stigma and shame that often accompany those with substance-use disorder is transferred to the loved ones who grieve. So they're trying to grieve. And they've got the stigma and shame that's involved. And they also may have some trauma, which really interferes with their grieving process. This all turns into a perfect storm.

So I've just listed a few ways here that trauma may be involved for the loved one. I already talked about how the fact that there's trauma that can be involved with the stigma and shame that accompanies the loved one before they die. Many loved ones experience-- watch their loved one die from an overdose death, or don't watch them. They often are the ones that discover the body because usually they're the ones that are closest to the loved one.

Another big traumatic piece is I've had several clients who did not even know that their loved one had a substance-use disorder before they died from a substance-use disorder. The first video that we watch, you're going to see how that affected her grieving process.

I've had clients that were traumatized by neglectful prescribing for a loved one by attending physicians who were supposed to be caring for them. I had one client that went so far, she went to many boards and state agencies to try to

sue this doctor who kept prescribing to her brother. And she never succeeded in getting his license taken away. And that was very traumatizing to her because she was really worried about how he was going to treat other patients.

I think it's pretty common knowledge that car accidents, either involving the loved one who died, where they're either the passenger or the driver. It's pretty clear knowledge that there's often violent crimes that are committed under the influence. There's often violence between loved ones under the influence.

And then I don't know if many people think about this, but I have had many of my clients experience this posthumous disillusionment. And I've had clients discover that their loved one cleaned out all their savings, all their retirements, everything. I've had many clients discovered that their loved ones broke laws and had tickets and all kinds of things. And many of them found out that their loved one was having an illicit affair.

And it's just all this adds to the trauma. And so I really try to keep reminding the person that their loved one is separate from their illness. And this becomes very difficult when this trauma is involved for people to separate out the two.

So some of the best information I got on how grief and trauma are intersected was by a couple of seminars that I attended through the Minnesota Coalition of Death and Education Support. This one was in October of 2016.

And so the next couple slides here are from information from Stephanie Rabenstein. I think this visual of how grief and trauma intersect is really great information. So here's just some basic symptoms of grief which I think all of us can relate to. When somebody loses someone very close to them, these are all pretty common expressions of grief.

Now here's some information on what's involved in trauma. So it's flashbacks, re-enacting the event. There is definitely a numbing. People aren't able to concentrate.

So there's changes in their thought process and changes in their mood. Very easily aroused and reactive. But with treatment, this can ease over time.

Now, this slide shows the intersection of both trauma and grief. And when you read all these things that these folks are experiencing, it's pretty overwhelming, not only for the person that's trying to support them, but think about their loved ones trying to help them through this grief. And so that's why it's really important to understand the difference between a regular grief response, a traumatic grief response, and just plain trauma.

So this is what happens when a death is traumatic. The memories of the deceased are overwhelming to the loved one. The survivor of a loved one is flooded. The survivor copes by avoiding images, thoughts, memories of the deceased.

Now I'm going to go on and explain why 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 disease. So this may seem like conflicting information to you that the person wouldn't want to avoid some of these things.

But in 1999, Stroebe and Schut, this is a very common model here of how bereavement works, how we found out the best way to help people that are experiencing grief and/or trauma, is with this model. For years, we thought that catharsis and exposure therapy, having the person tell the story over and over again was what was best for them.

But what that did was keep them in that trauma and grief all the time. If they were always talking about that and therapists were always encouraging them to speak that way, then they were always over in this circle you see the loss-oriented state. They were doing their grief work 24 hours a day. Or it's on their mind seven days a week.

What they discovered is when people were encouraged to distract yourself from grief and try to find some new things that interest you, get back to work a little bit if you can. They aren't denying that they're still grieving. But they're trying to give them something new or something positive to hang onto.

Now this isn't about denying the grief. It's about using some tools to just start to build some kind of groundwork for them. Because what happens is you cannot stay over here in the restoration orientation all the time because naturally you will be triggered, things will come, up and you will be drawn back into the loss-oriented phase. And you will stay over here.

And this is very disappointing for a lot of people because they think they've made progress when they've been in the restoration phase. They come back here and they tend to get afraid. They're afraid they're never going to feel better again. Or they're never going to stop that thought process.

But something will happen. They'll get called to go somewhere. And they don't think they can do it, but maybe they'll do it. And then they'll find they're back in the restoration-oriented phase because they're out doing something and then they forgot about the loss for a little bit.

So what happens, what I see with my clients is that once they experience this going back and forth once or twice, then when they get into the loss-oriented phase the third, time they start to say to themselves, oh, this too shall pass. I maybe feel bad for a couple of days, but I know I'm going to move back,

And they get to trust the going back and forth if they have guidance that this is perfectly normal. And this is the one handout that I encourage my clients to hang onto for a long time. I say, print this out, put it on your refrigerator, and remember that you are going for the rest of your life really, because this still happens to me after 13 years. I get back into the loss-oriented phase because something will happen.

I can give a real quick example of this. When all this started with COVID-19 and my group shut down and my in-person coaching shut down, and my teaching shut down, I had this overwhelming sense of what's my purpose now? What am I supposed to be doing?

And it felt really familiar. And I was able in a couple of days through my meditation practice, finally, I got information, I got a message that this is the same way you felt when Aaron died. And because when he died, I had been very wrapped up for at least 10 years and getting him support and helping him find services and seeing him on a regular basis.

And when he died suddenly, all that was taken away very quickly, just like I lost a lot of my offerings during the COVID-19 pandemic. So it's very weird how people can continue to be triggered.

So this is another really important thing for people that are in any support services around people who have experienced this different kind of grief to remember. And I've gotten pretty good in recognizing if my clients are experiencing a lot of trauma around their loss. Then I really encourage them to work with a licensed therapist that specializes in trauma and grief.

And they also need to really be educated about addiction and really accept the parameters of the illness. I can support them in my group work with them by being able to recognize whether they're in a grief response or a trauma response. So if someone is in a trauma response around their thinking, their cognition, and all they're focused on is the traumatic event, and a therapist is telling them to think about all the good things that were part of the relationship and acknowledge the loss of all those good things, that is not going to be supportive at all if they're in the trauma response where all they're thinking about is the event.

And I will tell you for many of my clients, this focus on the event, the trauma and the fear and the horror around the event, is really present for a long time. And so it's really important that they're getting that trauma therapy so there is an expert helping them with this.

The belief system. If somebody keeps saying, can this happen again. Why did this happen? I try to take them back to remember, this is an illness. You didn't cure, can't control, didn't cause.

It was the same for the loved one. They didn't cause it. They couldn't control it. They couldn't cure it.

And then many of them are also thinking, can this happen again to other members of my family? They get very hyper-vigilant about other family members.

This happened to me. I was very surprised that I didn't want anybody to be five minutes late anywhere. I didn't want anybody to call me five minutes late that I loved and cared about in my family.

And I finally was able to sit down and talk to them and say, hey, listen, you've gotta call me if you're not going to be on time because I go into real anxiety about you not showing up or something happening to you.

So I try to coach people to ask for what they need around that. And so you can see the symptom of a grief response is depression, where a trauma response is anxiety, agitation, or arousal. So even if you're not the therapist, if you're working with somebody, even in social services, and you see these things, this difference is going on, it's really important to note them and get them support around it.

So we're going to look at a video here in just a minute about this client of mine who really had a hard time even accepting that her son was using again. And then he died. It was all a complete shock to her.

And so this is why people shut down. You noticed one of the characteristics of trauma was numbing. And so when they shut completely down and they can't do that process of restoring, they're over in the grief and loss and trauma-oriented phase, sometimes for a long time, and it's important just to support them where they're at.

So I'm going to read just a little bit here about this video that you're going to see. Carole's son Jesse died of a heroin overdose at the age of 27. He had been to treatment and Sober Living and was now living and working on his own. When he died, she wasn't even aware that he was in active addiction again.

This happened in April of 2013. And the previous winter, Carole's mother had died. Two years previous to her mother's death, Jesse's father, Carole's husband, had died. So she had had a lot of losses in just three years.

Carole was very compassionate and caring to other group members, but found it hard to experience any self-compassion. Initially, she took on the responsibility of Jesse's death. Now here we go with the video.

[MUSIC PLAYING]

CAROLE DAVIDSON: I was in shock. I did not realize that Jesse had relapsed. I was with him the night before for dinner. And I didn't notice any specific signs.

Following his death in the Jewish religion, you have to plan a burial within three days. And I was in denial. And I just didn't want to deal with that.

But eventually I did. And I went through with the service. And on the way to the service, I decided to speak.

And I wanted people to know that Jesse died of a disease called addiction. That he tried very hard to beat it and lost his battle. But I wanted him to be remembered for the kind, compassionate, young man that he was. And frankly, had I planned to do this speech, I probably wouldn't have gone through with it.

In the Jewish religion within a year of the person passing away, we are supposed to pick out a headstone and have it engraved, brought to the cemetery where its placed in the ground and covered. And then within that same year, you plan an unveiling ceremony where you go back to the cemetery, uncover the headstone, and say specific prayers.

I could not bring myself to even think about that. Because to me, it was like having a second funeral. But it took about 18 months.

And 18 months later, I remember that Jesse had a key chain with a hamsa charm on it. The hamsa wards off evil. And I felt like that was the perfect symbol to engrave on his headstone.

So with that decision made, I planned the ceremony. And it took place. And it brought closure to me. And I felt like Jesse would always be protected.

I finally came to terms with the fact that I couldn't save my son. I didn't cause his illness. He fought a battle that he couldn't win. But I didn't feel responsible for that any longer as a mother.

And I chose to focus and the good things in my life. And knowing that, I will always love my son Jesse. And that he'll always be in my heart.

[MUSIC PLAYING]

GLORIA ENGLUND: So as you can tell from what Carole experienced, that this trauma associated with her son's death really kept her from the tenets of the Jewish religion which are very strict. And she was not even able to follow those because it was very hard for her to accept that her son had even died.

And so, again, I'm reminding you about how important this dual process model is to have someone guided through that. And I think that's how the groups helped Carole the most.

She went through my six-week group three times. And by the third time, she was really able to start to get into the self-care practices. And finally, she was so excited when she came and said that she had finally picked out a headstone for her son and was ready to go through the burial, and then eventually the unveiling process.

One of the things that I just want to share-- and I have more information about this if anybody would like me to email all the handouts from this workshop—is that Ted Bowman is a grief expert in the Twin Cities. His grandson died of an overdose. And he realized that this was a different kind of grief, and that it was very complicated by stigma and shame that often accompany homicides, suicides, and overdose.

So he came up with these six or seven points that I think are really important to remember when we're supporting somebody like this, from this kind of loss, is to remember that the loss is defined by the griever. It doesn't matter what you think of the kind of loss. So let them talk about what it is like for them.

We talked about it being a complicated grief. And I did not even bring up the fact yet that it can be also complicated by mental health issues. Very important to remember.

It's important to be as present as possible. What I mean by that, and what I think Ted means by that, is listen, listen, listen. There is no fixing, no saving, or advising. And as you, I think, saw in Carole's video, I think part of the reason why it was very hard for her to grieve her son's loss is because it triggered those other losses just two years previously.

So I discussed a little bit of this. But just to reiterate, my groups are closed. So once they start, there's only six people. They only have to tell their story once.

Once they tell it and they see that nobody is shocked by it, I think a lot of my clients think that when they tell their story that other people are going to be shocked. And then they find out that people all have their own thing about wanting to share this. And once nobody acts in a shocked manner, which has never happened in my groups, then they feel accepted. They feel like they are not being judged.

And so when you have an ongoing group of people come and go every week and just drop in, and people have to tell this story over again in a place where they may not feel safe because they don't know about the other person's losses or what the other person's experience was with substance-use disorder, then telling the story can almost re-traumatize them.

And again, that ongoing education about substance-use disorder as a brain illness is always part of my groups. And again, because they need to be reminded that there is always a cycle. There can always be a cycle of recovery, of craving and relapse or reuse. That doesn't always happen, but it's always good to remind them that that can be part of this illness. And so again, to reiterate, they didn't cause it, didn't cure it, can't cure it, and didn't control it.

So I talked a little bit about this on a personal note about how some of my family members would not talk about Aaron after he died. And I think that had a lot to do with the kind of relationship they had with him before he died. And I see this in all my other clients.

This illness causes a big disruption and this trust sometimes in relationships. And if there was no healing or Amanda making or acceptance of this illness before the person died, it really affects how the person is going to grieve that loss.

And if they buy into the stigma and shame of this illness, then they're not going to want to talk about their loss. The other thing to keep in mind is how I've noticed-- and I noticed this with Aaron's siblings is that the siblings are often discounted as their losses not being as great as the parents.

And so for several years, I used to divide up my groups. And I would not let siblings and parents be in the same group.

And the last two times, I did something different. I had groups that had parental loss. I had groups that had spousal loss-- I mean, excuse me, I had

clients they had parental loss. I had clients that had spousal loss. I had clients that had sibling loss.

And about week 4, after there was quite a bit of trust established in the group, I found stories or articles that pertain to each kind of loss. I sent that home with the person that had that specific loss and told them to read it and to come back and, if they would be willing, to share how they related to the article and also to share with the group what they felt maybe the group didn't understand about their particular loss.

And I cannot tell you how powerful that was. I was afraid that people wouldn't open up. But they did. And when they shared, then by the end of the evening, people were saying to me, group members were saying to me, can I have copies of all that because I'm wondering how my son's brother now, how he could benefit from this information on siblings.

And the siblings said, I want the information about the parent because I know my dad is suffering. So it really ended up being a powerful thing to have them all together.

But I think it was important to set aside this night to have them recognize and share the difference with each other. So one of my biggest self-care practices is mindful meditation. I never start a group or a private session with any clients without just centering ourselves. There's just a minute or two of silence just to center ourselves and our breaths so we can all get here.

And I had a client who just really took this practice. And it was the biggest tool in her healing. And it was an incredible healing because her son died of an OxyContin overdose right after she retired. They were both living in St. Louis. She sold her home there, bought a condo in Minneapolis, and then planned to spend her winter, the next winter in Key Largo, Florida.

Well, he died in November. And so they cremated the body. She went ahead and went to Key Largo. And then came back to Minneapolis in April to have a service performed.

So when she went to Key Largo, it was the first time she'd ever been there. She felt as though there wasn't anybody. Here, she was separated from all of her family and friends in St. Louis.

She had not reconnected with a lot of people yet in Minneapolis where she was going to officially retire. She was very isolated in Key Largo. It was only twice, I think, that she decided to open up to one person about her son's death.

When she came back to Minneapolis after the service in April, she did attend a grief group. Somebody else shared a story about how their family had died--their wife and child had died as a result of an intoxicated driver. And she just didn't feel as though she could open up about her son's death.

Now she's coming up on almost two years. By the time she found my group in the fall of 2015, she was almost two years into her son's loss. And her biggest

fear was, if she opened up, she would cry and she would never be able to stop crying.

So I want you to see how the power of her meditation practice was very healing for Judy.

[MUSIC PLAYING]

JUDY: When I first started at the grief group, I remember waking up every morning-- it's still not quite awake even-- crying. And with already starting the repetitive analysis of what happened and how did it happen and why did it happen. And it was just all-consuming.

And when we started meditating in the grief group, it was my first inkling that there was an opportunity for a small period of time where that stuff would stop in my head and I wouldn't be crying. And I wouldn't be doing that compulsive circular rehashing of the pain. And so it was really a relief.

And so I went on shortly after that and signed up for the mindfulness meditation class at the University of Minnesota, which was really helpful.

Well, it was a process. I could see some small incremental changes in my ability to think about Dan's death and not cry all the time. I remember I could even answer the question, how many children do you have, without breaking up. Or if I did, I knew I would stop crying. I knew it wouldn't go on forever.

And then I had a choice about how much detail I gave anyone, depending on who they were and what the situation was. And so it was just progress. I would say progress.

Well, that's my response. I think that after time I saw that the meditation allowed me to watch some things about myself, my automatic reactions that had been a part of me all my life, I guess. And to be able to look at the emotions and name them, maybe. And see my thought process and interrupt it in some way. And try and be a little more positive in how I dealt with my everyday life.

And I was certainly more relaxed. I had more options, calmer. And when I got calmer, it just allowed more sensitivity about how I wanted to be. How did I want to live my life? Get off the automatic pilot treadmill.

And being compassionate with yourself is a foreign thought to somebody that comes from a bootstrap kind of family. And it sounds funny, being compassionate and talking to yourself like you would a good friend. Oh, honey, it's OK.

Everyone would see how hard that is if they were going through that. But it's a lot better than the old critical stuff. And I think it helps me be more compassionate with others too.

[MUSIC PLAYING]

GLORIA ENGLUND: So you can see the transformation that Judy had through this experience of adding meditation to her life. And that brings me to

just the last part of the presentation. I want to talk a little bit about this term post-traumatic growth.

And it's been brought more into the light of day with the positive psychology movement. The research behind it comes from Tedeschi and Lawrence Calhoun at North Carolina University.

Now I first found out about it when I was reading an AARP Magazine. An article was called "Surviving the Jolt." And it was a story of Dave Sanderson, Oracle software sales manager, who experienced the downing of US Airways Flight 1549, which many of us saw the movie Sully.

So Dan was-- Dave, excuse me, was the gentleman out on the wing of the plane who made sure that everybody got into life rafts. He was the last person off the plane. Now he was a very high-powered executive for Oracle, making a lot of money.

And after this experience, he decided he could not go back to that kind of work. He decided to start his own business where he did inspirational and motivational speaking for entrepreneurs, and helped entrepreneurs set up their business model to start new business. He moved completely away from corporate America into individual support.

And so when I read this article and read about some of the feelings he had and that sense of, I can't go back to what I was doing, I could relate it to what had happened to me. So before Aaron died, I was involved in the health care industry, and was in sales and marketing for 20 years. I had a very nice business I had built up. I was very grateful for this. I had the ability to build some residual income in that business.

And so as I was recovering from Aaron's death, I was constantly asking myself, when am I going to be able to go back to work. And those questions changed from, I don't want to go back to work, but I don't know what I want to do.

It just did not interest me at all. And I was pretty passionate about the health food industry. I still am. But it just was gone.

And because I'm a person that believes in a higher power, I would pray every day. Please guide me as to what I am supposed to be doing. I know I'm not supposed to go back. I don't know what to do.

Now, I'm in my early 60's when this is going on. And many people would be looking at retirement. And one day the message came to me, after almost a year of prayer and meditation, you need to provide support in a way that you didn't receive when Aaron died.

And so the first thing I wanted to do then was to create these grief groups. And I helped somebody put together a business model for me. Kris Kelly and Minnesota Recovery Connection and William Cope Moyers and Nell Hurley were three of the people that was most important in my life telling me I could do this.

And so I got trained as a professional recovery coach from Minnesota-- or as a peer recovery coach from Minnesota Recovery Connection. I started attending these seminars put on by the Minnesota Death and Education Support. And because I was trained as a therapist 20 years ago when I got my master's degree, I knew I could provide support groups.

And so that was the first thing I did. And as I talked to other people about, I'm going to let my other business go, they would question me, why are you doing this. And I didn't have an answer for them, except that I knew I was supposed to be doing something else. I was very clear about that.

If I would have had this information of post-traumatic growth, I don't think I would have turned around and said to him, oh, well, I had a post-traumatic growth experience. I think I would have been able to say that this experience with Aaron really changed my life, my values. I don't see life the same as it is.

And then I've got to do something different. But I didn't have that confidence or that knowledge to put words to what I was feeling. And I knew it wasn't just about being resilient because resilience is you pop back up and you're in the same place that you are.

Your values don't change. Your work doesn't change. And your life remains the same. But post-traumatic growth is different. You stand back up, and you are transformed. Many aspects of your personal life change.

Let's see, yes, I want to make sure that-- I don't believe I mentioned-- here is the basic definition of post-traumatic growth-- a set of positive changes which occur as a result of coping with a traumatic event. Now, post-traumatic growth doesn't have anything to do with post-traumatic stress disorder.

But I will tell you, some people who have experienced post-traumatic stress disorder as the result of a trauma event will have post-traumatic growth. And here's a really important thing to remember about post-traumatic growth.

It's not the actual trauma that causes the change. It's how people interpret what happens to them. So I had people in groups that experienced almost identical trauma. Some of them went on and had post-traumatic growth experiences. Some of them did not, because everybody interprets it differently for them. It's based on who they are as a person.

But some of the characteristics of this, they tend to confront questions they hadn't confronted before. They often see that understandings they had of the world no longer apply.

And here's five of the most basic characteristics of post-traumatic growth. Many people have closer relationships to specific groups. So now my peeps are people in the addiction recovery and the advocacy world around addiction and recovery.

Those are the people that I have connected with the most in the last eight 10 years. You'll note that I did change a different career. And I definitely really hung on and start to develop my meditation practice. So much different-- explore many other meditation models.

I've had many, many clients say to me, if I lived through that, I can face anything. And they all have a greater appreciation for life in general.

The other thing that's really important to remember, as the previous slide, was that it has a different meaning for everybody that goes through it. It does not mean that the suffering and the loss of the person is diminished or extinguished. It just offers a means of coping with the loss, to deal with the suffering. It does not lessen-- it never lessens my son's loss because I moved into a position where I could help others and advocate for others.

And it surprised me at times because I would think I would get triggered and Aaron's loss would come up, and I'd have to go back to the grief and mourning and the dual process. And I'd think, what am I doing here? I've started this business. I'm helping other people. Why am I still getting triggered?

Well, this is the reason why. The post-traumatic growth experience does not offer a way to eliminate the suffering. It just offers a way to deal with it.

So this last video is a video of Becky. She is now one of my facilitators in my grief groups. That is one of the things she chose to do as a result of her post-traumatic grief experience.

Becky has been in long-term recovery for 33 years and credits Alcoholics Anonymous for her recovery. Her daughter Kelly died in January 2006 of a multiple toxicity overdose, including fentanyl, morphine, and methamphetamines.

Her daughter Kelly had tried 12-step groups many times, but it never stuck. This was very frustrating for Becky. Although she accepted the disease model of addiction, she could not understand why her daughter's cravings were different from hers and why her daughter could not adapt the 12 steps as a means for her recovery.

So through my classes and through my growth groups, she got more educated about multiple pathways to recovery. She accepted the power of medication-assisted treatment, and became much more open to other paths to recovery. And it was one of the ways that she felt she could honor her daughter's death and continue in her own life.

[MUSIC PLAYING]

BECKIE LILLEHEI: In the beginning of my grief journey, I wasn't sure I even wanted to live without Kelly. I was mad at her for being incapable of what I thought, being incapable of listening to me, and leaving me. And I was pretty certain that as a mom in recovery, I could teach her everything she needed to know.

I was very surprised to find out that her opioid addiction was much different than my alcohol addiction. And with the help of the group, they helped me realize that they had shared their loss with me of their children to opiate addiction. And I realized that her brain had been hijacked.

She had cravings that I didn't understand that were way beyond my understanding of addiction. And I thought that medication-assisted treatment was a cop-out. I was convinced it was exchanging one drug for another. And it really wasn't something that we had discussed anyway, but it wasn't anything that I ran after to try to help her with.

I did realize that it could have helped her with some of the cravings that she had. But the group also taught me too that Kelly's death had nothing to do with not listening to me. She was not the disease that took her life.

And they also taught me that her death was accidental. And she tried really hard. They helped me understand that she tried really hard to recover. And she just was one of those unfortunate ones that didn't make it.

I had the pleasure of being in a group of women who had found ways to go on with their lives. And they showed me that there was more to life than what I was actually doing in my stressful job every day.

And I was in a position that I could actually stop doing that job. And realized, too, though, it was a great distraction if I could go to work for a few minutes every day and just get away from that pain.

But I realized I wanted to do something with more meaning. I knew that I had to find more education for myself about addiction. And then pass that on to anybody that I could share that with.

I realized climbing the corporate ladder and padding my pocket book were not things that were important to me anymore. What I really wanted to do was help anybody that had an addiction issue.

After sharing my loss with the grief group, I realized that I was going to have to create a new normal going forward. I recall asking Gloria numerous times, when was I going to get better. And she would remind me that I wasn't necessarily going to get better, but that things were going to be very different for me going forward.

I found that I had these moments of unexpected joy, especially when I was doing my volunteer work and getting out of myself and doing something for someone else. I have these absolutely beautiful grandchildren that have brought me so much joy and so much reason to be a part of their lives. They have taught me the real value of relationships.

There are days when it's really filled with a lot of joy. And I've realized that the pain of Kelly's loss-- the pain is not as frequent. But the depth of her loss has never diminished. That has never gone away for me.

[MUSIC PLAYING]

GLORIA ENGLUND: So I wanted to bring this idea of post-traumatic growth into this presentation because, remember, when we looked at the slide of the difference between a trauma and a grief response, if you're facilitating a group or seeing somebody privately and they're ready to get back to work or get on with their lives and you see them going a completely different way, it's great if you can support them where they're at.

I mean, this goes back to other things we've talked about. I don't know, if it wasn't for my husband and Kris and Nell and William Cope Moyers, who really encouraged me to move ahead in this way, because I really didn't understand what I was doing. And so to just educate them a little bit about, this is what might be going on for you. And it's all good. I'm here to help you and support you. It just really, again, gives that person the support that they need.

So I love this quote by Jon Kabat-Zinn. It comes out of his book, *Full Catastrophe Living*. And it was one of the things that Judy, the woman in the meditation video, shared with me after she went through my class and also after she finished that class at the U. And she really thought it was important.

And I think it is important to end with, if we are supported in self-care practices, if we do know that if we're having a traumatic or a traditional grief response, then we can choose more about how do we want to be wiser in moving forward. And after all, that's what we want. We want to get back to the place where we feel like we're operating out of what's best for us.

So I want to thank you so much for giving me the opportunity to share these ideas and thoughts. And I'm just really grateful I was able to do this today.

ANN: Well, Gloria I want to thank you so much for all of this information. It was amazing. And it was a perspective that I think not a lot of people have had.

And also, I want to thank those in the videos for their very moving stories. It really is important for all of us to think about this information and to think about the way people are grieving. So again, I really thank you very much for your presentation today.

GLORIA ENGLUND: You are so welcome.