

Grief & Loss and its Impact on Addiction

by Debra Whittam

When an addict/alcoholic suffers a loss, whether by death or the ending of a relationship, he/she is often unequipped to deal with these painful emotions in a healthy way. This can often lead an addict/alcoholic back to substance abuse. It is this author's premise that working through grief issues in a group setting may provide the opportunity to begin the healing process. Most importantly, group settings may facilitate opportunities for sharing overwhelming emotions. Members are encouraged to share stories of those they have lost. With the guidance of the therapist and support of the group in this bonding arena, group members may safely explore repressed emotions. The healing begins when group members share their experiences, thoughts, and feelings with others who may have similar experiences. Awareness of the impact of loss and healing begins at this point.

When an addict in recovery suffers a loss they are very susceptible to relapse. Whether the person is in early recovery or has had many years in a 12 Step program (AA or NA), the overwhelming emotional toll from grief and loss often leads to relapse. Coping skills taught in treatment centers are often not enough to keep an addict from relapse during a time of grief. Is the effect of grief lessened by time in 12 step meetings, having a sponsor and a home group? Are coping skills taught in treatment centers enough for addicts to use when dealing with these losses? Time is not an indicator that the grief process is complete. We cope with losses the way we originally learned to, as we were young watching our parents grieve. Most often the emotions brought on by death or a significant loss were ignored. If we experienced a significant loss as a child most of us were left to cope on our own.

As a culture, we ignore the obvious pain and stress of being dealt a blow. The shock of losing a loved one through death or a long term relationship causes the same pain at any age 6, 26, 60 or 99. "How wonderful to see him standing so strong at the casket!" remark some people at a wake. What is hiding underneath the man who has lost the love of his life, or the mother whose son died from an overdose? We ignore what is obvious and hope they move on quickly. It is very difficult to know how to respond to or how to tolerate the level of emotions of someone who is grieving. Losses are ignored hoping that repression will be a successful way to rid ourselves of the pain. I have worked as a therapist



in a Detox Unit at a drug and alcohol rehabilitation center and most recently I am employed as a therapist at a Dual Diagnosis Methadone Clinic. A majority of the patients in both places spoke of an experience of loss that pushed their use of drugs and alcohol to a much higher level. It suggests emotions of shock and loss are pushed down, deeper with each ensuing loss. How are those in early recovery and dealing with grief able to find the support they need? We share our stories and begin to heal grief in **Grief Club**.

The main objective of **Grief Club** is to become honest with oneself through self-disclosure, urine screens each month, commitment to attendance each week, and eventual acceptance of the need for group support in other areas such as 12 Step meetings. Each Monday, Wednesday and Friday there are **Grief Club** groups available. The name "The Grief Club" was derived from the book of the same name written by Melody Beattie. In this open and honest book about grief and loss, Beattie references over 300 possible losses we encounter in our lives from one day to the next. This book is an eye opener to the many occurrences in our lives which we ignore as "nothing". In the groups we encourage each other to speak about the person who has been lost to through death or the breakup of a relationship. It is another premise that relapse is NOT about thinking.

When an addict is overwhelmed and in shock from a loss, the ability to think clearly at all has vanished. In his book, "Emotional Intelligence", Daniel Goleman states, "The emotional mind is far quicker than the rational mind, springing into action without pausing even a moment to consider what it is doing. Its quickness precludes the deliberate, analytic reflection that is the hallmark of the thinking mind." All that is felt is the horrible pain for which most addicts have learned to cope only by drinking or drugging. One learns how to grieve is early in our childhood when we watched our parents and family do it. There was a great deal of drinking and substance abuse going on before and after the

wakes and funerals. The format of the Grief Club is simply to allow group members to be open to feeling their emotions as they arise. Each Grief Club entails a 12 week commitment where at the end each member will decide if they would like to graduate to the next level or a more advanced Grief Club. The goals for group members in participating in this program are to become more tolerant of their emotional distress, mood swings, becoming comfortable with being uncomfortable and learning to tolerate each other. It appears one of the most difficult issues for group members to deal with is disappointment.

At the beginning of Grief Club we go over guidelines which the group has created and agreed to as a way to keep the group safe and trusting. Some of these guidelines include No Nodding, Confidentiality, Right to pass and No Advice and Minimal Crosstalk. Once these guidelines have been addressed, I ask group members to introduce themselves by saying their first name and the first name of the person who comes to mind when I mention the word "grief." It is amazing how often times people will state, "my mother, my boyfriend....my wife" in response. When that group member is asked to give the name of the person they have lost, that group member will hesitate before saying the first name. When group members hear themselves say the name of a beloved they have lost, there appears to be a moment of intimacy that is profound. I then ask if it is OK for me to write this name on the board. This is called the "Legacy List". When all group members, who are willing, have shared and these beautiful names are up on the board together, we take a long look and begin to honor those people for that day. Group members begin to share their memories and how it feels just to say the name. The names listed altogether up on the board are to give legacy to them all.

Two questions are asked of each group member who is willing to share. First, the group member is asked to tell us about their loved one. They are encouraged to share about the qualities and characteristics of this person in order for the group to get to know them. The legacy of this person lives on within the group; for which the Legacy List was named. Secondly, the group member is then asked to share what their loved one meant to them. Often the group will state they wish there was a weekend to continue sharing their thoughts and feelings. There is a bond that evolves within the Grief Club which appears to motivate group members to return each week. Also, there appears to be a yearning, a longing to say more and to feel more. The premise would be healing comes with sharing the words that have been trapped inside a person for a week, several months or years. Most importantly, this allows emotions to come to the surface and be

acknowledged. Grief shared and supported seems to be a key component to healing a wound within. It appears the age of a person who is grieving does not matter, nor their age, gender, race, culture or religion. It doesn't even matter what language someone speaks. When a person shares their grief, other members listen intently and understand on a level that comes only with experience of a similar loss. Grief is the Great Leveler of everyone. In grief everyone seems to be in a place no one is prepared for yet everyone experiences. That is the basis for Grief Club.

When I ask the reader of this article what part **addiction** or **mental illness** plays in your life. If you say nothing or not much, I ask you to think again. When asked the same question concerning **grief and loss** most readers might say think grief is not a part of their current lives. These three areas have a similar stigma in our society. In the past grief, addiction and mental illness were subjects that were never spoken of in the family setting. The "elephant in the living room" message was, and continues to be, one does not speak about dad's alcoholism, moms' mental illness or that beloved grandma passed away last month.

Most people were raised with one or all three of those areas of concern mentioned above. What happens to people in addiction when they experience grief or loss and are in very early recovery? Goleman reports, "Since the interval between what triggers an emotion and its eruption can be virtually instantaneous, the mechanism that appraises perception must be capable of great speed, even in brain time." In my experience working in a detox unit and in group in a clinic setting, a majority of patients report that when they received news of the loss of a loved one, they were in shock and relapsed before they realized what they had done. Paul Ekman, head of the Human Interaction Laboratory at the University of California, San Francisco, states that the quickness of perception sacrifices accuracy for speed, relying on first impressions, reacting to the overall picture or the most striking aspects. It takes things in at once, as a whole, reacting without taking the time for thoughtful analysis.

Clients in addiction learn a great many tools in treatment centers that are valuable as far as coping and impulse control. Patients experience a variety of psycho-educational groups and address their feelings in a structured environment. However, in overwhelming grief and emotional pain from a loss, people appear unable to think of their name let alone what was written on a worksheet as a coping skill. "I gotta get out of here" is the only thought they have and this reaction is flooded with emotion. It appears in extreme emotion an addict's reactions

are childlike. Some people go into a fetal position in response to distress as a result of the loss of a beloved.

Grief Club is 1 and 1/2 hours long. In Grief Club closure is addressed by asking each group member what they are taking with them from that day's group experience. Throughout the first three months group members have approached me stating they are definitely coming back. "No one has ever addressed this issue before in treatment and this plays more of a part in my addictive behaviors than I thought." Grief Club members leave chatting and remain connected throughout the following week.

From the moment of birth until the death bed, human beings ask in one form or another, "Am I Going To Be OK?" Either verbally or internally, a child receives an answer loud and clear. With Erik Eriksson's Stages of Life, from birth to 18 months, an infant learns trust or mistrust of their caregivers. The emotional attachment begins at this point whether positive or negative. "If this beginning stage does not evolve into trust by the infant", states Eriksson, "the following stages of emotional growth will build on mistrust."

As a 2 year old I would climb out of my crib. My mother later told me that a neighbor found me wandering the small country street we lived on. I have an idea now what I may have been looking for, someone to protect, love and care for me. Emotional needs being met are as important as basic needs to an infant. One needs to be tenderly validated...from birth. When an addict asks, 'Am I going to be OK?' The answer most likely is 'if I have alcohol, if I have drugs, sex, food or whatever'. My patients remember when they were little and asked, 'am I going to be OK?', the response might range from "How am I supposed to know" to no answer. In my case, my mother was raised in an orphanage in the late 1930s. From the age of 3, she had no experience of being nurtured or cared for. There were only nuns to care for the orphan. My mom told me the nuns were mean and cruel. People begin to understand their parents once they are grown. That understanding is a wonderful rite of passage. However, feeling the uncertainty of a caregiver as a small child is devastating. In "Buddha's Brain," Rick Hanson states "The recurring experiences a young child has with her caregivers course through neural networks, molding them and thus the way the child relates to others and feels about herself. Hopefully all goes well – but these experiences occur at an age when children are most vulnerable, and their parents are usually most stressed and depleted (Hanson, Hanson, and Pollycove 2002), which creates inherent challenges. The human parent child relationship is unique in the animal kingdom,

and it has a singular power to shape how each of us pursues and expresses love as an adult."

Grief is the "Great Leveler" of human kind, or animal kind for that matter. Grief gives no exception to age, race, gender, culture or language. In Grief Club a person's age might be 9, 99, 23 or 46. A group member can be Catholic, Buddhist, Mormon or Muslim. In Grief Club participants could even speak different languages yet; the emotional bond of the inner loss will be enough to bond all of them if they were to do nothing else except for looking into each other's faces knowing why they were in the group. Once a group bonds in shared grief, the stories matter less than the experience of touching our core pain together. Grief Club validates each group member of their experience, validates that someone needs to hear their story. Validation brings us back to original message of self worth, value and the permission to show and share feelings.

When a group member shares about an original loss of a beloved attachment from their childhood, I suggest to them it is important to remember how they were comforted and guided through that original loss. That first experience of grief as a young child can speak directly to how that member grieves today. As H. Kohut (1978) states in *The Search For The Self*, "How the parent 'is with' a child is more important than what the parent does." Stern (1995) believes it is the nature of the relationship – "the experience-of-being with" that is internalized and not just self representation. Therein lies the core experience of grief. If a child experiences their caregivers as cold and non-communicative surrounding the loss of someone beloved to them, that emotional learning lesson is tucked away as how to deal with grief. When a child loses the unconditional love of a pet, the grief is deep and profound. How the loss of a family pet is treated within the family system brings lasting messages to children as to the value of a life.

In Grief Club we learn to heal through our senses. During the first 5 weeks of Grief Club one of the five senses is introduced as a source of healing. For instance, the sense of touch is introduced with an ultra-soft blanket. I cut a blanket into small pieces for each Grief Club member to hold for the duration of that group. Most of the group members held on to the blanket pieces commenting on how the touch of it was soothing. Every one of the group participants accepted the soft piece of blanket as some form of comfort. Everyone except one member who touched it and tossed it out on to the table immediately. This patient stated the ultra soft fabric reminded him of sandpaper or someone's

nails going down a chalkboard. The group discussed the differences in how each one of them perceived the touch in a different way. Many shared how the blanket type of material reminded them of their own blankies as children, or their mother's nightgown material or a soft doll. In each sharing the patient was able to bring up a memory or a feeling of soothing and comfort except for Larry. The idea that there is way for **"self-soothing"** was introduced in this manner. I didn't forget about Larry and a few weeks later I found a course type of washcloth and cut a piece out of it for him. When I asked him if he would mind trying this out he said he would. At once he smiled and said, "Now this is more like it." Larry was taken from his home at the age of 3 along with his 8 brothers and sisters. All of them were dispersed some to family and others, like Larry and his one brother, to a boy's home. Larry had no sense of the maternal comfort softness can bring. With sound I played a meditation tape of soothing music. I will sometimes play Christmas music or some gospel song. For taste I brought it gingerbread, this also was for smell. And sight I bring photos of babies.

One of the goals of Grief Club is not only to experience those deep and profound grief feelings but to experience the waves of sadness and eventually hear within themselves the answer to, "Am I Going To Be OK?" As was written by the author of Eat Love Pray, we can practice loving words such as, "It's OK, I'm right here. I love you and I'll never leave you." Neuroplasticity tells us that the brain has the ability to take on more knowledge and abilities far past the time when adults think it possible. Patients can learn to hear within themselves the soothing words they need to hear. When "Am I Going To Be OK?" repeats itself sometimes several times a day, patients can lovingly say, "Yes, everything's going to be OK" to their fear. The feelings they hid from, the anxiety that ran their lives with "what if???" rantings can now be dealt with from within instead of seeking someone or something outside ourselves for the answer. Feel unhealed from original losses with each ensuing loss as we are adults can be managed with our senses as I believe our senses are more powerful than our addictions. Once the five senses are introduced in our Grief Club and used to challenge the inner anxious fears, we begin to have hope in our own capacity to give ourselves worth and value. With repetition, as with Affirmations, the words become a part of our inner guidance and eventually we believe it to be true. We can be our own source of calming, soothing and strength instead of numbing with drugs and alcohol.

How to become precious to oneself takes practice. In a recent Grief Club session, a male group member said, "It feels like I'm missing something. I'm missing a connection with someone. This is what people look for their entire lives." In response I suggested that the one they are looking for is them. It is a beautiful journey of a lifetime. The most important relationship one will ever have is with themselves. At first our own soothing and loving voice is foreign to us as would be someone speaking another language. The simple sentence of "Everything is going to be alright," is all a child wants to hear from their caregiver or a person needs to hear throughout their lifetime. We can say that to ourselves as a mantra and know it to be true as we learn to trust ourselves. "For, what would we desire but to leave a legacy?"

-*D. Whittam*



Debra Whittam

Licensed, practicing mental
health therapist
Addiction
Anxiety & Depression
Grief & Loss

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