BLENDING GRIEF THERAPY WITH ADDICTION RECOVERY: WHAT TO DO WHEN YOUR CLIENT SUFFERS A LOSS IN RECOVERY

By

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Addicted clients face many obstacles on the road to recovery. An unforeseen obstacle for clients is feeling overwhelmed as feelings around unresolved losses emerge once they are no longer under the anesthetic influence of drugs. Clients get high and stay high to medicate the pain of current and past losses. Counselors can best help clients deal with losses by having an awareness of the numerous losses they need to grieve and the skills to help them with the grieving process. A partial list of losses addicted clients grieve includes:

- **Giving up alcohol and drugs**— For many of our clients alcohol and other drugs have been their most constant companion. Many clients have discovered that spouses will leave you, bosses will fire you, relatives will refuse to accept your phone calls, but the drugs are always there. Many will be unable to let the drugs go until they mourn the loss of the absence of the drug.

- **Abortion, miscarriages, and stillborn births**— Everyone recognizes the pain that accompanies the loss of a child. Few recognize the pain that accompanies the loss of a fetus or a baby who dies in utero or during childbirth. These tragedies can be equally as devastating. Rarely is there ever a funeral, sympathy, or cards of condolence when one has experienced these losses.
There are many women in addiction treatment who have had numerous miscarriages, some exacerbated by their drug use (which increases shame). They are often left to grieve these losses alone, unbeknownst to their counselors.

- **Death of a child**— Perhaps the most difficult of all losses to grieve. Most people, including counselors, struggle to address this issue.

- **Death of a parent or sibling**

- **Losses the client links to his/her drug use**— In a group facilitated by the author years ago, a client stated that he owed a drug dealer money. The drug dealer went to his house to collect the debt. The client’s younger brother, who physically resembled the client, answered the door and was shot and killed by the drug dealer. As shocking as the client’s story was, the most powerful aspect of the group was the fact that four other clients in the group mentioned that they felt their addictions had contributed to the deaths of others. All the clients indicated that they never previously discussed this in treatment and considered this to be a major cause of previous relapses.

- **Parental abandonment**— Melody Beattie and John Bradshaw established clear links in their writings in the late 1980s between parental abandonment, toxic shame, and addiction (Beattie, 1987, Bradshaw, 1988). Although it occurred in childhood, this type of pain may still need to be worked out in counseling.

- **Having children placed in the child welfare system due to parental addiction**
• **Separation, divorce, and failed relationships**— Many people who have experienced divorce describe it as being closely akin to death. Addiction increases the risk of separation and divorce. In addition to divorce, many addicted clients have patterns of unhealthy relationships. In the book, *Stage II Recovery: Life Beyond Addiction* (1985), Earnie Larsen points out that a primary goal of stage two recovery is learning to make relationships work. It can take our clients many years to learn to have healthy relationships. Many bring a track record of failed relationships, apathy, and unresolved grief around relationships with them into treatment. Many have given up on people and seek companionship with the next pill, fix, hit, or drink. This is an ongoing issue for counselors to be concerned with, as many addicted clients who are married wind up getting divorced when they become sober, as their spouse feels as though, “This sober person is a stranger to me, not the person I married.”

• **Unspeakkable deaths**— These are losses that are difficult to discuss and therefore to grieve, because they carry a great deal of stigma in our society. Clients may have had relatives or friends who have committed suicide, died of drug overdoses, died from AIDS, or were murdered. Because of the stigma, many clients suffer these losses in silence.

• **Sexual abuse**— Research reveals that the majority of women who are chemically dependent were either sexually abused as girls or raped as women. This trauma robs girls and women of innocence, dignity, self-esteem, choice, and control of their bodies. Many will suffer an internal death,
although they continue to live externally. Many clients feel the full pain of these losses each time they stop using drugs and often return to drug use to numb the pain.

- **Loss of jobs, status, and career**
- **Loss of housing**
- **Loss of true friends**— Many clients call those whom they spend time with during active addiction “associates.” Distant are those whom clients call “true friends.” These are relationships that have fallen apart as the addiction progressed. Although rarely spoken about, many clients mourn the loss of these relationships.
- **Observing the deaths of others**— Many clients who have been in wars or those living in neighborhoods where there is extreme violence have witnessed death firsthand. Others have seen people die of drug overdose or of violence in crack cocaine houses, etc. Many will have actual or symptoms of PTSD, including flashbacks, nightmares, etc., which may need to be worked through along with their addiction.

There is a long, unwritten legacy in the field of addiction treatment, which suggests that clients should leave all other problems at the door until they have dealt with their addiction first. As the field matures, we are discovering that many clients cannot recover unless we are able to address a number of their problems simultaneously. Grief is often one of these problems, as acute pain around losses seems to resurface as soon as clients stop using.
Below is a list of skills needed by addictions counselors and factors that are important for counselors to recognize in order to help clients deal with loss:

- The ability to deal with personal losses. In order to help clients deal with their losses, it is imperative that addictions counselors be able to effectively deal with issues around their own personal losses. Counselors’ inability to deal with feelings and pain around their own losses often keeps them from effectively addressing issues of loss with their clients.

- An awareness of the many losses clients may need to grieve.

- The ability to explore with clients the many losses they have suffered, ranging from miscarriages to the death of an elderly parent.

- Knowledge of the fact that each client’s grief reaction is uniquely different (James & Friedman, 1998). In the groundbreaking book, *On Death and Dying* (1969), Elisabeth Kubler-Ross outlines the stages of grief (denial, anger, bargaining, depression, acceptance). What is significant to note is the fact that not all clients go through each stage, nor do they all go through all the stages in order. Some are simply angry as a result of the loss; others stay depressed. It is important to recognize that grief is individualized. At the same time, it is almost universally true that talking to a nonjudgmental and compassionate person about the loss can be helpful.

- A recognition of the healing power of simply listening to clients tell the stories of their losses (Cerza Kolf, 1999).
• An understanding of losses that accompany sexual trauma and the skills needed to help clients deal with such losses.

• An understanding of the relationship between relapse and loss and the ability to make concrete suggestions to help clients strengthen their recovery plans when they experience loss (i.e., increase 12-step attendance, have a list of people to contact when they feel overwhelmed, etc.).

• A recognition that issues around previous losses can resurface at the anniversary of the loss each year. Counselors need to have the ability to process upcoming anniversaries with clients. This can be instrumental in preventing any relapses.

• A recognition that tragedies occurring in the larger society can trigger grief reactions in clients. Counselors should be aware that events such as the September 11, 2001, bombing of the World Trade Center, plane crashes, and stories of catastrophic deaths that are heard on the news can trigger feelings around past losses for addicted clients in recovery. Counselors should be prepared to discuss their clients’ reactions.

• Recognition that issues of loss may need to be discussed in individual, group, and family therapy.

• Helping clients deal with the death of a peer in treatment.

• Recognition of the importance of counselor punctuality in therapy sessions—as many addictions clients have experienced loss, including
abandonment. Constant counselor lateness for sessions may be perceived by clients as abandonment.

- Recognition of the importance of a good counselor/client termination. An effective termination can be the most beneficial aspect of the therapeutic experience for clients. This may be the first time that some clients have had the opportunity to deal with a loss or separation without denial, fleeing, or using drugs. The termination phase often begins with a recognition on the part of the counselor that generally the longer the relationship between counselor and client, the more time will be required to terminate. This process can be initiated with the counselor bringing up the issue of termination after the treatment goals have been met and asking the client, “How do you think things will be when we are no longer meeting?” The counselor should realize that clients often go through a number of phases before totally accepting termination, including denial, anger, sadness, reminiscing, and acceptance. A critical skill is to allow clients to openly express their feelings in each stage.

When the termination stage of counseling is handled well, clients leave with the belief that they can build other relationships in the future without fearing the end (loss) of the relationship before it begins.

ABOUT THE AUTHOR

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REFERENCES


