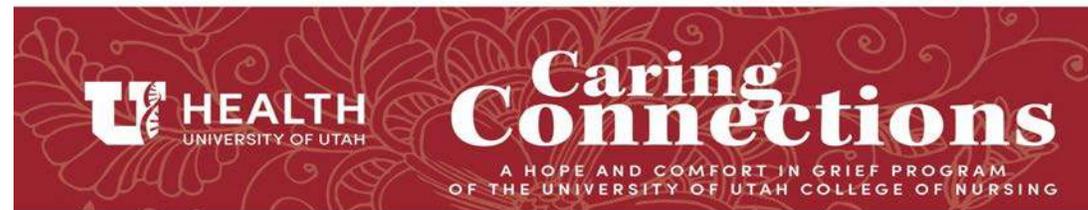


What Overdose Survivors Experience

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The Grief Experience of Overdose Death [video]



This is an unnatural—avoidable death

- Out-of-the-blue. SHOCK
- Dreaded this day. “I knew it was coming”



Guilt

- Could have, or should have, done something to prevent the death
- Self-attribution of guilt-my fault that that the person suffered from addiction
- From a sense of relief after years of addiction/treatment/failure.



Image: <https://www.bereavementconnection.com/native-american-youth-bereavement-resources.html>

Shame

- Distinction between guilt and shame- *What I did/failed to do vs. What I am/failed to be*
- Shame is relational-perception that others are judging.



Blame

- Attribution of causation.
- Blame may be directed at
 - the deceased
 - the social network of the deceased-family, friends
 - the failure of the mental health (treatment) system, of the criminal justice system, of schools/workplace
 - self-blame (guilt and shame)



Anxiety-Fear

- Fear of addiction in the family (particularly children)
- Fear of the future after long-standing dread (inability to relinquish the vigilance of dread)
 - Trauma
- Suspiciousness



Anger

- May be directed to
 - the deceased
 - the social network of the deceased-family, friends
 - the failure of the mental health (treatment) system, of the criminal justice system, of schools/workplace
 - prescribers
 - dealers



Isolation

- Mediated by shame
 - reluctance to openly discuss the cause of death.
 - reluctance to participate in support groups or counseling.
 - hesitance to seek support from friends and family members



Grief

- Grief is a normal and natural, though often deeply painful response to loss. The death of a family member is the most common way we think of loss, but many other significant changes in one's life can involve loss and therefore grief.
- The more significant the loss, the more intense the grief is likely to be.

Grief May Be:

- Present; relating to a loss that has happened within the immediate year.
- Past; relating to an event years earlier.
Current losses can trigger memories and struggles with earlier losses.
- Preparatory; associated with an upcoming loss.
- Exponential; impact of multiple losses is greater than cumulative/additive.

Grief is Highly Individualized

Each person responds to grief differently according to;

- The nature of the loss *to the person*.
- The individual's personality.
- The norms within the person's culture and family.
- The other stressors in the person's life.
- The person's history of coping with other losses.

Most Grieving People:

- Benefit from interpersonal support
 - Family (also grieving- “the strong one”)
 - Friends
 - Empathetic “other grievers”
 - Spiritual support
- Need to avoid toxic others

Many Grieving People:

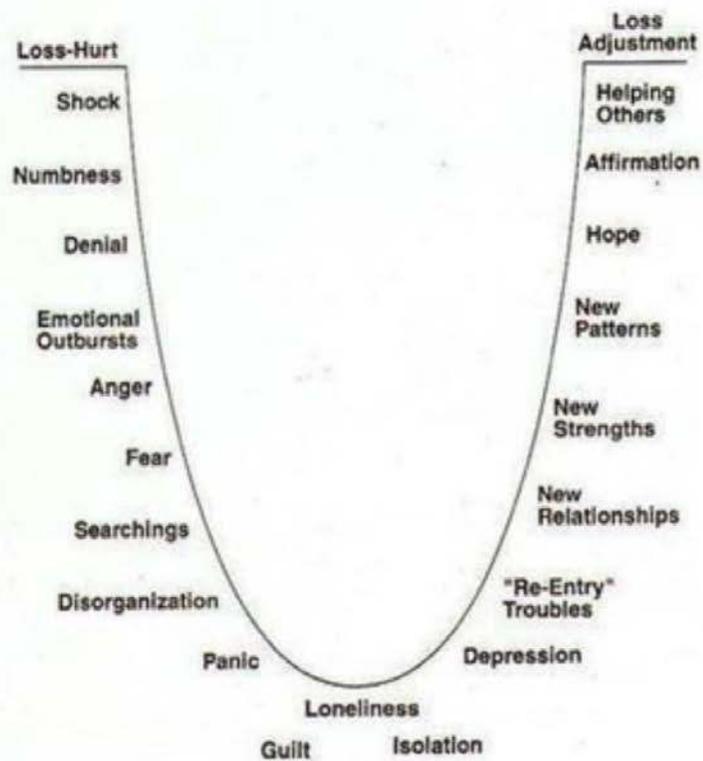
- Benefit from formal support.
 - Funeral aftercare.
 - Hospice bereavement care.
 - Peer led support groups
 - Compassionate Friends

Some Grieving People:

- Benefit from clinician-facilitated support groups.
- Benefit from individual counseling.



STAGES OF GRIEF



My experience



Individuals at High Risk for Problematic Grief

- Dependent relationship to the deceased.
- Kinship relationship (parents/spouse).
- Low distress (disruption) tolerance.
- Lack of preparation for death-death perceived as *traumatic*.
- Multiple losses (simultaneous or in close succession).
- Poor quality or unavailable relationships.
- Inadequate resources-financial, non-proximal or unavailable others.

Moving Toward Healing

- Imagining life without the deceased.
 - Loss/transition/adjustment
 - Equilibrium/disequilibrium/synthesis
- Reinvesting love/care into new relationships/ideas.
- Continuing bonds.
 - Carrying the realistic memory of the deceased into life.
- Careful transition from strength-based focus to solution-based focus.
 - Cannot “rush the cadence”
 - Be prepared to spiral over the same territory; especially with anger.

Differences between sudden death and anticipated death

- Anticipatory bereavement/Preparedness.
- Confidence vs. Uncertainty in nature of death.
- Assigning blame.
- How the story of death is shared: shame, guilt, anger, doubt.
- **Over time: dispositional factors are more predictive of recovery than situational factors.**

Factors affecting coping with sudden loss

- Nature of the relationship.
- Nature of the death(s).
- Multiple deaths.
- Causal factors: real or perceived, self or others.
- Visual and auditory experiences; *witnessed event*.

Loss in the context of multiple losses and prior losses

- Careful assessment of loss history (inventory).
- Good understanding of the individual's coping skills and coping history.
- The meaning of the previous losses: Does the individual feel *better equipped* by previous losses, or *undermined and diminished* in facing this loss?
- Assess personal sense of *failure* or *mastery*.

Risk for poor grief outcome

- Overwhelming sense of loss
 - “Nothing left”
- Overwhelming emotions
 - Pre-morbid depression & anxiety
- Isolation
 - Perceived aloneness
- Others' expectations



The Helping Encounter

after Therese Rando

Remember that you cannot take away
the pain from the bereaved.

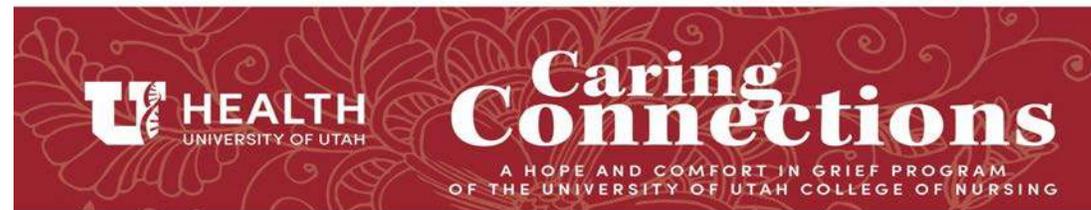
What works

- Patient Listening and re-listening.
- Letting the griever tell the story of the death and more importantly—of the life of the deceased.
- Comforts & kindnesses. Safe social activities.
- Confidence that they can manage.
- Referral for professional support.

What doesn't work

- Telling people your grief story.
- Inappropriately premature spiritual support.
- Medication does not help grief—if persons have depression or anxiety; they should continue those medications. Sleep meds pose problems.

Ambiguous & Disenfranchised Grief Following Death by Overdose



What is ambiguous loss?

- A loss that remains unclear and thus has no closure.
 - A loss that has no official verification; can't be clarified, cured, or fixed.
 - The loss can be physical or psychological but with incongruence between absence/presence.
 - The pathology lies in the external context of ambiguity, not in the individual or family.

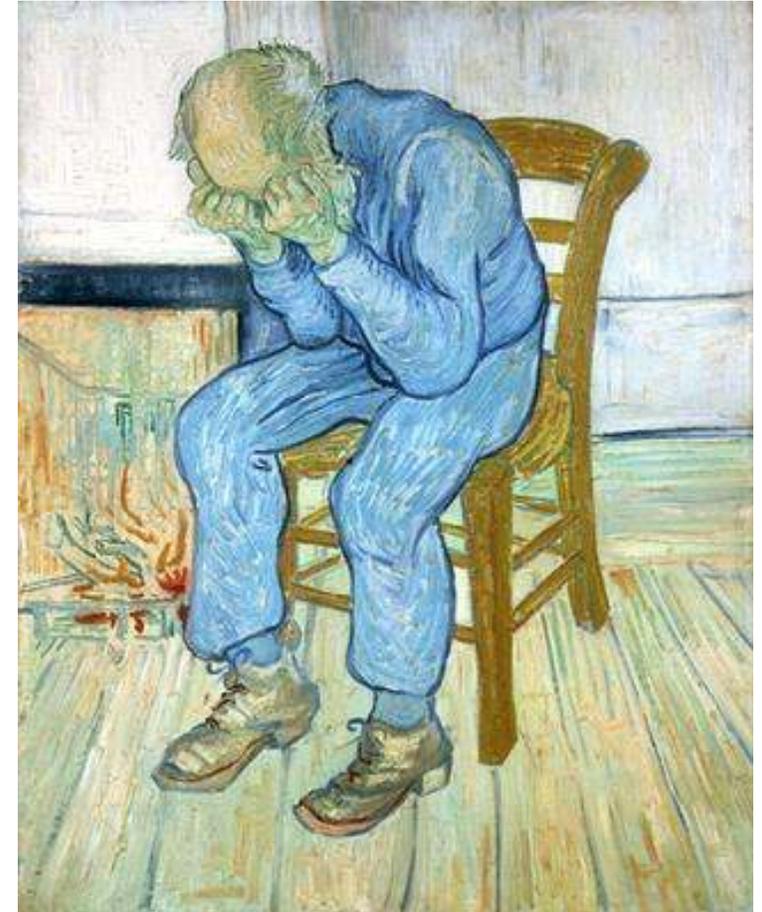
Pauline Boss, University of Minnesota

Two types of ambiguous loss

- Type I: Physical absence with psychological presence
- (e.g., kidnapped, missing, disappeared, lost without a trace, family member living elsewhere-- college, institutional care, military, immigration, incarceration, expats, adoption, foster care, divorce, desertion.)
- Type II: Psychological absence with physical presence
- (e.g., dementia, depression, addiction, preoccupation with lost person, chronic mental illness, autism, homesickness, obsessions with games, Internet, addictions, etc.)

How this is experienced by the griever

- Physical ambiguous loss is:
 - “Leaving without goodbye.”
 - “Gone, but not for sure.”
- Psychological ambiguous loss is:
 - “Goodbye without leaving.”
 - “Here, but not here.”



How does the framework of ambiguous loss apply to death by drug overdose

- OVERLAP of types—deceased IS physically absent by death, but may have been psychologically absent prior to death, or a sense that “this wasn’t my son/daughter/sister/etc.” is perceived after death.
- The deep sense of **uncertainty** about the use of drugs is felt by the griever.

How does this compare to disenfranchised grief?

- In disenfranchised grief, the death is not socially endorsed and the grief is (perceived as or may be) not supported.
- In the grief of ambiguous loss, the grief is not internally endorsed, and this internal endorsement is compromised by the **uncertainty** of the circumstances of the overdose and death.

Because the human mind finds *ambiguity* and *uncertainty* **stressful....**

- Depression
- Anxiety
- Hopelessness (no meaning)
- Helplessness (low mastery without certainty)
- Confused identity (who am I now?)
- Increased ambivalence: social, not psychiatric
- Anxious attachment
- STUCK, ie., COMPLICATED grief (sadness vs. depression)

Resilience

- Able to recover quickly from misfortune; able to return to original form after being bent, compressed, or stretched out of shape. A human ability to recover quickly from disruptive change, or misfortune without being overwhelmed or acting in dysfunctional or harmful ways.

Ambiguous (and disenfranchised) grief-

Steps toward **Resiliency Coping**

Boss, P. (2006). Loss, Trauma, and Resilience. NY: Norton

Finding Meaning

Tempering Mastery

Reconstructing Identity

Normalizing Ambivalence

Revising Attachment

Discovering Hope

Finding Meaning

- *What Helps?* Giving the problem a name: e.g., “ambiguous loss;” talking with peers; using both-and thinking; finding spirituality; forgiveness; continuing but adapting family rituals and celebrations.
- *What Hinders?* Seeking revenge, retribution; secrets; being isolated.

Tempering Mastery

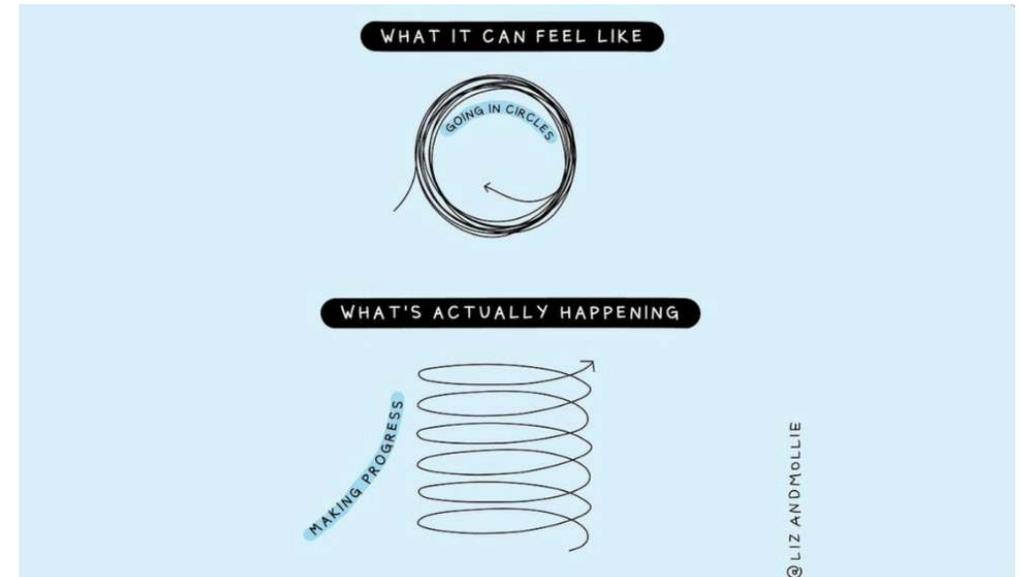
- *What Helps?* Knowing that the world is not always fair, decreasing self blame, externalizing blame, mastering one's internal self (meditation, prayer, mindfulness, yoga, exercise, music, etc.).
- *What Hinders?* Believing that you have failed if you are not "over it."

Reconstructing Identity

- *What Helps?* Finding supportive family members—or finding a “psychological” family, redefining family/marital boundaries: who’s in, who’s out, who plays what roles now, who you are now?
- *What Hinders?* Not wanting to change who you are or what you do.

Normalizing Ambivalence

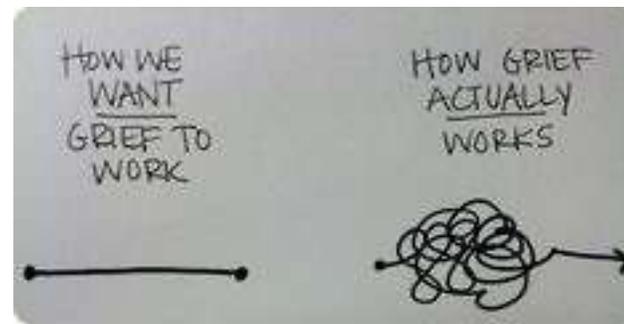
- *What Helps?* Normalizing anger and guilt, but not harmful actions; seeing conflicted feelings as normal; talking about them with a professional.
- *What Hinders?* Denying or keeping secret the idea that you sometimes may “wish it was over.”



Revising Attachment

- *What Helps?* Recognizing that your deceased family member is both here and gone (grieving what you have lost, recognizing/celebrating what you still have), finding new human connections.
- *What Hinders?* Holding on without finding new attachments.

Discovering Hope



- *What Helps?* Becoming more comfortable with ambiguity (spirituality), laughing at absurdity, redefining justice, finding something you can control or master to balance the “not knowing,” accepting the “good-enough” relationship.
- *What Hinders?* Isolation: Insisting on always having the answer.

Note—the impact of social isolation

- Value of Grief Support Groups
- Value of loss-specific care-
 - sudden death, overdose death
- Need for specialized psychotherapy
- if *Complicated Grief*



When we honestly ask ourselves which person in our lives means the most us, we often find that it is those who, instead of giving much advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a gentle and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares. *Henri Nouwen*

“With proper training and support, we shall find that repeated griefs, far from undermining our humanity and our care, enable us to cope more confidently and more sensitively with each succeeding loss.” C. Murray Parkes