Death by Overdose: Working with Survivors

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Common Themes
Characteristics that make grief complicated.

Societal Response~

- “...the powerful and intense stigma against drug use and mental illness, shared among the public-at-large imposes challenges in healing in immense proportion...”(1)
- Avoidance- Isolation- Judgment- blame
  - System: Police, EMT, Medical Examiner
  - People in one’s community, society at large
- Cyclical feature- awkwardness and fear of judgment perpetuates isolation and lack of support seeking.
Grieving is Profound~

- 'Traditional' grieving with overarching challenges that compound the grief:
  - Isolation
  - Unique Emotional Responses
  - Family Grieving
- "Hope" is gone.

Death was Preventable~

- Why~What happened?
  - Guilt and Shame
  - Responsibility and Blame
- Reinforced by Societal Response

What happened?
~ Making sense of the overdose.

- History of drug use known or unknown (2):
  - 'Anticipated' vs sudden death
- Police reports:
  - Often not comprehensive
- Autopsy reports:
  - Can take a long time
  - Often not fully conclusive or not consistent with families belief/lived experiences
- Report by friends/acquaintances:
  - Missing pieces
- Understanding of addiction:
  - Cause, control, cure
Guilt –

- A feeling or sense of responsibility:
  - What did I do? – What did I not do?
  - Am I bad mother, bad partner, etc.?
- Connection between survivor’s personal drug/alcohol use and the death of their loved one.
- Would have, could have, should have...
- Ambivalence:
  - “I was powerless over his disease and powerless to stop his death”.
  - “I could have been prevented - I hate knowing that.”

Shame–

- Judgment and isolation.
- Many do not reveal the cause of death.
  - Many will lie even in the face of facts.
    - Fear judgment
    - Fear their loved one will not be honored.

Responsibility – Blame

- Was it accidental or purposeful?
- Who is responsible? Self inflicted, “murder?”
- Did the decease choose the drug under free will?
- Did family/friends:
  - Use with the deceased?
  - Introduce them to alcohol/drugs?
  - Enable the use?
  - Set boundaries that “pushed them further into the drug culture”?

“What did we do?” – “What could we have done?”
Relief:

- Long struggle with drug use.
  - The pain and suffering for their loved one is now over.
  - Roller coaster ride is finally over.
  - Peace within household, no more worrying.
- May have guilt over having relief.

Anger:

- Anger at stigma/image:
  - Embarrassed at image/judgment people have of deceased.
  - Embarrassed that addiction is apart of their family.
  - Anger at the person/addiction that killed your loved one.
    - Can include the deceased.
  - Anger at self for not preventing or protecting.
  - Anger at God.
  - Anger at circumstances of death:
    - He knew his sister would find him. How dare he do that to her. She did not deserve this.

Rejection:

- Rejection and abandonment:
  - My loved chose drugs - what I could provide for them - my love was not good enough. What I have and who I am is not good enough - their drug use was their priority.
  - Rejection and anger can go hand-in-hand:
    - I gave them a good life why would they ...
  - Rejection can impact their view of them self/self esteem:
    - I’m a bad parent...if I can’t keep my kids alive than I have no business parenting.
  - Rejection ties directly with a misconception around “intent” to die by overdose.
  - Rejection ties with understanding of addiction and level of ‘control over the use’.
Trauma -

- Trauma -
  - More difficult if found the person, but still occurs even in the absence of seeing body.
  - Power of the imagination.
  - May manifest PTSD symptoms.

Family Grief

- Secrets
  - Incongruence in what they want the world to know - both within the family and outside of the family.
- Family functioning
  - Expressions of anger, blame, ‘protecting fragile members’.
- Blame
  - Role of each family member played/didn’t play.
- Incongruence in Coping and Grieving styles within family.
- Hypervigilence to others in the family
  - Fear other’s use, relapse, mental health stress, etc.

Recovery Tasks & “c”linical work
Professional Support

- Your role in the grieving process:
  - Companionship versus treating
  - Duration is a forever thing
    - Learn to integrate and carry the loss with them.
    - Rock: Metaphor by J. Jordan

- Assess:
  - Coping
  - Trauma
  - Suicidal Intent, Relapse
  - Family Coping

Supporting the Bereaved

- Normalize and educate on possible grief responses.
- Attend to unique challenges.
- Trauma: Need to assess for trauma early & again a few months into grieving.
  - Coping with the trauma can trump the grieving process.
  - May need trauma-focused support.
- Identify & Teach Coping Skills:
  - Regulating the pain. Need to be kind to self.
  - "I only grieve from 7:00-8:00 every morning and every night. He was not my 24 hours when alive, he can’t be in his death."

Tasks in Grieving

- Need to move through traditional grieving....

AND

- Make sense of what does not make sense.
  - Could it have been predicted?
  - Help facilitate "getting answers": truths are important.
  - May need to talk with friends, coworkers, etc.
  - I had to ask all his friends about him in his final months.
  - Honest look at personal role and the impact of other factors.
  - Resources from Al anons, Nar anons, etc.
Tasks Continued

- Address family and social issues - "guilty victims".

- Skills in managing others questions, etc. Both it is ok to talk about or not, it does not make sense to me so I can’t really talk about it now.

- May need to stay away from hurtful people.

- Help make connection with other survivors - support groups.

- Plan ahead for special dates: holidays, birthdates, etc.

Tasks Continued

- Repair the relationship with the deceased.

- Re-establish a positive relationship.

- Honoring the life, not the death. The story of the person’s life is not the “last paragraph”.

- Support the acknowledgement of a life narrative.

- Reinvest in living - “Make my grief work for good.”

Citations/References: