

Dealing With Grief

The Symptoms, Sages and Triggers Surrounding The Grieving Process

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GRIEF IS WIDELY ACCEPTED AS AN ISSUE that needs to be addressed during recovery. While normal life losses do not necessarily benefit from nor require therapy, complicated loss associated with addiction issues may benefit from professional help. Those developing treatment programs, are oftentimes legitimately concerned about whether addressing powerful issues of grief can undermine sobriety or open the door to relapse. Generally speaking, addicts need to develop solid enough recovery and ego strength to allow them to experience the difficult emotions associated with grief issues so that they don't relapse. In early recovery addicts may not benefit from revisiting painful, historical material that can trigger relapse, while in later recovery the opposite can be true. Avoiding painful material can actually undermine the recovering person's ability to develop a consolidated sense of self, which can also lead to relapse. Some lecturing on the grief process can actually normalize grief so that when it does emerge, it is somewhat less derailing. Many addicts were themselves once hurt people, who relied on a substance to deaden their pain. The grief issues that they have been self-medicating with drugs, alcohol, food, sex, or gambling may eventually bubble to the surface during the recovery process. In addition, they may need to grieve the years they lost through addiction and the pain that they have caused those they love. And to complicate matters even further, they are likely to be grieving these issues with a weakened set of psychological and emotional tools.

In the world of addiction, clients may find themselves feeling that they have no right to mourn the loss of a problematic relationship, because they are "better off without them." But painful relationships can be difficult to process simply *because* there is so much unfinished business associated with them. Conflicting feelings, for example, of loving *and* hating, guilt *and* relief, may complicate their mourning process. Instilling hope and engaging the client with a recovery zeal and a recovery network become very important in creating motivation and a safety net to sustain and contain the grieving process.

A surprisingly large number of life's events go ungrieved in our futile attempt to "get on with life" or to "stop feeling sorry for ourselves." Those events, which can be disavowed, may include any of the following:

- * divorce, for spouses, children and the family unit
- * life transitions
- * loss of job, youth, children in the home, retirement
- * dysfunction in the home, loss of family life
- * lost childhood, lost security, constant abandonment, loss of parents who were able to behave like parents
- * loss of a period of one's own life, loss of potential "what might have been"

If we cannot mourn losses, we may experience one or all of the following reactions:

- * Stay stuck in anger, pain, and resentment
- * Lose access to important parts of our inner, feeling world
- * Have trouble engaging in new relationships because we are still engaged in an active relationship with a person or situation that is no longer present
- * Project unfelt, unresolved grief onto any situation, placing those feelings where they do not belong
- * Lose personal history along with the unmourned person or situation as part of us dies too
- * Carry deep fears of subsequent abandonment

Grief and Self Medication

In his seminal research on trauma, Bessel van der Kolk (1987) found that one of the pervading symptoms of post traumatic stress disorder (PTSD) in soldiers and those who have experienced some form of familial trauma (such as physical, sexual, or emotional abuse, neglect or living with addiction) is the desire to self-medicate with drugs or alcohol. People abusing substances have been able to medicate pain associated with grief, often for periods of many years. In sobriety, losses, which went ungrieved and were medicated rather than felt, understood, and integrated, may resurface. Without the coping strategy of self-medication, the sober addict will need to summon the strength to live through the pain that previously felt like too much to tolerate. Experiencing these losses in recovery may be confusing for the addicted person because often they reach back for years or even decades. Psychodrama can offer a way to concretize and work with those overwhelming emotions when they surface. It is generally recommended that sobriety be established before those feelings are worked with experientially.

Terminal Uniqueness

It is not uncommon for those who carry deep grief, which they have not been able to resolve, to feel that their grief is unique among all other types of grief and that no one can really understand what they are going through. That reaction speaks to the trauma that they are experiencing and their loss of ability to take in support from others. Terminal uniqueness often has anger lingering around its edges. Engaging clients in the stages of grieving can help to move them toward some resolution. Many of the exercises that I present here can help the grieving person begin to shed the tears and express the angry feelings associated with grief and simultaneously to accept caring and support from others. Working with photographs and keeping a journal can also be useful in helping a grieving person to concretize a particular grief issue. The following are warning signs of unresolved grief:

- * Excessive guilt
- * Excessive anger or sudden angry outbursts
- * Recurring or long-lasting depression
- * Care taking behavior
- * Self-mutilation
- * Emotional numbness or constriction

Stages of the Grieving Process

One can expect to pass through certain, predictable stages in experiencing and processing loss. To adapt the process, I have adapted the stages offered by John Bowlby (needs citation and reference) and added a fifth stage, which I have observed that clients move through when they allow themselves to surrender to the process of grieving. Feelings do not necessarily follow an exact course, but listing the stages offers an overall map of the emotional terrain generally covered during the process of grieving loss. Loss here, refers to the loss of a person, a part of self, a period of life, personal dreams or addictive behaviors or substances.

Emotional numbness and shutdown. In this stage, we may go through a period of feeling emotionally numb. We know something happened, but our feelings are shutdown and out of reach.

Yearning and searching. This stage is marked by a yearning for the lost object (person or situation) and searching for it in other people, places, and things. Ghosting, or the sense of a

continuing presence of the lost object or even a sense that one is seeing them, may be experienced. There is deep yearning for what was lost—be it a stage of life, a part of the self, or a person—followed by a searching for a way to replace the lost experience.

Disruption, anger, and despair. In this stage, clients may experience anger, despair, and disappointment, which come and go and are overwhelming at times. Losses that have anger and resentment attached to them can become complicated. There may also be ambivalent feelings of missing *and* relief or rage *and* yearning. It may be easier for some clients to feel the anger, rather than the sadness beneath it or the reverse.

Reorganization and integration. In this stage, the grieving person is able to articulate and experience either the normal, numbed, or split-off emotion connected with the loss and integrate it into the self system. One's inner world reorganizes with the loss incorporated into it. This is the stage of acceptance and letting go.

Reinvestment, spiritual growth, and renewed commitment to life. In this stage, one comes to believe in life's intrinsic ability to repair and rebuild itself. The grieving person experiences this firsthand by reaching out and letting in love and caring from willing people and realizes that one can heal from loss and move on.

Grief Triggers

Some of life's circumstances can trigger grief reactions, and a substantial part of the reaction may be beneath the level of conscious awareness. Bringing those triggers into one's consciousness helps one to understand where the free-floating sense of anxiety, irritation, or depressive thoughts might be coming from. The grieving person is no longer unaware of what fuels negative behavior.

Anniversary Reactions

Anniversary reactions are common on or around the anniversary of a loss or death. One may feel a vague or even an overwhelming sense of pain related to a loss, a pain that feels as if it is coming out of nowhere. One may experience the same reaction around the time of previous significant dates, such as hospitalization, sickness, sobriety, or divorce.

Holiday Reactions

Holidays often stimulate pain from previous losses. Because holidays are traditional ritual gatherings, they heighten our awareness of what is missing or what has changed.

Age-Correspondence Reactions

This reaction occurs when, for example, a person reaches the age at which someone with whom he or she identified experienced a loss. A daughter whose mother divorced around age 45 may find herself thinking about or even considering divorce when she reaches that approximate age.

Seasonal Reactions

Change of seasons can stimulate grief or be unconsciously associated with a loss, thus causing a type of depression during a particular season.

Music-Stimulated Grief

Music can act as a doorway to the unconscious. It activates the right brain, drawing out associations and feelings that get stimulated by a particular song or music.

Ritual-Stimulated Grief

Important shared rituals can stimulate grief when there has been a loss. For example, family dinners or Sunday brunch can be a sad time for family members who have experienced divorce.

Smells or Returning to a Particular Location

Smells are among with one's earliest memories, and reexperiencing them can stimulate

memories associated with those odors. Visiting a place that one previously shared with a lost loved one can bring painful recollections and, if feelings are confronted honestly and directly, eventually mastery.

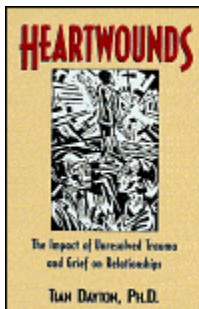
Inadequate Attempts at Dealing With Grief

Some attempts to deal with or manage grief do not necessarily lead to satisfactory resolution and integration. Those inadequate attempts include the following types of resolution:

- * Premature resolution occurs when people try to force themselves to resolve grief without allowing themselves to move through the full cycle of mourning. In those cases, the unresolved feelings tend to come out sideways in the form of projections, transferences, bursts of anger, simmering resentments, excessive criticism, bouts of depression, and so on.
- * Pseudoresolution is a false resolution that occurs when a person fools himself or herself into feeling that grief has been resolved, when actually it has not run its course.
- * Replacement is when a person replaces the lost person or circumstance without first mourning that loss. For example, the divorced person who immediately marries again may feel he or she has solved the pain of loss when, in fact, the loss has not been processed and learned from. In the case of divorce, the same issues that led to one loss tend to reappear in the next relationship.
- * Displacement occurs when mourners cannot connect their pain to what is actually causing it and instead displace the grief, upset, anger, and sadness onto something or someone else, thereby displacing the pain to where it does not belong. It becomes difficult to resolve the grief because it is projected onto and experienced around the wrong subject. Grief needs to be consciously linked back to what is actually causing it.

REFERENCES

Bowlby, J.
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Dr. Dayton has a masters in educational psychology, a PhD in clinical psychology and is a certified trainer in psychodrama, sociometry and group psychotherapy..She is a fellow of the American Society of Psychodrama, Sociometry and Group Psychotherapy ASGPP, winner of their scholar's award, executive editor of the psychodrama academic journal, sits on the professional standards committee. She is author of recovery best seller *Forgiving and Moving On*, *Trauma and Addiction*, *The Living Stage: A Step by Step Guide to Psychodrama, Sociometry and Experiential Group Therapy* and twelve other titles. Dr. Dayton is the Director of The New York Psychodrama Training Inst. at Caron New York where she runs training groups in psychodrama, sociometry and experiential group therapy. For further info on training in psychodrama call Caron at 1800 678 2332.for more info log onto tiandayton.com.