When considering grief and loss, it’s understandable that self-medication would occur in both complicated and uncomplicated grief (Rando, 1993). Emergent evidence identifies a link between grief and increased substance misuse (Prigerson et al., 1997); however, when it comes to the relationship between grief, bereavement and addiction, research evidence is limited. While most clinicians may observe and hypothesise about the relationship between these two experiences, two challenges are present: 1) there is limited time for clinicians to engage in research that acknowledges their current observations and client feedback on how important it is to acknowledge grief relating to both addiction and bereavement issues (Denny & Lee, 1984); and 2) how to support clients in understanding their experience. Clinicians often consider questions such as ‘What should we address first, the addiction or grief and loss issues?’ or ‘Should addiction and grief issues be addressed simultaneously?’

Clinicians’ experiences and the research of Rando (1993), Zuckoff et al. (2006) and Denny & Lee (1984), has recognised the possible link between addiction and grief. Within this context, grief is considered important in treating persons in the addiction cycle, but more commonly, these experiences are addressed within separate service systems. The role of substance use as a protection from the grief experience is even less acknowledged, with assumptions that clinicians understand the role of substance abuse in aiding avoidance of intense grief pain (Rando, 1993).

In both the addiction and grief and bereavement fields there has been much work done to understand motivation, tasks that may support healing, and the processes of change that take place for persons who experience either addiction or grief and bereavement (Prochaska et al., 1992; Worden, 2009; Stroebe & Schut, 1999).

**Interventions**

The clinical work is around supporting clients to recognise and acknowledge their addiction or loss, embracing strategies that support management of triggers associated with addiction or grief, and finding meaning in the context of their experiences. This framework could appear as a ‘simple’ process. On the contrary, the life altering experience of loss, be it through bereavement or issues leading to...
addiction, results in clients undergoing complex ways of making sense of their experience (Neimeyer, 2012). While boundaries and appropriate assessment are essential (Lucas, 1993), it is also essential that interventions are focused on experiences of addiction and grief simultaneously.

It is important that the practitioner develops curiosity about the function of this behaviour or experience for the client (Crowley, 2001). The ‘choiceless’ nature of bereavement is perceived to be restored when using substances (Rando, 1993). Bick (1967) talks about our skin serving as a boundary, its most primal function being about binding parts of the self together. Its absence results in the formation of ‘second skin’, the reliance on external objects to experience containment. In this context, it’s not too much of a stretch to see the role of substance use as serving as a second skin, protecting from the unbearable, particularly in the context of bereavement (Byrne et al., 1999). Death and loss shatter our assumptive world, our sense of who we are in context of self and other. The journey of relearning and meaning making is multidimensional (Neimeyer, 2007).

“The task of acknowledgement, meaning making and developing new ways of being in the world is paramount to both. Death and the many losses experienced across one’s lifespan are often ‘choiceless’.”

It is critical that we support our clients to observe and understand the function that both their grief experience and addiction serves. In both the Dual Process Model (Stroebe & Schut, 1999) and the Stages of Change Model (Prochaska et al., 1992), persons experiencing both grief and addiction oscillate between loss/addiction experiences and restoration/maintenance dimensions. The tasks of acknowledgement, meaning making and developing new ways of being in the world are paramount to both. Death and the many losses experienced across one’s lifespan are often ‘choiceless’.

Therapeutic work that supports the client to both acknowledge their grief experience and understand the role their addiction cycle plays in protecting them until they are able to navigate the territory of their experience with awareness, is essential to restoring a sense of choice over how to respond to the loss experience. In working with clients who experience bereavement and addiction, it is essential that any intervention considers ways of simultaneously acknowledging ‘twin experiences’. The absence of this can only serve to diminish capacity for safe integration of painful experiences that lead to or increase addiction cycles.

To be present to, and acknowledge a client’s whole experience, is more important than focusing on strategy. Sometimes it’s about abandoning technique and supporting the client to honour ways they have survived, until they are ready to choose strategies that restore their sense of self (Yalom, 1996).

What bereaved persons who also experience addiction need is not a brilliant clinician, but one who is open to supporting the understanding and meaning of their experience.

For the person experiencing both grief and the cycle of addiction, should their experience be pathologised within separate and non-collaborative treatment trajectories, this may perpetuate rather than normalise the understandable desire to seek a ‘second skin’ as protection from pain. Alternatively the simultaneous approach to understanding the role of addiction in the grief experience will go a long way to assisting persons in reconstructing their response to life changing experiences.

References


Welcome to the Winter 2014 edition of Bereavement Practice for Clinicians and Service Providers. I hope that you are all engaging in good self-care in the context of your valuable work.

The feature article in this edition looks at the relationship between grief and bereavement experiences and the addiction cycle. It highlights the importance of acknowledging and addressing these issues simultaneously, with the hope of decreasing the isolation people often experience when struggling with these dual issues.

Alongside the feature article, we have also included an interview with a bereavement practitioner; information on accessing Grief Matters: The Australian Journal of Grief and Bereavement; some useful resources available for purchase here at the Centre; and information about the new Certificate IV in Bereavement Support, which is currently being developed.

I look forward to continued connections with you all, and always welcome any feedback on how we can improve this publication to best meet your needs.

Warm regards,

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Grief Matters Journal

The peer-reviewed journal Grief Matters: The Australian Journal of Grief and Bereavement, published by the Centre in-house since 1998, encompasses both academic and applied aspects of grief and bereavement and is a ranked journal with the Australian Research Council as part of the Excellence in Research for Australia (ERA) initiative.

Past contributors have included key leaders in the bereavement field, including: Robert A. Neimeyer, Colin Murray Parkes, Simon Shimshon Rubin, Ruth Malkinson, John R. Jordan, Margaret Stroebe, Henk Schut, J. William Worden, Kenneth J. Doka, George A. Bonanno, Holly G. Prigerson, Cecilia L. W. Chan, David E. Baik, Phyllis S. Kosminsky and many more.

The journal is published three times annually in Autumn (May), Winter (August) and Summer (December), with a central theme for each issue. The issues of 2013, for example, focused on bridging the gap between research and practice, bereavement support groups, and grief and depression.

Grief Matters is of great benefit to mental health practitioners, tertiary institutions, teaching organisations and occupations related to loss and grief.

“I have always appreciated the quality and diversity of articles in Grief Matters. It is an asset to my work and the colleagues with whom I collaborate.” (Grief Matters subscriber)

How can I subscribe?

Members of the Australian Centre for Grief and Bereavement receive copies as part of their membership. The journal can be subscribed to separately as well. Depending on your location and your particular needs, one might be more appropriate than another, or simply better value.

Back issues of the journal can also be purchased, or you can access the journal through a number of academic databases.

For more information about Grief Matters and how to access it, click here
For information about databases that allow full-text access to Grief Matters, click here
Judy Lillis is a Volunteer Bereavement Counsellor with the Australian Centre for Grief and Bereavement.

**Reflections of a Bereavement Practitioner**

**What has bought you to this field of work?**

I originally worked as a school counsellor in America. Ten years ago my infant son Andrew died of a heart defect. The support I received for my own grief after his death was a prompt for me to shift gears and to specialise in bereavement counselling. I thought that I could offer the kind of listening and empathy that clients would benefit from, maybe not just at a spoken, but also a sensed level. Also, because of my own grief experience I was not afraid to talk about death and I knew this would make me a good candidate for a bereavement counsellor. Most people don’t like to talk about death.

**How do you bear the sadness people share with you?**

The sadness does at times affect me, but I am also aware that with sadness there are glimmers of hope that shine through at times, even in that place of intense pain. It can be difficult to be present and sit with others in that space of intense pain. I keep in the back of my mind that most people do not have others they can or will share their deep pain with, and that makes working with them important and a privilege. Most people don’t like to talk about death.

**How do you support yourself when client’s stories or circumstances resonate with you?**

As with the sadness, if something resonates with me I am never shy about bringing it into supervision. I always try to be aware if something might be a trigger of my own past grief or of something happening presently in life. This is for the good of both the client and me. What is interesting and helpful are the times when something isn’t sitting right from a session and I don’t know why. Exploring it with a supervisor can then bring attention to a parallel process that I hadn’t even considered, and that is helpful.

**How do you help people understand the complexities of grief and bereavement?**

I guess because I have an education background I do feel that psycho-education is very important and helps to normalise people’s grief, so I do use bereavement models, such as the dual-process model, to help clients in this way. However, I do think that the clients are the one that lead the way to working through the complexities of grief. So often the grief is complicated by so many different factors, like the layers of an onion being peeled back, that I feel it is really about finding out what is affecting the client the most and then being curious to explore it.

**What has been your experience with clients who may use drugs or alcohol in their grief experience?**

I’ve had clients who use alcohol or other substances and sometimes it takes them a while to realise it is in response to grief and a desire to numb their pain. Our work is in raising this awareness and supporting them to consider ways to manage emotional pain that enhance their life, not detract from it.

**What do you find most rewarding in your work?**

Whilst working at the Australian Centre for Grief and Bereavement, I have had the fortune of working with people from so many different ages and backgrounds. I have learned so much from their diversity, and it is a great honour starting to see them re-invest in their life; a life that has been forever changed by their grief.

**What would be some pieces of wisdom/insight you would pass on for those working in the field of grief and bereavement?**

When you strip everything away, including technique and theoretical frameworks that inform our practice, it’s the power of the therapeutic relationship, the power of being present with the client in their grief experience. It’s about ‘being’, not ‘doing’.

**What are some ways you have engaged in self-care in this intense field of work?**

I am a big believer in the somatic experience of grief and emotions in the body, so I move, move, move my body. I also try to be well nourished and hydrated for sessions. I seek support of colleagues for supervision to work through the difficult days.
In recent times, the Aged Care sector has determined that there is a real need for a Certificate IV level, nationally recognised training program for bereavement support personnel. Accordingly, the Victorian Government Department of Health, Mental Health and Ageing has provided funding and support for the development and accreditation of a Certificate IV in Bereavement Support, a qualification that would be suitable not only for aged-care workers, but also for a wide range of other sectors, including counselling, nursing, palliative care, social work, the funeral industry and others who provide bereavement support.

The Certificate IV in Bereavement Support is currently being accredited for face-to-face delivery, with a view to flexible mode (online) delivery in the future. This will allow the course to be delivered across Australia.

The Australian Centre for Grief and Bereavement is currently collecting expressions of interest from those who would like to participate in the pilot face-to-face program, as well as those who would like further information about the online course in the future.

Want to know more?
If you are interested in participating in the pilot face-to-face program, or would like to register your interest in the online course, please submit your contact details via:

www.surveymonkey.com/s/Cert_IV_Bereavement
Our Services

Newsletter enquiries
For all enquiries about this publication, please contact Jenny Field on (03) 9265 2100 or email j.field@grief.org.au

Bereavement Counselling and Support Service
The Australian Centre for Grief and Bereavement (ACGB) operates a statewide Specialist Bereavement Counselling and Support Service for Victoria. This program is supported by the Victorian Government Department of Health and has counsellors located across metropolitan Melbourne, and in regional areas (Grampians, Gippsland, Hume, Barwon South-West, and Loddon Mallee). For further information, call (03) 9265 2100, or email counselling@grief.org.au

Support groups
ACGB operates a range of support groups, including groups for adults, children, bereaved partners, loss of a parent and many more. For further information call (03) 9265 2100 or email support@grief.org.au

Practitioner Consultancy Service
This service provides free information, consultation and support for practitioners who are working with bereaved clients experiencing complex and prolonged bereavements. To access this service, call 1300 858 113 during business hours.

Internships
ACGB has a limited number of placement opportunities for experienced counsellors seeking to advance their knowledge and skills in bereavement counselling. For further information contact the Centre on (03) 9265 2100 or email info@grief.org.au

Education and training
ACGB offers quality education and training opportunities for health professionals, students, volunteers and any other individual or agency desiring to enhance grief and bereavement knowledge and practice. Education and training programs are offered as seminars, workshops, short and long courses, conferences and customised training. For full details of all programs and services offered, go to www.grief.org.au/education

Bereavement Courses
The Australian Centre for Grief and Bereavement offers a number of research-informed, high-quality courses including post-graduate training program, the Graduate Certificate in Bereavement Counselling and Intervention (nationally accredited). For more information contact the Centre on (03) 9265 2100 or email courses@grief.org.au

Customised training and consultancy
ACGB offer a range of customised training and consultancy services that provide research-informed, high quality professional development programs that meet the specialist training needs of organisations, groups and individuals. For further information contact the Centre on (03) 9265 2100 or email education@grief.org.au

Grief Matters: The Australian Journal of Grief and Bereavement
Published by ACGB three times per year, this journal encompasses both academic and applied aspects of grief and bereavement and is a ranked journal with the Australian Research Council as part of the Excellence in Research for Australia (ERA) initiative. To find out how you can subscribe to this journal, call (03) 9265 2100 or email griefmatters@grief.org.au

Membership
Access a range of benefits through the ACGB membership program. An enhanced membership option, reciprocal membership with the Association for Death Education and Counseling (ADEC), is also available. For more information about membership options and benefits go to www.grief.org.au/get_involved or call (03) 9265 2100.

Donations
Donations over $2 are tax deductible and allow ACGB to continue to provide services including bereavement counselling, support groups, newsletters, events, education and training. To make a donation, visit www.grief.org.au or call (03) 9265 2100.

We value your feedback
If you have feedback about this publication, or any of the services delivered by the Australian Centre for Grief and Bereavement, we’d love to hear from you. Contact us on (03) 9265 2100 or email info@grief.org.au

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