1994

Pain under the influence: The link between grief and substance abuse

Cecilia M. Poirier

Frances V. Ramirez

PAIN UNDER THE INFLUENCE: THE LINK BETWEEN GRIEF AND SUBSTANCE ABUSE

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

By

Cecilia M. Poirier and Frances V. Ramirez

June 1994

PAIN UNDER THE INFLUENCE: THE LINK BETWEEN GRIEF AND SUBSTANCE ABUSE

A Project

Presented to the

Faculty of

California State University,

San Bernardino

By

Cecilia M. Poirier and Frances V. Ramirez

June 1994

Approved by:

[redacted]

Marjorie Hunt, Project Advisor, Social Work 6-7-94
Date

[redacted]

Olivia E. Sevilla, Agency Representative

[redacted]

Teresa Morris, Chair of Research Sequence

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

This project describes a study, involving men and women who are recovering from drug and alcohol abuse. These men and women are volunteers from an outpatient drug and alcohol recovery clinic.

Study findings suggest that there was a link between substance abuse and unresolved grief issues in this sample. As children, they were taught that grief should (and can) be avoided. Later, as adults, they turned to alcohol and drugs to minimize the losses they experienced. Based on the conclusions drawn from the small sample in this study, further research concerning the relationship of loss and drug and alcohol abuse should be considered.

PROBLEM FOCUS

This study explored the possibility of substance abuse in connection with unresolved grief and loss. A review of the literature revealed some work focused on this topic. For example, Coleman, Kaplan & Downing (1986), discussed the relationship between loss and heroin addiction. Looking for other articles that discussed aspects of loss and substance abuse revealed that very little had been written on this subject. Thus, further research in the area of substance abuse and loss could add to the knowledge base for treatment of addictions.

The purpose of this study was to provide additional information for helping professionals that treat clients who are addicted to drugs and alcohol. The significance of this study for social workers is important because the social work profession has played a vital role in the development of ideas and in the leadership of treatment programs dealing with substance abuse.

Social workers, as well as other professionals, have a responsibility to maintain attitudes toward clients whom they seek to help that may well be different from prevailing social attitudes. The attitude of the social worker toward the addicted client cannot be minimized. To help lead the addicted client out of a situation that many have regarded as hopeless, the social worker must be able to accept them as fallible human beings who are capable of helping

themselves (Lewis, 1967).

The paradigm used for this research project is positivist exploratory. From a review of existing literature, it appeared that little research had been done in the area of substance abuse and loss. It is expected that this study will yield new insights into this area. Although a positivist exploratory study cannot give any definitive answers, this study breaks new ground and provides rich material for future use.

This study focused on the direct practice role of the social worker. A social worker can assist clients who are trying to live a substance free lifestyle when they assist the client in developing new coping skills that do not involve the use of drugs or alcohol. This research provides social workers with more information which can be used in direct practice.

Despite the research that seeks to show that alcoholism is a disease, the belief persists that uncontrolled drinking is a self-inflicted condition. Consequently, alcoholics, and drug users, are viewed as being less worthy than most other clients (Plaut, 1967). There are several factors that seem to perpetuate this view of alcoholics. First, relapse is always a possibility. This may be seen as a failure on the part of the client or the treatment. Yet, with virtually all other medical-social conditions, relapses are taken as a matter of course. Second, many alcoholics are

difficult to work with and present major therapeutic challenges. Third, deep-seated cultural conflicts about drinking and alcoholism have an effect on social workers, other professionals and the whole society.

Drug addicts have suffered in much the same way as alcoholics and for many of the same reasons. Drug addicts are difficult to work with and they suffer frequent relapses. Many have been stereotyped as unreliable and often are involved in the criminal justice system.

Our research question for this project was "How have substance abusers dealt with loss in their lifetime?" The results of this research showed that there are valid reasons why substance abusers relapse or act out in ways that make working with them a challenge. Unresolved loss has been shown to cause maladaptive behaviors such as using drugs or alcohol as a way of "filling up" the emptiness that was created by the loss, or blocking out reality (Rando, 1984). In a study conducted by Parkes and Brown (1972), bereaved widows and widowers were compared to a non-bereaved control group. Of the bereaved group, 28% reported an increase in alcohol consumption, 26% had either begun taking tranquilizers or increased their use and 28% reported an increase in smoking. There had been virtually no increase in drug use in the control sample, with the exception of an unexplained increase in smoking among 20% of the married men.

These findings seemed to indicate there may be a link between substance abuse and loss. There is literature available that speaks about loss and there is also other literature that discusses alcohol and drug use. However, it appears that there is little literature available that speaks to the possible relationship between loss and substance abuse. The only exception was the study previously mentioned by Parkes and Brown.

RESEARCH DESIGN AND METHOD

The purpose of this study was to explore how substance abusers have dealt with loss in their lifetime. The aim of this research was to add to the knowledge base for substance abuse treatment in a direct practice setting.

Qualitative inquiry using the interview guide approach was used to generate information on how substance abusers have dealt with loss. This approach was used so that each participant was asked the same questions, in the same sequence, to maximize comparability of responses and to ensure that complete data were gathered from each person on all relevant questions. This approach was also used to reduce the chances of interviewer biases (Rubin & Babbie, 1993). The list of questions that was used in the interview can be found in Appendix A.

For the purpose of this study, anyone who had a history of substance abuse, either legal or illegal, was referred to as a substance abuser. All but two of the subjects for this study were in therapy at an outpatient drug and alcohol recovery center. The other two subjects were in recovery, not receiving therapy at the recovery center, and volunteered for the study. The method of referral was through the subjects primary therapist at the recovery center. The subjects received a letter from the interviewers, (Appendix C) that explained the project and invited them to participate in the study.

The population of interest used in this research was people over the age of eighteen who had identified themselves as substance abusers, and who had been free from alcohol and drugs for at least one year. The sample size developed was 16 individuals.

Both the loss history and substance abuse history were collected through the interview guide approach as described by Rubin and Babbie (1993). The questions asked by the researchers allowed the respondents to provide their own answers to the questions. Additional data was collected through a time line, constructed by the subjects of the study. This piece of quantitative data was used to augment the qualitative data. This time line reflected the participant's loss and substance abuse history. A sample of a time line is shown in Appendix B.

A weakness to the exploratory design is that results can only be generalized to the participants of the study. Additionally, it is difficult to keep the researcher free from imposing their own interpretation or biases onto the data gathered. This design makes validation difficult.

A strength of this design is its open and informal gathering of data. The participants in the study were free to respond in any way they chose to the questions. Another strength is that the researchers were able to let the data gathered determine the direction of further research.

Each interview took approximately 90 minutes. The data

was gathered by two researchers who shared the duties of interviewing, and compiling the data. The 90 minute interview was recorded on audio tape to allow the interviewer to listen and direct the interview without the necessity of taking notes. In addition to answering the interviewer's questions, each participant completed a time line. Before the interview, each subject received a written statement describing the study. They were then asked to sign an informed consent form.

There were several steps taken to protect the confidentiality of the people in this study. Each of the participants was assigned a number rather than using their name. The list of those who were interviewed and the number associated with them was kept in a locked file to prevent inadvertent disclosure.

If in the process of talking about their substance abuse and loss histories, the subject felt uncomfortable or uneasy, they were assured that their primary therapist had agreed to be available if needed. These therapists were familiar with the research and had agreed previously to be available to counsel the study participants.

QUALITATIVE DATA

Since the majority of our research material came from interviews conducted with each subject using the interview guide approach described by Rubin & Babbie (1993), we first looked for similarities and dissimilarities among the response material. The data gathered, in the early interviews, helped us to determine if we needed to modify our research design (Rubin and Babbie, 1993).

In order to avoid the pitfall of observing only that which would support our hypothesis, we followed these three guidelines (Rubin & Babbie, 1993):

1) Include some quantitative data with our qualitative data
2) Enlist the assistance of others in reviewing our data
3) Remain sensitive to and aware of the dangers of becoming biased and narrow with regard to our observations. Examine our own thoughts and feelings, in regard to what we hear and observe, to keep focused on the research itself

A large portion of the data gathered from the interview was from a set of questions. Open coding was used for these responses. Each response was analyzed and each idea, incident, or event was assigned a name that represented the phenomena conceptually (Strauss & Corbin, 1990). Each

response to a question yielded many different ideas or events. As we analyzed each response, and as an idea or event was recognized, it was categorized and tallied along with other similar ideas or events. If it was determined that an idea or event was unlike any others previously recorded, a new category was opened to record that idea or event. As more responses were recorded, it may have been concluded that two categories were not conceptually dissimilar enough to be measured discretely. Therefore, these two categories were then joined together. Conversely, if it was determined that some responses were put into a single category when there existed a discernable difference, that category was split and the responses were reassigned. The goal was to code the responses in such a way that the maximum amount of information was obtained.

RESULTS

The demographic information is reported in Table 1 (N=16). The majority of participants in this study were caucasian females, between the ages of 27 and 56. Of the sixteen, 3 were ethnic minorities. The majority of participants were from homes where one or both parents were alcoholic. Of those who came from alcoholic homes, there were more females than males. There was an equal number of males and females who came from homes where the parents were non-drinkers (See Table 2).

Eleven subjects reported losses before the age of 10. Of these 11, one was a male and 10 were female. Five subjects reported no memory of a loss before the age of 10. All 16 subjects reported losses after the age of 10.

The one male who reported a loss before the age of 10, indicated several major losses. He reported the loss of a prized possession, the loss of trust of his father, loss of a sense of safety, and loss of a childhood because he was forced by his father to go to work at the age of seven in the family business. This subject also reported serious physical abuse. As a result of this abuse, he indicated that he learned not to express his thoughts and feelings, and knew he would not be allowed any freedom to do the things other chidren were doing.

TABLE 1

Demographics

Total Study Group:

4	Males	12	Females

Ethnic Breakdown:

1	Hispanic male	1	Hispanic female
3	Caucasian male	10	Caucasian females
		1	Black female

Ages ranged from: Male: 34 - 63

Female: 27 - 56

TABLE 2

Family History of Alcohol Use

Homes:

12	Drinking Parents	4	Non-Drinking Parents
10	Female	2	Female
2	Male	2	Male

The females in the study reported the following types of losses. One indicated that at the age of eight her family moved and she was forced to change schools. Another indicated that at the age of eight her parents were divorced and at age nine she was molested by her step-father. One woman reported that because her parents were alcoholic, at the age of five she became the primary caregiver of a retarded sister. At the age of eight this same woman said her family moved from the east coast to California. She said she lost all that was comfortable and familiar.

One woman in the study indicated that she knew from a very early age that she was not wanted by her parents. She said her younger sister is the only one of the siblings who received any attention from their parents. Another woman, reported that at age two her father died. From age four through eight, she was molested by her step-father and various maternal uncles. At age nine, she indicated that her grandmother died and by this same age she knew she had become lost to herself. She stated that she had become someone she didn't even recognize. Like the subject described previously, this woman indicated that from age four through age eight, she had also been molested. Also at the age of nine, her pet dog died.

One 27 year old subject reported that at age five, a very good friend had died and at age seven, her father and mother divorced. She consequently lost contact with her

father. Another female subject also reported that she never knew her father. He left her mother before she was born. She indicated that it was very difficult for her to not know her father.

One female subject in the study reported that at the age of eight a live-in sitter had died. This sitter had been the primary caregiver for this woman and her two siblings. After the sitter's death, this eight year old assumed the responsibility for taking care of her sisters. She said this was instant loss of childhood. She reported that she felt the loss of credibility in her parents eyes when she was unable to pass a test to determine if she was a mentally gifted minor. She said her younger sister had previously passed the test.

At the age of seven, another female subject reported that she felt the loss of her parents on an emotional level when her father's alcoholism escalated and her mother increased the use of diet pills in an attempt to remain thin and attractive to her husband. She also reported that her only sister withdrew emotionally from her. She said this was a tremendous loss for her because she and her sister had been each other's sole support. What she didn't know at the time, was that this sister was being molested and withdrew in order to survive the terror that was happening to her.

All 16 subjects reported losses after the age of 10. They reported losses such as: death of a parent; death of a

friend (some due to suicide, some due to drug overdose); divorce of parents or divorce of self from spouse; death of a baby; loss of family's respect due to drug and alcohol use; loss of grandparents; loss of baby due to abortion; loss of virginity; loss of freedom due to imprisonment; loss of spouse (who was sent to prison); death of family pet (as a result of poisoning); loss of job; loss of possessions due to bankruptcy; loss of health; loss of home; loss of relationship with children due to their own alcoholism; and loss of young adulthood (due to imprisonment).

One female, age 56, reported that her losses influenced her use of drugs. Two females, age 33 and 50, stated that their losses have influenced their use of alcohol. Two females, age 30, and 41, reported using alcohol and drugs as a way of coping with their losses.

One male in the study indicated that his substance abuse was used as a coping mechanism. The three remaining females stated that their losses definitely influenced their drug and alcohol use.

There were three males and 10 females who stated their drug and alcohol use began as a way of joining with friends. They used substances in order to belong, to be accepted by others and to feel acceptable to themselves.

When asked if they thought their parents helped them learn to deal with loss, two males and three females answered in the affirmative. Two males and nine females

indicated that they did not receive any modeling from their parents. Ten females and two males reported that the message received in their family was that feelings were unimportant.

The average age at which a first loss was experienced, was age five. These 11 subjects were placed in the category of "Losses Before Age 10." The average age at which alcohol or drugs were first used, by these subjects was age 16. Of those who experienced loss in the first ten years of life, the average number of losses was two.

Another group of five subjects reported their first loss after the age of 10. The average age of loss for these subjects was 15. Their average age of first substance use was age 18.

DISCUSSION

Our research results show a clear pattern. After a careful review of the results of our study, we found that there were clear patterns that most of the subjects followed. We searched available literature for a model that appeared to fit these patterns. The model that most closely fit our results was one that was developed by Edith M. Freeman. Freeman, in her text, The Addiction Process: Effective Social Work Approaches (1992), presents very clearly, the common elements in addiction development. This model describes the process that many follow in the development of their addiction.

Our subjects reported going through phases that were very similar to those described in Freeman's model (see Figure 1). The model is very clearly presented in a circular chart. This chart describes the addiction process as a continuum. It does not attempt to describe how the addiction process develops, but rather, what happens. Our research fills in the "Why" aspect of the addiction process. Findings are presented in relationship to the model developed by Freeman to show the triggering events that precede the movement of the person from one phase to another.

FIGURE 1

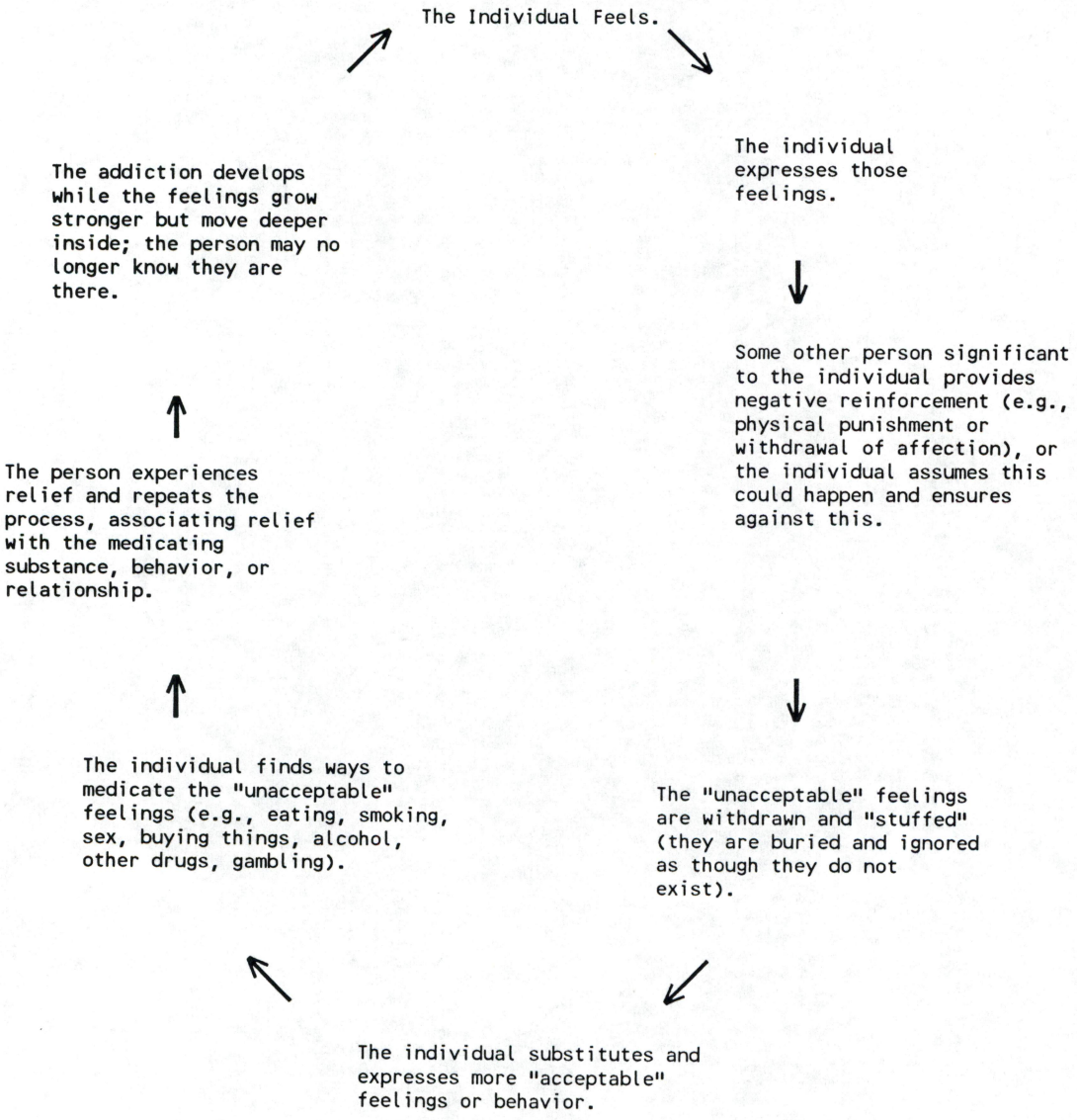

Figure 1 Common Elements in Addiction Development

Freeman, Edith (1992, p. 3)

Eleven of the subjects of the study revealed losses they considered serious before the age of 10. In Freeman's model, these 11 subjects are at the beginning of the addiction development, in the phase that reads: "The individual feels."

These same 11 subjects reported they did not receive the necessary support needed to adequately cope with their loss. Again, these findings are congruent with the second and third phases of Freeman's model. The majority of these 11 reported that expressing feelings such as fear or anger usually resulted in physical, verbal, and emotional abuse. The message sent by this negative response resulted in little communication or emotional connectedness to other family members.

The subjects reported learning early in life which feelings and behaviors were (or were not) acceptable within the family environment. This led them to do what Freeman calls "substituting and expressing more 'acceptable' feelings and behaviors." Freeman describes this addiction development in the fourth phase of her model.

All 16 subjects reported losses after the age of 10. Additionally, they all reported use of drugs and alcohol. In the beginning, the drugs and alcohol were reportedly used to help them feel more socially acceptable to their peers. This led them to feel better about themselves. By this time, their usage had taught them the numbing effects of

drugs and alcohol.

In the fifth phase, Freeman says: "The individual finds ways to medicate the 'unacceptable' feelings (e.g., eating, smoking, sex, buying things, alcohol, other drugs, gambling)" (p. 3). The research findings of this study indicated that all of our subjects fit into this phase.

At this point, the subjects had reported they were using alcohol and drugs as a coping mechanism to help them deal with painful or difficult situations. They had learned to do what Freeman describes in the sixth phase as "repeating the process, associating relief with the medicating substance." Although, our study did not focus on any other means of seeking relief from painful situations, the data supports that several of the subjects did use other maladaptive behaviors in addition to the drugs and alcohol.

As the research participants answered the questions and completed their time lines, they reported that they were surprised to see how many losses they had experienced. Additionally, they were surprised by how many of these losses were still unresolved. Many of the subjects said that they could see, for the first time, how their substance abuse was directly tied to their losses. Freeman addresses this phenomena in the last phase of her model, which indicates that as the addiction grows stronger, the feelings are buried more deeply. The results of our research, showed this effect occurred in all 16 participants.

As described in the results section, the majority of participants were from homes where one or both parents are alcoholic. Twelve of the 16 participants were adult children of alcoholics. Patricia Pape (1989) writes, "Perhaps the greatest effect of alcoholism can be seen in the children of alcoholics (COAs), many of whom grow into adulthood without ever sharing their 'secrets' or without understanding how, having one or both parents with alcoholism has affected them (p. 43). This statement is supported by the data collected during the course of our research.

In 1987, the National Council on Alcoholism published a fact sheet highlighting information about children of alcoholics. One fact reports that children of alcoholics are at the highest risk of developing alcoholism themselves or of marrying someone who becomes alcoholic. Another important fact noted that children of alcoholics are frequently victims of incest, child neglect, and other forms of violence and exploitation.

Of the research subjects, 11 of the 16 participants have been married or have been in a serious relationship with an alcoholic or drug addict. Four were molested, and 3 were physically abused. One of the hypotheses of this study was that early loss would indicate early substance abuse. According to our findings, the average age for first substance use was 16 years of age for those who experienced

loss before the age of 10. For those whose loss occurred later in life, the average age of first substance use was 18 years.

Even though the data indicated that our hypothesis was correct, we expected the age of first use to be at a younger age. There was one participant whose first substance use was at 11 years, another's first use was at age 12 and two whose first use was at 13 years. The average of all 16 participants was 16 years of age.

We found that the participants could be divided into two distinct groups. One group consisted of those who reported that their losses influenced their substance abuse. The other group reported that because of their substance abuse they sustained losses.

This study was conducted to discover if there was a link between substance abuse and grief. The results of the oral interviews and the time lines completed by the 16 participants indicated a link did exist between the two phenomena of substance abuse and unresolved grief.

The time line proved to be a valuable tool. A common reaction among most of the participants was surprise. Most subjects were unaware that they had sustained such a large number of losses, and that they had used drugs or alcohol more consistently and at a much greater level when a loss occurred.

These findings impact the direct practice role of

social workers who are involved in the treatment of clients with a history of substance abuse. Because all 16 participants reported traumatic losses after the age of 10 and subsequent substance abuse, serious consideration should be given to including grief work as part of the overall treatment plan. Additionally, based on this exploratory research, and its results, further study is indicated to determine if this connection exists among the greater population of substance abusers.

APPENDIX A

Interviewer Questions

- How many losses did you experience in the first 10 years of your life?
- Of these losses, how many do you consider serious?
- How old were you when you experienced your first serious loss?
- What was the loss?
- How did you handle the loss?
- Did you have anyone to assist you in dealing with the loss?
- How did other family members deal with loss?
- How would you rate the way you dealt with the loss?
- Were you influenced by the way you saw family members deal with loss?
- How old were you when you first started using substances?
- What was the first substance you used?
- How much did you use?
- Do you think any losses you have experienced influenced your use of alcohol or drugs?

APPENDIX B

Time Line

In the middle of the page, appears a time line in increments of 5 years. Above the line, indicate the approximate age at which a loss occurred. Below the line, indicate the approximate age at which substance abuse began.

LOSSES

age> 0 5 10 15 20 25 30 35 40 45 50 55 60

SUBSTANCE ABUSE

APPENDIX C

Informed Consent

The study in which you are about to participate is designed to investigate the possibility of linkage between personal loss and substance abuse. This study is being conducted by Cecilia M. Poirier and Frances V. Ramirez under the supervision of Dr. Marjorie Hunt, Professor of Social Work. This study has been approved by the Institutional Review Board of California State University, San Bernardino.

This study will consist of one, one and one-half hour meeting in which the study will be explained thoroughly and will include an interview dealing with the subject's personal losses. The meeting will be audio taped. The subject will also be asked to complete a time line dealing with the subject's life.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will your name be reported along with your responses. All data will be reported in group form. At the conclusion of this study, you may receive a report of the results upon request.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study.

I acknowledge that I have been informed of, and understand the nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age.

x _____ x _____
Participant's Signature Date

x _____ x _____
Researcher's Signature Date

x _____ x _____
Researcher's Signature Date

REFERENCES

Coleman, S. B., Kaplan, J. D. & Downing, R. W. (1986). Life cycle and loss-the spiritual vacuum of heroin addiction. Family Process, 25(1):5-23.

Denzin, N. K. (1993). The alcoholic society: Addiction and recovery of the self. New Brunswick, New Jersey: Transaction.

Freeman, E. M. (1992). The addiction process: Effective social work approaches. New York: Longman

Lewis, D. C. (1967). Addiction. Encyclopedia of Social Work. National Association of Social Workers. Albany, New York: Boyd.

National Council of Alcoholism (1987). Fact sheet on alcoholic families. Chicago: NCA

Plaut, T. F. A. (1977). Addiction: Alcohol. Encyclopedia of Social Work. National Association of Social Workers. Albany, New York: Boyd.

Parkes, C. M. & Brown, R. J. (1972). Health after bereavement: A controlled study of young Boston widows and widowers. Psychosomatic Medicine, 34, 449-461.

Pape, P. A. (1989a). Chemically dependent and adult COA women in recovery. Part I and Part II. The Almacan, March 1989, 18-20, and April 1989, 14-16.

Rando, T. (1984). Grief, dying and death: Clinical interventions for caregivers. Champaign, IL: Research Press.

Rubin, A. & Babbie, E. (1993). Research methods for social work (2nd ed.). Pacific Grove, California: Brooks/Cole.

Strauss, A. & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, California: Sage.