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Interweaving loss, grief, and addiction

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Abstract

Meaningful changes and related losses in one's life may initiate a journey of grieving for those losses. Grief is a natural process, and one that at times may result in a greater understanding of oneself and of the nature of the loss. Each grief process is unique to the individual experiencing the loss, and can affect one's whole being, including the physical, emotional, and spiritual aspects. Losses preceding or following an addiction can result in profound grief that may not be acknowledged within the process of rehabilitation. This study, involving a systematic literature review, examined the relationship between addictions and loss and grief, and offers a series of recommendations for practitioners, as well as for additional research.

Keywords: loss, grief, addictions, assessment, recovery

When changes occur in one's life, there is often a sense of loss as well as the potential for gain in relationship to that change. Grief is a natural reaction to significant and stressful losses, and can affect us physically, emotionally, cognitively, socially, and spiritually (Sabar, 2000). People experience grief in their own unique ways, according to their gender, beliefs, culture, personality, and relationship to each loss. Eventually, many of us find a way to carry on after experiencing a loss. The process we go through to achieve this can be confusing, and emotionally challenging, while also edifying; however, the griever generally does not require clinical or psychological intervention (Zisook & Shear, 2009). Some people, however, may find their losses too overwhelming and too difficult to cope with and can become stuck or immobilised in attempting to address the losses and the associated grief.

For some, alcohol and other drug use may become an immediate source of relief from fully experiencing a loss, and therefore in some cases the grief associated with that loss is not acknowledged. At such times, many may struggle to reduce the consumption

of their drug of choice or to give it up completely. Additionally, those going through treatment recovery can also be grieving the loss of their addictive lifestyle. This type of loss can impair individuals' coping mechanisms with respect to further losses and may inhibit their efforts to obtain support. Moreover, such support, when identified, may include family and friends who also use substances (Martin & Privette, 1989). The interwoven connections between loss, grief, and addictions appear to have received little attention, however.

With respect to addictions, previous research has noted that New Zealand has some of the highest rates of drug use in the developed world (Ministry of Health, 2010). Survey research showed that one in six New Zealanders aged 16–64 years had used drugs recreationally in the previous year. Furthermore, 84% of the adult population consumed alcohol at least twice a week, with cannabis being the most popular illicit drug used. In 2007, the year before the survey was undertaken, nearly 15% of adults reported using cannabis. In considering lifetime use, and excluding alcohol, tobacco, and party pills, 50% of all adults had used drugs for recreational purposes during their lifetime (Ministry of Health, 2010).

Understanding addiction

Addiction is a term that is commonly used interchangeably with "dependence." It results from the consumption of hazardous amounts of substances over a prolonged period. The *Diagnostic and Statistical Manual of Mental Disorders*, version 5 (DSM-V) (American Psychiatric Association, 2013), defines a substance abuser as a person who, within one year, meets two or more of 11 criteria in the DSM-V classification.

Individuals pursue their drug of choice regardless of any negative consequences to themselves, family, or community. The term "drug" can be defined as any chemical substance that is used non-medically for its positive psychoactive effects, and the usual route of administration is drinking, eating, smoking, inhaling, sniffing, snorting, or injecting (Matua Raki, 2014). In the initial stages, addiction usually produces a state of euphoria, or quick relief from distress or from emotional or physical pain. Sustained use can result in changes in the central nervous system which lead towards tolerance, dependence, craving, lapse, and relapse (Cami & Farre, 2003). The psychoactive effects sought by substance users vary according to the different classes of drugs used.

In treatment recovery, addiction can run a chronic course of relapse for some individuals with reduced resiliency and support, especially when experiencing further losses beyond their addictive lifestyle. Under the influence of substances, grieving

individuals may have ignored the negative consequences of their alcohol and drug use on their partners, children, employment, and their own well-being. Recovering from substance abuse and the resolution of their grief can be both difficult and challenging for individuals, their families and friends, as well as those clinically involved in their recovery.

As a senior therapist in a community alcohol and drug service, one of the researchers (Karen Himiona) realised that clients within such services may have been experiencing significant grief, yet this was not often addressed within the addiction therapeutic rehabilitative processes. As she was undertaking postgraduate studies, this awareness served as the impetus for this study.

Research questions

A structured literature review was undertaken to gain a greater understanding of the possible co-morbidity between loss and grief, and addiction. The research questions for the study were:

1. Is there a relationship between loss, grief, and substance abuse?
2. Does addressing loss and grief in alcohol and other drug (AOD) counselling help reduce the harms of substance abuse or relapse?
3. What interventions would assist AOD clinicians in working with grieving clients?

Literature review methodology

Systematic reviews are an approach to finding relevant research in relation to a specific area. Dickson (1999, p. 42) described such reviews as a method to "locate, appraise and synthesise evidence from scientific studies in order to provide informative, empirical answers to scientific research questions." The key components of a systematic literature review include a distinct research question, well-defined inclusion and exclusion criteria, a clear route in accessing relevant literature and studies, and synthesis and evaluation of the data (Dickson, 1999). A common methodology adopted for systematic reviews is the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) approach, which offers standards to provide a transparent and complete reporting of the results of such reviews (Moher, Liberati, Tetzlaff, & Altman, 2009).

The methodology used in this study followed the above guidelines but without the development and adoption of criteria to appraise the quality of the various studies extracted by the search criteria. Literature was specifically reviewed where the assessment of loss and/or grief was undertaken. This research also focused solely on

adults as a research population. This initial research was conducted with the intention of scoping the literature preparatory to a larger research project exploring loss, grief, and addiction recovery in a clinical context.

In identifying literature reporting studies of loss, grief, and addiction recovery, the following main search terms were used: Grief, Substance Abuse, and Interventions. Boolean Operators (AND, OR) were used to link the search terms. The following "string" of terms, in various combinations, was also used for each of the electronic databases searched: "Grief" OR "personal loss" OR "mourning" AND "substance abuse" OR "alcohol abuse" OR "drug abuse" OR "substance dependence" AND "treatment" OR "rehabilitation" OR "intervention" OR "recovery". Six electronic databases were searched using the other terms: CINAHL Plus (1937–Oct 2014), PsychINFO (1806–Oct 2014), Scopus (1994–Oct 2014), Medline (1946–Oct 2014), DRUG (1987–Oct 2014), and Social Work Abstracts Plus (1968–Oct 2014).

Inclusion criteria guiding the review of articles selected were: studies reporting interventions for loss, grief and addictions and/or measurements used for screening for loss, grief and addictions; all full text articles published in either English or Māori; and articles identified in the databases from the start date of the database until October 2014 (the date of the search). Exclusion criteria included: studies that had children and adolescents as participants; studies that did not report assessment of, or interventions for, loss, grief, and addiction; studies not available in full text or not written in either English or Māori.

In total, 261 articles were identified that may have been relevant and possibly warranted inclusion in the study. The approach to this initial screening included review of both the title of the article and the abstract. Thirty-five duplicates were removed and the remaining 226 articles were matched against all inclusion criteria. If there was any doubt as to possible inclusion when reading the title and abstract alone, then the full text of the article was read. This review process resulted in seven articles being retained in the study.

Results

Details of the seven articles extracted are found in Table 1.

The nature of loss and its relationship to substance abuse

The first research question asked: "*Is there a relationship between loss, grief, and substance abuse?*" Evidence of this relationship was found in the articles reviewed. When loss becomes too difficult to bear, alcohol and drug use may become an immediate remedy

in "taking out the edge" from fully experiencing loss and grief, and in doing so, the loss and grief issues continue to be unresolved (Martin & Privette, 1989).

In the study by McGovern (1986), patients who completed treatment for detoxification identified certain external, internal, and spiritual losses connected to their alcohol dependency. Their responses suggested a grieving process distinguished from the depressive syndromes sometimes seen in different stages of dependent drinking.

The Martin and Privette (1989) study reported that abstaining from alcohol and drug use is also a significant loss. This loss adversely affected participants' ability to cope.

The results of a study by Pilling, Thege, Demetrovics, and Kopp (2012) showed an increased risk of alcohol-related problems among participants who had lost a parent or spouse within the previous three years. Their results also showed that the significant increase of alcohol-related problems was mostly found among their male participants compared with female.

Another study (McComish et al., 1999), conducted at a women's residential substance abuse treatment programme, identified three major losses: estrangement from their mothers; death of or being separated from their children; and traumatic losses such as rape, suicide, or murder. The majority of these women (90.6%) reported crack cocaine as their main choice of drug, and 83.6% of them had been in a substance abuse treatment programme at least once before. Smith (2009) more recently conducted a similar study with 12 women who all reported being victims of childhood abuse and neglect, and using alcohol and drugs to block feelings of hurt, anger, and inadequacy, and to avoid painful experiences. The study reported that the average age of their first substance use ranged from 8 to 18 years. This information underlines the importance of conducting an early assessment for historical abuse and, if required, referral to the appropriate services.

For AOD clinicians, and any counsellor working with clients who are dealing with these challenges in their lives, these findings show that it is important to recognise the uniqueness of different types of losses and their relationship to alcohol and drug use. Ignoring such losses may only increase the risk of prolonged substance abuse, and the likelihood of the grief experienced becoming increasingly profound and more complicated.

The nature of the study participants

All participants included in the seven studies reported loss and grief as their primary concern besides their substance abuse. Two studies addressed loss and grief in general

Table 1. Articles extracted for review

Author/Year/Title/Database	Location & Setting	Participants	Aims of Study / Type of Research	Measurement	Findings
1. Pilling, J., Thege, B. K., Demetrovics, Z., & Kopp, M. S. (2012). Alcohol use in the first three years of bereavement: A national representative survey. *Substance Abuse Treatment, and Policy, 7*(3). Published online 2012 Jan 16. doi: 10.1186/1747-597X-7-3 Database: DRUG	Hungary. 12,668 subjects drawn from National Population Register and consenting to being part of a national representative survey.	Hungarian population. 4,457 male and female adults (18–75 years) completed survey.	To analyse the relationship between bereavement and alcohol consumption, accounting for time and gender differences. Quantitative	National representative survey and AUDIT used to measure the harmful consequences of alcohol use in the first three years of bereavement.	Results indicate higher levels of alcohol consumption and alcohol-related problems among men bereaved for one year 18.4%, and for two years 29.8%. In women, no difference was found with respect to alcohol use compared to non-bereaved.
2. Streifel, C., & Servaty-Seib, H. L. (2009). Recovering from alcohol and other drug dependency: Loss and spirituality in a 12-step context. *Alcoholism Treatment Quarterly, 27*(2), 184–198. Database: CINAHL Plus	Medium size community in Midwestern state, United States of America (USA). 12-step programmes: Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings.	128 recovering alcoholics and drug addicts. Female 59%, male 41% (20–77 years with mean age of 47.6 years). Caucasian 89%. Other ethnicities not reported.	To examine the extent to which the involvement in AA/NA is mediated by reactions to the losses associated with recovery, and to what extent is a reaction to loss mediated by spirituality. Qualitative	Obsessive-Compulsive Drinking/Drug Use Scale-Revised (OCDS-R) to measure recovery. Alcoholics Anonymous Involvement Scale (AAI) to measure AA/NA involvement. Miller Measure of Spirituality (MMS) to measure spirituality. Hogan Grief Reaction checklist (HGRC) to measure painful grief reactions and personal growth.	Results indicate a link between involvement in AA and NA and reactions to recovery-related losses, and suggest that spirituality may play a central role in transforming losses into personal growth, enhancing chances of lasting recovery.
3. Smith, C.S. (2009). Substance abuse, chronic sorrow, and mothering loss: Relapse triggers among female victims of child abuse. *Journal of Pediatric Nursing, 24*(5), 401–412. Database: Scopus	Arkansas Cares for Addictions Research, Education, & Services (ArCARES), USA. ArCARES is a licensed substance abuse treatment centre, mental health provider, and childcare centre.	12 women participated, ages 26 to 41 years. Caucasian 7, African-American 5. All reported being single parents. All were victims of domestic violence, and 10 had suffered childhood abuse. All in treatment for substance abuse relapse and using substances to block feelings.	To explore relapse triggers among female victims of child abuse seeking treatment for substance abuse. Qualitative	The Burke Chronic Sorrow Interview Guide, a semi-structured interview guide with open-ended questions to allow participants to discuss their experiences of loss and relapse.	Each participant had varied life experiences of abuse and relapse. Three common themes emerged and were interwoven in their stories. Themes included mothering loss, blocking feelings, and relapse triggers. Relapse triggers identified: loneliness, sadness, anger, and frustration. To enhance treatment success among women who survived abuse, insight into losses and chronic sorrow are also included as potential relapse triggers.

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Author/Year/Title/Database	Location & Setting	Participants	Aims of Study / Type of Research	Measurement	Findings
4. Zuckoff et al. (2006). Treating complicated grief and substance use disorders: A pilot study. *Journal of Substance Abuse Treatment, 30,* 205–211. Database: DRUG	University-based clinic, University of Pittsburgh, USA.	16 adults, 9 women and 7 men. Age range = 24–57 years. 8 African-American, 7 Caucasian, and 1 Native American. One married, 6 never married, 9 widowed, separated, or divorced. Seven grieving over violent deaths, and 9 grieving over non-violent deaths. All entered treatment with substance abuse issues.	To conduct a treatment development project by adapting Complicated Grief Treatment (CGT) for persons presenting with complicated grief and substance abuse/dependence issues. Qualitative & Quantitative	Inventory of Complicated Grief (ICG) to assess grief symptoms. Beck Depression Inventory (BDI) to measure symptoms of depression. Timeline Followback (TLFB), a semi-structured interview for quantifying alcohol and drug use. Likert-scale questions to assess the frequency of substance use and craving intensity levels. Breathalyser test for alcohol before each treatment session.	Eight participants completed treatment (five men and three women). One declined to continue with grief-focused procedures. Three dropped out for reasons unknown. Two were withdrawn for medical reasons. One withdrawn: failed to attend treatment sessions. One withdrawn for substance use and depression increased after nine sessions. Ten participants on antidepressants—six completed and four did not. Six participants not on antidepressants—two completed and four did not. Study showed reductions in grief, depression, and cravings. Study was limited by small number of participants, further research is recommended.
5. McComish et al. (1999). Evaluation of a grief group for women in residential substance abuse treatment. *Substance Abuse, 20*(1), 45–58. Database: DRUG	Flint Odyssey House (FOH), a women's residential substance abuse treatment programme, Michigan, USA.	24 women participated in grief group, with a comparison group of 31 women. Both groups were mostly African-American (85.5%), and single (98.2%). Primary drug use reported—crack cocaine (90.6%). Mean age was 29.8 years. 81.8% reported history of abuse.	To examine the effectiveness of a therapy group in addressing loss and grief among women enrolled in a gender-specific residential substance abuse treatment programme. Qualitative & Quantitative	Quantitative: t-test and chi-square, ANOVA and MANOVA to compare variables of both groups over time. Qualitative: Hudson Self-Esteem Index (ISE), Center for Epidemiology Studies-Depression Scale (CES-D), Profile of Mood States (POMS), and Adult–Adolescent Parenting Index (AAPI).	Women who participated in grief group had a longer length of stay and higher self-esteem than women who did not attend group.
6. Martin, S., & Privette, G. (1989). Process model of grief therapy in an alcohol treatment programme. *Journal for Specialists in Group Work, 14*(1), 46–52. Database: PsycINFO	28-day residential alcohol and drug abuse treatment programme at Alachua County Crisis Center, Gainesville, Florida, USA.	6 participants (5 men and 1 woman). All 6 treated for alcohol and other drug addiction. Age range from 19–57 years. All had previous group therapy experience. Losses identified were divorce, and death of significant family members or spouse. Ethnicity not provided.	To explore the relationship between grieving and addiction and to assist clients in identifying loss, recognising reactions, exploring coping mechanisms, and mourning losses. Also, to present a model for group therapy. Qualitative	The Beck Depression Inventory (1978). Therapy tools used: Models of grief from Worden (1982) and Kübler-Ross (1969). Brief psychodrama facilitated.	After completing a 1-week-long group therapy, group members expressed feeling more relaxed and in control. The group also reported an increase of confidence in understanding loss and their ability to complete the grief process successfully.

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Author/Year/Title/Database	Location & Setting	Participants		Aims of Study / Type of Research	Measurement	Findings
7. McGovern, T. F. (1986). Loss identification in the treatment of alcoholism. *Alcohol, 3*, 95–96. Database: PsycINFO	USA. Pilot study conducted on 28-day treatment programme located in general hospital setting.	50 participants, males 34, females 16, all diagnosed with alcoholism and voluntarily attended treatment. Median age: 41.5 years. 84% completed high school education, 36% married, 44% divorced, 12% widowed, and 8% single. Most in high employment status (84%) with ability to pay for treatment.		To explore patient ability in identifying alcoholism-related losses. Qualitative and Quantitative	Loss Identification Measure (LIM). Michigan Alcoholism Screening Test (MAST).	The study demonstrated that alcoholic patients had the ability to identify losses associated with their alcohol use within the first week of treatment, and awareness increased significantly at completion of programme.

terms including the loss of any addictive substance resulting from substance use recovery (McGovern, 1986; Streifel & Servaty-Seib, 2009). Three studies focused on participants grieving over the death of a close relative or partner (Martin & Privette, 1989; Pilling et al., 2012; Zuckoff et al., 2006), and two studies concentrated on women who experienced childhood abuse, neglect, or violent trauma, and had lost custody of their children (McComish et al., 1999; Smith, 2009).

It seems important not to oversimplify the link between substance use and loss and grief. Some researchers have suggested that the severity of each loss and substance misuse may vary according to age, education, mental health, self-esteem, marital status, and availability of parental or family support of the bereaved individual (McComish et al., 1999; Smith, 2009; Zuckoff et al., 2006).

Of the seven articles reviewed, the participants recruited in all six American studies were clients already engaged within a specific AOD treatment service. The participants were mostly Caucasian and African-American, with one Native American. Three studies were conducted at an AOD inpatient treatment facility and two of the inpatient treatment facilities included both male and female participants, with one inpatient programme specifically for women.

Researchers noted that individuals who had experienced abuse, neglect, violence, or trauma in their childhood and adolescent years were at risk of developing complicated grief and further substance-abuse-related issues later in their adult years (Martin & Privette, 1989; McComish et al., 1999; Smith, 2009). Some of these participants also presented with mental health issues including anxiety, depression, and post-traumatic stress disorder (PTSD) or major depression disorder (MDD). The majority of participants were unemployed, had low educational qualifications, were single, divorced, or separated, and all reported using alcohol or drugs to help cope with their losses and subsequent grief. In only one study the majority of the participants were middle class, 84% having completed a minimum of high school education, and 84% also had relatively high employment status (McGovern, 1986).

Conversely, in a study conducted in Hungary (Pilling et al., 2012), all 12,668 participants were drawn from their National Population Register and analyses were based on the cross-sectional data from the Hungarostudy Epidemiological Panel Survey (HEP, 2006). In their study 4,457 adult individuals completed the survey questionnaire, with 466 participants reporting having experienced the loss of a close relative (partner, mother, or father) within the previous three years.

Measurement instruments

The second research question asked: *"Does addressing loss and grief in AOD counselling help reduce the harms of substance abuse or relapse?"* Again, there appears to be evidence to support this.

Screening and assessment instruments were used in all seven studies, in an effort to measure grief responses and the effect grief may have on substance abuse recovery. Four studies were qualitative while three used both qualitative and quantitative

approaches to assessment. Some studies also included additional screening for measuring the impact grief had on cravings, relapse, bereaved parents, mental illness, participating in treatment, self-esteem, spirituality, and identifying losses. The measurement instruments used varied from study to study. Smith (2009) used a semi-structured interview process consisting of open-ended questions incorporating the Burke Chronic Sorrow Interview Guide, so as to allow participants to discuss their significant losses in depth, and to explore triggers that led towards continued use of substances or relapse. One study (Pilling et al., 2012) chose to modify the Alcohol Use Disorder Identification Test (AUDIT) to collect specific information relating to risks attached to the different types of alcohol consumed (e.g., beer, wine, or spirits). McGovern (1986) developed his own instrument: the Loss Identification Measure (LIM). This measure was used with patients who had completed detoxification and were asked to identify losses commonly associated with alcoholism.

Streifel and Servaty-Seib (2009) conducted a study of 128 recovering alcohol and drug addicts attending either the Alcoholics Anonymous (AA) and/or the Narcotics Anonymous (NA) 12-step programmes. Several validated instruments were used in this study: the Obsessive-Compulsive Drinking/Drug Use Scale-Revised, to help measure recovery from substance abuse; the Hogan Grief Reaction Checklist to measure the grief process; the Alcoholics Anonymous Involvement scale, which measured attendance and involvement in AA or NA; and the Miller Measure of Spirituality to measure two domains of spirituality: prosocial beliefs (the importance for individuals of being at peace with themselves) and the importance of believing in and communicating with a Higher Being. The findings of this study showed that higher attendance and involvement in an AA/NA 12-step programme resulted in an increase in personal growth, lower levels of painful grief symptoms, and a lower obsession-compulsion to drink to excess or use other drugs.

Zuckoff et al. (2006) conducted a study with 16 participants, all presenting with complicated grief, as well as mental health and substance abuse disorders. Several validated instruments were used in this study including the Beck Depression Inventory (BDI) for measuring symptoms of depression, and the Timeline Followback (TLFB) measure for quantifying both alcohol and drug use. Likert-scale questions were used in the TLFB to assess the frequency of substance use and the intensity of craving levels. All participants were provided with 24 individual counselling sessions over a six-month period for complicated grief and substance use. The Inventory of Complicated Grief (ICG) measure was used to assess grief symptoms. The findings of this study

revealed that eight participants who had completed treatment, including those on antidepressants, showed significant reductions in their cravings over time according to ICG and BDI scores. Although only 50% of the participants had completed treatment, the evidence is clear that working therapeutically with both complicated grief and substance use disorders together produced a significant reduction in grief, depression, and cravings.

Grief interventions

In addressing the third research question, "*What interventions would assist AOD clinicians in working with grieving clients?*" individual and group inventions outlined in the studies below may assist in providing AOD clinicians with some useful models, tools, and processes. The literature review identified two studies that investigated the effectiveness of providing grief therapy at an AOD residential treatment facility.

Individual therapy

A pilot study by Zuckoff and colleagues (2006) assessed the effectiveness of providing complicated grief therapy (CGT) for individuals who abuse, or are dependent on, substances. Twenty-four individual, manual-guided therapeutic sessions were held over six months, which included motivational interviewing, emotion-focused coping, and communication skills. The study included 16 adults—seven men and nine women—grieving over the deaths (violent or non-violent) of their significant other. Symptoms of grief were measured using the Inventory of Complicated Grief (ICG), the Beck Depression Inventory (BDI) was used to assess the level of depression, and the Timeline Followback measure was used to gauge substance use and cravings. A breathalyser test was administered to all participants. The results of this study are promising, with half of the participants who completed treatment showing significant pre-treatment-to-post-treatment reductions in ICG, BDI, and craving scores, plus achieving and maintaining abstinence from all drugs. This study was limited by its small sample size, however, and lacked a control group of matched individuals who did not receive CGT.

Group therapy

Another treatment option available for individuals in rehabilitation programmes is group therapy. One of the benefits for individuals in attending such grief groups is the support experienced within the group, the ability to share their feelings about their losses, and to feel validated. Groups can also provide the bereaved with the opportunity

to learn about grief processes, attach meaning to their losses, have their strengths acknowledged, and gain more coping skills.

McComish et al. (1999) examined the effectiveness of group therapy in addressing loss and grief among 55 women attending a gender-specific AOD residential treatment programme. The grief therapy intervention group consisted of 24 women compared with a control group of 31. Participants in both groups were clients attending the same treatment provider, although the control group members did not participate in the grief programme. The losses disclosed by the women in the individual clinical sessions prior to forming the groups were: the death of children; the loss of children to foster care; rape or incest; or witnessing violence including shootings. The grief group was open-ended, consisting of 90-minute weekly sessions over a two-year period. The group format included traditional psychotherapy, and education about loss and grief. The therapist assisted the women in linking their feelings to the losses experienced, substance use relapse, relationship issues with their mothers for being absent or non-responsive, and the parenting of their own children.

When the grief group was drawing to an end, anniversary reactions and ways to commemorate losses were discussed. The women wrote letters or poems, or created artwork, which were shared with the other members, and lit candles to commemorate the end of the group. The women also had the option of engaging in other individual interventions specific to their losses—for example, writing letters to their birth mothers, or making a trip to the gravesite of their child. In the final session, the therapist also shared her views on how the women had grown.

Many of the women sought to continue grief work in individual counselling sessions following the conclusion of this group. The results also showed that the women who participated in the grief group stayed longer in the programme compared to the women in the control group. Furthermore, the grief group members showed significant improvements in their self-esteem, overall mood, and depression scores. However, both groups made significant improvements in parenting. One limitation of the study was the lack of any evaluation of the impact that loss and grief had on substance abuse and treatment outcomes.

Martin and Privette (1989) used the Process Model of Grief Therapy in addressing loss and grief with six clients—five men and one woman—also based in an AOD residential treatment programme. The types of losses identified by the group participants were: divorce; the death of a spouse; and the recent death of a parent in their elderly years, or by suicide when the client was a child. This grief group was led

by a female primary therapist, with a male facilitator who was also a staff member of the residential treatment centre, and the grief group met over five consecutive days for two hours each day. The clients also attended individual and group therapy, family therapy, and aftercare programmes, and therefore were already familiar with working together. Therapy models and tools such as Worden's four tasks of grief, Kūbler-Ross's five stages of grief, psychodrama, relaxation exercises, identifying strengths, and resources for resolving further losses were all utilised in facilitating this grief group.

The findings showed that the grief therapy model helped the participants identify and validate the feelings attached to their losses. However, the loss connected with severing their ties with their substance abuse lifestyle was difficult for the participants to process. The researchers believed that the skills learnt in the grief group helped to equip the participants to face and resolve their significant losses and any further losses after discharge from the residential programme. One limitation of this research was the small sample of participants in such a brief programme. Also, there was no evaluation of substance use in relation to loss and grief outcomes, no tape-recording or videotaped sessions for later analysis, no control group, and no follow-up evaluation data. An additional possible limitation of this study may have been the use of the stage-based therapy models. Contemporary models would now be regarded as more appropriate in such interventions.

Special populations

Gender differences

Of the seven studies reviewed, five involved both male and female participants, and two studies included only female participants. The findings from some of these studies reported differences in the ways men and women reacted to their losses. Researchers appeared to agree on an effect for gender in their findings. For example, the study by Pilling et al. (2012) indicated that men had significantly more alcohol-related problems during their period of grief compared to women. One limitation of this study was the use of a self-rating report, creating the possibility that the responses from both genders may not have been altogether objective or accurate. Results from the study by Zuckoff et al. (2006) revealed that only 50% of the participants completed treatment for complicated grief and substance abuse, and that the majority of non-completers were women. The researchers offered no explanation for these findings. Another study (McCormish et al., 1999) at an AOD residential treatment programme for women who had experienced traumatic losses showed that women who attended grief therapy

groups made improvements over time in mood, depression, and parenting. Furthermore, those who attended the grief group remained in the programme longer and attained higher levels of self-esteem.

Coexisting disorders (mental illness and substance abuse)

Two of the studies included in this review addressed individuals with mental health and substance use disorders. Smith (2009) explored chronic sorrow as a relapse trigger among 12 female victims of child abuse who were all diagnosed with a mental health disorder concurrently with their substance abuse disorder. Nine women were diagnosed with major depressive disorder; three diagnosed with adjustment disorder, some in conjunction with anxiety or depressed mood; and seven were diagnosed with an anxiety disorder. In addition, nine of the women were identified with more than one mental health illness, with anxiety or PTSD being the most common additional diagnosis. Eight women reported being victims of childhood physical, sexual, and emotional abuse and neglect. The offenders—those whom the women held responsible for the physical abuse, emotional abuse, and neglect reported—were parental figures (mother, father, stepfather, or grandparent). The women who reported being sexually abused cited close family members as the offender (older brother, uncles, father, or stepfather).

All 12 women reported being victims of domestic violence and declared that the perpetrators were either their boyfriends or the fathers of their children. Two of the women reported being abusers of their partners or significant others themselves. All 12 women were in treatment for substance abuse relapse, with the main substances used (one or more) being: methamphetamine, crack cocaine, alcohol, cannabis, or benzodiazepines. All the women were single parents at the time of the study. Measures used in the study included a semi-structured interview with open-ended questions and the Burke Chronic Sorrow Interview Guide.

The findings suggested that socially marginalised women were at risk of relapse due to lack of social support and economic resources, especially those suffering from grief, substance abuse, and mental illnesses. The findings also identified common themes among the women such as mothering loss, blocking feelings, and relapse triggers of sadness or depression, anger, and loneliness. Limitations of the study include a small sample size and reliance on the Burke Chronic Sorrow Interview Guide, which had not been used before with women suffering from childhood abuse, mental illness, and substance abuse. Also, it was not known if nine of the women had symptoms of chronic sorrow first, before being diagnosed with depression, or vice versa.

Zuckoff et al. (2006) adapted the Complicated Grief Treatment (CGT) process and used this approach with 16 participants. Of the nine women and seven men, eight were African-American, seven Caucasian, and one Native American, and all were diagnosed with a mental illness and substance use disorder. Four of the participants had lower than high school qualifications, two were high school graduates, and 10 had some form of postsecondary qualifications. Twelve participants were unemployed.

The main drugs of choice reported were alcohol, cannabis, opiates, and benzodiazepines. Twelve of the participants were diagnosed with MDD, 11 with PSTD, four with panic disorder, four with generalised anxiety disorder, and one with a specific phobia. Eleven of the participants were on psychotropic medication during their participation in this study, which included 10 on antidepressants, three on benzodiazepines, three on neuroleptics, two on mood stabilisers, and one on sleep medication (non-benzodiazepine). In addition, three of the participants were in a methadone treatment programme. Seven of the participants were grieving in relation to violent deaths and nine were grieving over non-violent deaths. The mean length of time since the significant death was 9.8 years. All participants reported that grieving over the death of their significant other, along with their substance abuse, was their primary concern.

Overall, the findings showed a significant reduction in grief, depression, and substance abuse among the eight individuals who completed the treatment. The researchers reported, however, that substance use had worsened among some of the participants soon after their first counselling session when they told their story of the significant deaths. The procedure was immediately adjusted to enable participants to learn coping skills first before telling their stories, resulting in no further increase in substance use or decrease in their well-being. Limitations of this study include its small sample size and the fact that only 50% of participants completed the study programme. The researchers recommended that grief-focused treatment, combined with Motivational Interviewing, coping and communication skills training, was beneficial for individuals with histories of extensive substance use and mental illness.

Indigenous populations

Although Zuckoff and colleagues (2006) reported the outcomes for one Native American participating in their treatment programme for complicated grief and substance use disorder, their research did not reflect an indigenous participant perspective. There were no indigenous studies among the seven articles reviewed and none that specifically addressed loss, grief, and addictions in Māori or Pasifika peoples.

The exposure of Māori people to high rates of loss (mental and medical illness, violence, separation, suicides, accidents, unemployment, incarceration, loss of customary rights) means that they represent a vulnerable, high-risk group for substance abuse. The current study highlights the lack of research findings available for AOD clinicians working with Māori who present with loss- and grief-related issues.

Recommendations

Three key areas of recommendations are identified as a result of this research.

Recommendations for additional research

As none of the articles identified in the literature search related to addiction services or clients within New Zealand, local research is necessary to gain an understanding of the co-morbidity of loss and grief with addiction within a New Zealand context. In addition, no research was identified in which any follow-up process had been undertaken to review clients' progress in coping with and accommodating grief in their lives, or where their progress in the resolution of grief was assessed following discharge from an alcohol or other drug rehabilitation programme. No reports were found either of research exploring the effects of strengths-based loss and grief assessment measures and interventions to enhance resilience in relation to grief and substance abuse relapse.

Recommendations for clinical practice

Research findings indicate that there is a particular need for those who work in the alcohol and other drug (AOD) field—counsellors, health professionals, and social workers—to undertake training in working with clients experiencing loss and grief. These clinicians should be proactive in exploring client losses, as these may be predictors for self-harm or suicidal ideation. Additionally, AOD counsellors need to be aware of the distinction between grief and the DSM-V disorders such as generalised anxiety, depressive disorders, and post-traumatic stress disorder.

Recommendations for policy makers

This research has implications for management within relevant organisations in encouraging them to support the provision of appropriate staff professional development. The need to train AOD health professionals to advance their skills in working with issues of loss and grief should therefore be acknowledged in organisational policy.

Conclusion

This research was undertaken with the intention of gaining a greater understanding of the possible presence and extent of co-morbidity between clients' loss and grief and their addiction. As a preliminary to more extensive research involving participants—both clinicians and clients—a structured literature review was undertaken. The three research questions that guided this phase of the research were answered. There does appear to be a relationship between loss and grief and substance abuse. Working with clients to address their loss and grief appears to have a positive influence on their progress in overcoming their challenges with substance abuse. Lastly, other research has been reported that indicates some useful interventions for clinicians when working with grieving clients.

The impetus for additional research is two-fold. The tight structure of the inclusion criteria for this research resulted in the identification of only seven articles that satisfied these criteria. This small number in itself "speaks" to the need for additional research exploring the question of the association between loss and grief and substance abuse. Additionally and anecdotally, our impression is that matters of loss and grief are generally not explored in any detail with many of the clients with substance abuse issues who present to AOD clinicians. Again, and also anecdotally, these clinicians have spoken about their lack of skills and understanding that would enable them to feel comfortable addressing loss and grief as well as the substance abuse with their clients. A major opportunity therefore exists here to explore the styles of intervention as well as the knowledge and skills that are necessary to facilitate effective counselling for loss and grief with clients who also face challenges with substance abuse.

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