Spring 5-18-2019

A Literature Review on Substance Related Grief and Expressive Art Therapy Support Groups

Holly N. St. Cyr
Lesley University, hstcyr@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses

Part of the Acting Commons, Art Therapy Commons, Music Therapy Commons, Photography Commons, Poetry Commons, Social and Behavioral Sciences Commons, and the Substance Abuse and Addiction Commons

A Literature Review on Substance Related Grief and Expressive Art Therapy Support Groups

Thesis Capstone

Lesley University

2019

Holly St. Cyr

Specialization: Art Therapy

Thesis Instructor: Rebecca Zarate

Abstract

In the year of 2017, 18.7 million Americans aged 18 years or older were reported to have a substance use disorder and the pervasiveness of substance related deaths escalated (McCance-Katz, 2017). Researchers have examined how grief experienced by substance users and their loved ones is often disenfranchised by social stigmatization, loss of support, and feelings of regret, blame, humiliation, and shame. According to Valentine, Bauld, and Walter, (2016) "bereavement following a drug or alcohol related death has been largely neglected in research and service provision, despite its global prevalence and potentially devastating consequences for those concerned," (p. 283). Studies demonstrate a need for further research on death and loss within contemporary societies, while highlighting the demand for psychological support and resources for the bereaved impacted by substance abuse. The purpose of this literature review aimed to contribute a better understanding of this population and connect existing research to piece together the best practices to better serve them. This critical literature review consists of three sections examining the individualized grief experiences of this population within western cultures, the consequences of addiction, and drug use stigmatization. Lastly, the literature on grief support groups, substance abuse resources, and expressive art therapy practices will be summarized. Results uncovered certain themes and areas of complex grief within this population to consider for clinical applications in expressive art therapy support groups. For example, expressing secret and negative feelings about addictions in a safe, non-threatening way within a therapeutic group setting can bring victims out of the isolating effects of stigmatized loss (Mayton and Wester, 2018). Furthermore, this thesis discovered gaps in the literature for interventions designed to provide assistance for healing after drug-related losses.

A Literature Review on Substance Related Grief and Expressive Art Therapy Support Groups

Introduction

Substance use is broad in its definition, inclusive of alcohol and other drugs. Excess

consumption or dependency can have a severe and detrimental impact on overall health, mental

well-being, and in many cases the well-being of others. The National Institute on Drug Abuse

(2018) estimated more than 72,000 drug overdose deaths occurred in 2017, tripling since 2002.

Karila et al., (2018) reported, "North America is currently facing an opioid epidemic of morbi-

mortality, caused by over prescription of opioids, illegally diverted prescribed medicines, the

increasing use of heroin and the emergence of synthetic opioids" (p. 1). The Centers for Disease

Control and Prevention (2018) revealed excessive alcohol use led to approximately 88,000

deaths each year between 2006 to 2010, making alcohol the third leading preventable cause of

death in the United States. These numbers note the serious impact of North America's addiction

epidemic but fail to reflect the number of others who haven't sought out treatment or those

affected by these deaths. On average it's been estimated that it takes five to six years for

individuals struggling with substance challenges to seek out treatment, increasing the risk for

personal and social harms (Kelly & Westerhoff, 2010, p. 203).

According to Karila et al., (2018), the addiction landscape has expanded over the recent

years with synthetic opioids (SOs) surfacing and becoming a major risk factor for public health

across the world. SOs can be identified by two types of fentanyl including, pharmaceutical

fentanyls and non-pharmaceutical fentanyls (Karila et al., 2018). The new generation of SOs are

mainly sold as heroin, adulterated heroin, or counterfeit medicines. The appeal appears to be its

availability on the internet, the low cost, purity, and how it often goes undetected in laboratory testing (Karila et al., 2018).

Due to the limited pharmacological information about SOs, the US Drug Enforcement Administration (DEA) published a nationwide warning about the dangers of fentanyl and fentanyl-related compounds in 2015 (Karila et al., 2018). With the rise in overdoses across the nation, the U.S. Department of Health and Human Services (2018) Secretary, Eric D. Hargan, declared a nationwide public health emergency regarding the opioid crisis in 2017. To address this, six bipartisan hearings with the FDA, NIH, CDC, SAMHSA, governors, experts, and families took place to create a proposal for the Opioid Crisis Response Act of 2018 (Alexander, 2018). The initiatives and funding include pursuing more research projects related to addiction and pain, naloxone training to reverse opioid overdoses, advancing new initiatives to educate and raise awareness about proper pain treatment, improve detection at border checks, establish evidence-based prevention activities, and limit over prescribing (Alexander, 2018).

With these updates in place it is hoped these resources will improve data gathering, awareness and crisis care not only for those challenged with a substance used disorder, but for those impacted by substance abuse related trauma as well. Dion (2014) highlights this bereavement group stating, "parents of addicted teenagers and adults often assume the caretaker role, putting themselves at risk for mental and physical effects of chronic stress in their children's lives" (p. 397). It is important to include and care for the needs of the undocumented children, parents, family members, and friends experiencing the isolating challenges of substance related bereavement and trauma. With this in mind, alternative support groups involving the practice of

expressive arts therapies should not be discounted as they may be beneficial to healing process of this population.

Grief experienced by individuals with substance addictions, their family members, spouses, and friends is often deprived and disrupted by social stigmatization all while grappling complicated feelings of regret, blame, humiliation, and shame (Valentine, Bauld, & Walter, 2016). Their grief experience is often atypical than that of a natural cause of death or anticipated loss due to possible traumatic losses that stem from substance abuse. As a result, conventional grief support groups may not provide the kind of support the bereaved need in order to heal. Receiving minimal attention from bereavement researchers, substance related deaths and the grief process that ensues lacks evidence-based guidance for providers of either addiction services or bereavement resources (Valentine et al., 2016). Increasing the availability of supportive expressive arts programs for those with a substance abuse disorder and grieving loved ones may be beneficial with the growth in substance abuse across the nation.

Reactions to death and dying in general vary in context to developmental considerations, generational upbringings, cultural ideations, and religious beliefs (Blair, 1995). In my internship and practice, I have witnessed how difficult talking about death, dying, and disenfranchised losses can be for those grieving and those who are there in support. Doka (2002) coined the term disenfranchised grief to conceptualize grief that is not recognized, validated, or supported in the mourner's social world. This means the grief does not fit within the cultural norms of grief within the mourner's culture. Although I have some education in substance addictions, clinical treatment, art therapy, and bereavement, my intentions for this thesis is to learn more and hear alternative perspectives, as I have much more to be educated about. This thesis aims to facilitate

this seemingly difficult conversation by piecing together existing research and advocate for the

needs of this unrecognized grieving population. Furthermore, the purpose of this study is to help

inform the development of future, potential practices in expressive art therapy support groups for

the disenfranchised grief of those who suffer with drug addictions and their loved ones.

Literature Review

The purpose of this literature review aims to contribute a better understanding of this population and connect existing research to piece together the best practices to better serve them. In terms of grief and loss, this thesis examined western culture's perceptions of aging and death while reviewing society's expectations for how the bereaved should appropriately respond to death or loss. The cultural attitudes towards substance abuse, individualized losses, and stigmatized grief commonly experienced by substance users and their loved ones were explored as well. The resources reviewed investigated several theoretical frameworks in place for bereavement and addiction counseling. Finally, the contemporary support systems and use of expressive arts therapy for addiction, bereavement, and support groups were reviewed from national and international perspectives.

Grief Experiences

Bereavement is a universal phenomenon that has been conceptualized as a major psychosocial transition and can often relate to various forms of loss (Valentine et al., 2016). It incorporates the objective situation of someone who has experienced a significant loss, such as death, status, values, estrangement, lack of educational or employment opportunities, personal capacities, or change in social roles (Hooyman & Kramer, 2008). These losses have the potential to impact anyone, no matter what socioeconomic class, ethnicity, gender, developmental or biological considerations persons may identify with. For example, declining energy and mobility are losses commonly faced in middle adulthood, even for mentally and physically healthy adults (Hooyman & Kramer, 2008). With this in mind, grief commonly refers to the natural reactions and lived experiences one faces in response to such a loss or death.

Walter and McCoyd (2015) arranged these bereavement experiences into three categories which included typical losses, off-time losses, and maturational losses. They found typical losses are often met with little support due to their societal normalcy. These are also relatively tied to a specific age group, such as romantic relationships ending in emerging adulthood. Off-time losses are defined as unexpected losses which are deemed more challenging due to lack of peer role models who lived through similar experiences. These losses may cause peer discomfort and highlight the unfamiliarity with the type of loss. To illustrate, an off-time loss may be a young adult losing their partner to unexpected health challenges. Maturational losses are common experiences within the developmental stages, such as young adults giving up their freedom of single living when they become married. In a sense, maturational losses are a form of disenfranchised grief since they are not necessarily met with support from peers as they are expected losses within their society (Walter & McCoyd, 2015).

Doka (2002) classified disenfranchised grief into five categories which include grief experienced where the relationship is not socially recognized, the loss is not acknowledged by societal norms as a legitimate loss, and the griever is excluded and inaccurately not believed to experience grief. Grief where the circumstances of death cause stigma or embarrassment and grief expressed in non-socially sanctioned ways are additional forms of disenfranchised grief. As a result, mourners who experience this don't receive the social support and sympathy from peers that they'd want in order to process their grief and cope in healthier ways (Doka, 2002). This theory implies grief is a social experience, as the process can be impacted by social support or lack thereof.

Cultural Attitudes Towards Aging and Death

Strategies for coping with impending death or losses can vary depending on cultural, religious, or generational values. In the words of Seale and van der Geest (2004), "death, at one level, is a problem all humans must face, yet there is great variety across cultures (and over time) in people's explanations for why death must occur, in perceptions of what it is to die well or badly, and in how bereaved individuals are expected to respond" (p. 883).

In ancient times across cultures, death was considered a universal fear and it was a known fact that people faced their death earlier in life (Da Silva, Noto, & Formigoni, 2007). Da Silva, Noto, and Formigoni (2007) noted in the last 50 years there have been profound changes in the attitudes towards death as the, "society focused on progress and productivity began to deny death" (p. 301). With the increase of sophisticated technology and medical equipment in hospitals to provide care, families were deprived of their individual rituals regarding loss such as wakes not taking place at home anymore (Da Silva, et.al, 2017). Burke, (2017) reported, "western cultures tend to view death as a feared enemy that can be defeated by modern medicine and fancy high-tech machines" (para. 12). Burke (2017) also reflected on the rituals associated with death and noted how the body is now given over to paid professionals, funeral directors, undertakers, and morticians to maintain distance from the process.

Blair (1995) described modern, North American culture as, "the only one that tries so vehemently to deny death until it occurs, and then to forget it once it has happened" (p. 515). Her article highlights how cultural death habits or beliefs prescribe the style and duration of mourning and whether or not a culture considers a bereavement period as respectful or pathological. Dr. Kristjanson, a nurse and palliative care researcher, found in her practice that

people want information in clear language with specifics so they know what to prepare for (Blair, 1995). For instance, she described, "we are bad about talking about death, especially to children. We use phrases like passing on," (Blair, 1995, p. 515). This euphemistic language used to describe death can also include phrases like they didn't make it, to be put down, they're at rest, to terminate, no longer with us, checked out, or taking the big sleep (Burke, 2017). San Filippo (2006) believed these changes in language, modern lifestyle, and improvements in medical science contribute to the depersonalization of death. As a result, the effects of denying death may correlate to Northern American culture's rejecting and preventing the natural process of aging (Blair, 1995).

Researchers have examined whether negative attitudes towards older adults and aging result from different cultural attitudes, personal values, the pressure of accommodating the newly aging population, stereotypes, age gaps, reminders of mortality or self-perceptions.

It is believed by many that societies differ in their levels of appreciation for the aged and aging process, specifically the Eastern and Western cultures. North and Fiske (2015) conducted a cross-cultural meta-analysis of attitudes towards older adults to address three different theories. These included how the East has a more positive perception of elders than the West, the East and West are equivalent in their perceptions, and the East is more negative than the West. The first follows the traditional cultural values argument which implies the East has more of an elder-reverent attitude due to their greater collectivist traditions (North & Fiske, 2015). The second follows the theory that East and West have comparable levels of industrialization and modernization, while the third addresses the rapid growth of the older adult population in the East and the speed of this population's aging. Directly comparing the two broad geographical

regions, their research findings indicated Eastern cultures hold significantly greater negative

attitudes overall, even with high expectations to respect one's elders. Although this research is

based on broad, geographic generalizations, their findings also suggest the negative views across

all regions of the aged are driven by the recent and rapid demographic changes in the population

aging.

Maxfield et al., (2007) discussed how aging, "not only entails more than just the

emergence of new wrinkles, impaired memory, or increased joint pain," but also involves the

knowledge of impending death (p. 341). Utilizing Terror Management Theory, which argues that

awareness of the inevitability of death has a potent impact on human judgement and behavior,

they conducted two experiments exploring age differences in response to reminders of death. The

quantitative study required 60 college students and 56 older adults to complete questionnaires

surrounding their own death or pain. Their findings suggest older adults respond to death quite

differently than younger adults, who responded to reminders of death with increased harshness in

judgements of moral wrong doing. Developmentally, older adults are believed to change their

coping skills for death as it becomes a normative, or typical, event.

Research supporting the prediction that Eastern cultures have more positive attitudes

towards older adults is sparse. Similar to North and Fiske's (2015) research, the results are mixed

as they require more than broad, East–West classifications. To address this, Zhang et.al., (2016)

directly compared the attitudes toward older adults and aging across cultures by considering

potential differences in culturally held and personally held values in two studies. The first study

examined data from the World Values Survey, which included questionnaires and interviews

from 45,363 individuals across 35 nations (Zhang et.al., 2016). They hypothesized personal

individualistic values, like communal and agentic values, would be significantly associated with attitudes towards older adults, whereas cultural individualistic values would not. The second study manipulated perceived cultural and personal values and tested previous findings to further investigate the relationship between values and attitudes. The results of the two studies suggest an individual's attitude towards older adults were more influenced by personal values than by cultural values. Their meta analyses also supports the tendency of people showing more positive attitudes toward older adults' warmth and friendliness than to their competence.

Additionally, Zhou (2007) identified a similar difference of values when she conducted a study on 227 students from Illinois, USA and Shanghai, China to determine their perceptions of older adults and aging. When answering rating scales and open-ended or choice questions, the USA students' responses exhibited individualistic characteristics, while Chinese students' responses showed collectivistic interconnectedness. This qualitative approach touched upon several topics including, "indicators of being old, metaphoric representations of old age, retirement and reemployment, retirees' daily activities, the happiest/most fearful things about old age, caring issues, government policies/programs for senior citizens, attitudes toward older adults and the best/least understood issues related to older adults" (Zhou, 2007, p. 818). Across all of these domains, the USA responses suggest students focused on freedom and personal experiences while the Chinese students focused on relationship-oriented, interdependency and interconnectedness. Zhou (2007) found a substantial proportion of all students had difficulty understanding older adult's values, attitudes, lifestyles and habits. She believes, "demystifying these issues for the younger generations may help reduce negative stereotypes of aging and older

adults (Zhou, 2007, p. 828)," and suggests more intergenerational activities could be a valuable opportunity for adolescents and young adults to gain this knowledge and perspective.

Seale and van der Geest (2004) conducted a literature review evaluating death perceptions across cultures and historical times from numerous articles. Participants who provided the literature included medical and other health sector workers, sociologists, anthropologists, epidemiologists and others with a relevant background. After reviewing the essays, their findings suggested some ideals about dying and views of a bad death seem nearly universal and overlap in various cultures and societies. Much of their research described the ideal good death as an occurring event after a long, successful life, being at peace in their familiar environment, and having some control over the precipitating events. Whereas a universal perception of a bad death involved a violent and painful death, an unfulfilled young life, far from home, unexpected, socially disruptive, or when the body cannot be returned home for burial purposes.

Cultural Attitudes Towards Substance Use

Kelly and Westerhoff, (2010) defined stigma as, "an attribute, behavior, or reputation that is socially discrediting" (p. 202), noting how susceptible substance related challenges are to stigma. Stigma is one of the major reasons individuals who misuse substances or struggle with addictions delay in seeking professional help. All individuals who use substances tend to be generalized into one large category of people who make the 'wrong' choice to use drugs and become a burden to our western society (Kelly & Westerhoff, 2010, p. 203).

Luoma et. al., (2007) conducted a study examining the impact of stigma on patients receiving treatment for substance abuse. 197 participants from fifteen residential and outpatient

facilities completed a questionnaire focusing on their experience. The questionnaire aimed to gain perspective about each participants' perceived stigma, coping, stigma-related rejection, self-stigma, internalized shame, acceptance, overall mental health, quality of life, and personal life. Their findings suggested participants reported fairly frequent contact with various forms of enacted stigma and interpersonal rejection related to their substance abuse. Furthermore, they found exploring self-stigma, self-esteem, and internalized shame in future stigma-related interventions may be beneficial as these were experienced more frequently than experienced rejection and perceived stigma (Luoma et. al., 2007).

As various media sources contribute to western society's perceptions of substance abuse, Hollywood has the power to perpetuate negative stereotypes. Davis (2017) described, "it has become common to feature substance use on television where it is often used to promote negativity towards a specific character or an antagonist" (p. 10). For example, SHOWTIME's (2018) *Shameless*, is a television series depicting the family dynamics of an alcoholic father and his six children. Perpetuating stereotypes within the plot, SHOWTIME (2018) also described the father as, "the proud single dad of six smart, industrious, independent kids, who without him would be...perhaps better off. When Frank's not at the bar spending what little money they have, he's passed out on the floor. But the kids have found ways to grow up in spite of him" (para.1). Within this description, viewers can already develop negative perceptions towards the fictional character with substance abuse challenges.

Atkinson, Bellis, and Sumnall, (2013) conducted semi-structured group interviews with 114 British students aged 11 to 18 to gain insight on their perspectives of alcohol use portrayal in television. Soap operas were noticed mostly by the students as programs that regularly portrayed

alcohol use for the social aspect and environments which alcohol is normally consumed in. Alcohol use in television adds elements of drama, opportunity for violence, comedy, and character exaggeration (Atkinson, Bellis, & Sumnall, 2013). As a result, a majority of the students found the media depicted unrealistic accounts of substance abuse, as there were minimal negative consequences. The consequences which were depicted, tended to focus on extreme effects like alcohol dependence and violence, perpetuating negative behaviors of certain characters and addiction stereotypes (Atkinson, Bellis, & Sumnall, 2013).

Drug related deaths within western popular culture have also attracted significant media coverage over the years. According to Just, Bleckwenn, Schnakenberg, Skatulla, and Weckbecker, (2016) professional performance musicians, artists, writers, models, athletes, and actors have demonstrated an increased prevalence of musculoskeletal pain, depression, and anxiety. With constant pressure to perform and appear healthy, professionals and celebrities have a high risk of developing an addiction involving prescription and illicit drugs to cope. Just et. al., (2016) performed a retrospective cohort study utilizing the Google search engine to find "drug-related celebrity deaths" between the years 1970 and 2015 (p. 2). Their research results found an increase of drug related celebrity deaths during this time period had a significant increase of prescription opioid involvement, especially at a young age. Although the participant group represented a small population, their influential status as celebrities most likely had an influence the public health's decisions as drug related deaths in the general population persisted.

Substance Related Grief

According to Furr, Johnson, and Goodall, (2015) the drug dependent population frequently encounters losses during three time periods. These periods incorporated the time prior

to abusing substances, while abusing substances, and recovery periods, if applicable. Within all these periods, substance survivors potentially grieve the loss of self-respect, time, memory problems, freedom of choice, previous sobriety, goals or dreams, social supports, and life before addiction (Furr, Johnson, & Goodall, 2015). Survivors also begin to realize they can no longer use substances to cope and often unable to drive if their license was revoked.

Substance abusers may also grieve the places where they once consumed drugs with friends and the subsequent feelings of escape or numbing through using. Vogel (2005) described the communal experience of substance users, distancing themselves from others, "with whom [they] could enjoy a growth-fostering romantic relationship and from [their] relational potentials" (p. 140). Common addictive behaviors such as rationalization and denial may be utilized to protect the substance abuser from seeing how their behaviors and choices damage pre-existing relationships and hurt loved ones (Vogel, 2005). Furthermore, fears of dependency, avoidance of bonding, rigid boundaries, feelings of nervousness when things go well, needing space, and noncommittal beliefs are common addictive behaviors with the potential to sabotage relationships. For this reason, Vogel (2005) believed sustaining a love relationship when substance abuse is present becomes a challenge. When seeking treatment for relational losses from addiction, clients often express various feelings of pain, hurt, bewilderment, and these in turn contribute to disenfranchised emotions of shame, humiliation, and regret.

Furr, Johnson, and Goodall, (2015) conducted a quantitative analysis to further identify these losses among individuals in treatment for substance abuse. An Experience of Loss in Addictions Inventory, which was created for this study, was distributed to 68 participants from adult residential, substance abuse comprehensive outpatient, substance abuse intensive

outpatient, and aftercare treatment modalities. Their inventory was based on 25 articles, which

primarily focused on grief and substance abuse, as they identified 149 potential losses.

Participants completed the inventory at the beginning of their treatment and were given the

opportunity to rate the emotional impact of each of their losses from a scale of 1 to 5,

representing no impact at all to major impact respectively. Their research findings indicated,

"loss may be interwoven with other recovery issues given the high numbers of losses reported by

those in treatment" (Furr, Johnson, & Goodall, 2015, p. 51). Although they were unable to

conclude loss as being the cause of substance abuse as loss is a universal experience, they

believe utilizing this type of assessment may help the counselor and client identify unresolved

issues that contribute to addiction and relapse. They concluded a loss and grief assessment may

provide an opportunity to address grief issues, as loss was a prevalent issue among the

individuals receiving treatment for substance abuse disorders.

Additionally, Masferrer, Garre-Olmo, and Caparros (2015) identified the substance abuse

population as having two notable sociodemographic variables. One variable included people who

lost a significant person and subsequently engaged in their drug consumption, while the other

involved those who started abusing drugs before experiencing a significant loss. To assess the

role of bereavement, the sample consisted of 196 bereaved participants incorporating all

variables from a Public Addiction Treatment Centre in Spain. A self-constructed questionnaire

measured three categories of sociodemographic variables, drug use related variables, and

bereavement related characteristics. In addition, a subjective 10-point Likert scale was utilized to

measure the significant losses and complicated grief was assessed using the Spanish version of

the Inventory of Complicated Grief. They found, "approximately, 83.2% of all participants

reported an increased drug consumption after their loss" (Masferrer, Garre-Olmo, & Caparros, 2015, p. 28). Although this study had a number of limitations, it highlighted the importance of considering the relationship between drug users' bereavement and their substance usage at a therapeutic level.

Stigmatization of Substance Related Grief

Grief experienced by parents, siblings, extended family, and friends of substance abusers has been studied to examine their complex bereavement process (Valentine et al., 2016). Since this type of loss is often treated differently than other death causes, these qualitative studies explored various stigmas and predicaments experienced by this population in order to understand the challenges they may face.

In order to gain an understanding of the role of substance related bereavement, Valentine et al., (2016) investigated how this specific population and their circumstances compared to a normative bereavement group. In the literature review, the research they collected from three qualitative studies suggest individual, social, and cultural responses to death may reflect whether the type of death is considered good or bad. For example, Mexican culture believes if someone died on a national holiday this would be accepted as a "beautiful death" or "good death" in the cultural interpretation of death (Goldmeier, 2018). Focused on drug-related deaths, the first study was a Brazilian, qualitative study of six bereaved family members, who were interviewed (Da Silva, Noto, and Formigoni, 2007). The other was an English pilot study of four bereaved family members (Guy, 2004). Finally, the third was a phenomenological study focused on the parental bereavement of four British teenage girls, involved in alcohol-related deaths (Grace, 2012). Drug and alcohol-related deaths are more complicated to make sense of since they are often

perceived as self-inflicted, illicit and they are commonly associated with deviant or morally reprehensible lifestyles. There is also the possibility that one's substance misuse impairs relationships before death and their research findings suggest, "parents are likely to experience a 'double-death' in already having 'lost' their child to drugs or alcohol prior to their biological death (Valentine, et al., 2016, p. 288)."

This pain was described in a case study where Dion (2014) shared the lived experience of a mother of a substance-abusing daughter. This mother described feeling responsible for her daughter's addiction by not recognizing past events where she utilized drugs, not being home enough, and disagreeing with her husband on how to support her. Although her daughter hadn't passed away, she spoke of the disenfranchised grief of losing her child to drugs and alcohol, which wasn't recognized by peers. She was often told it wasn't a big loss since her daughter was still alive and peers would make statements regarding how she should've raised her, adding to the mother's feelings of shame. When her mother attended a grief support group for widows, she was met with little support from other group members, as no one could relate to her anger and resentment towards her husband for their disagreements about their daughter's choosing to do drugs. Similarly, Fowler (2017), shared her personal experience after her father overdosed stating, "none of the sympathy cards you receive, bereavement articles you read or support groups you attend feel relevant to your situation" (para. 2).

Da Silva e. al., (2007) conducted a qualitative study in Brazil analyzing the impact of complicated feelings on family members with a history of death by overdose of a loved one. One member from six different families were interviewed individually with an open ended question and their statements were analyzed in three categories. The categories included secrecy and non-

secrecy about drug usage, feelings about the death, and the impact of the death by drug overdose on the family. After statements were collected from the one - hour interviews, their research findings suggested family members who were unaware of the passed member's drug usage commonly brought about feelings of anger, guilt, helplessness, indignation, and shame. Family members who were aware of the addiction before overdose reported experiencing ambivalent feelings of immeasurable pain, failure to help, and relief for no more suffering. Da Silva e. al., (2007) reported, "the family becomes exhausted and, strange though it may seem, begins to prepare for the worst," in terms of losing a loved one to overdose (p. 305). Their findings within the statements indicated the importance of support work and the need for community networks to help families in deep grief crisis. Although the research Da Silva e. al., (2007) presented was geographically limited and focused on a specific type of substance abuse loss, it emphasized how death by overdose can cause a devastating impact on families. Due to the tiny sample size, the perspective presented in the Da Silva et al., (2007) findings does not account for the larger population and does not include all the perspectives within each family.

Overall, this research highlighted how expectations of judgement may prompt the bereaved to lie about or misrepresent the cause of death to others in order to protect the reputation of their lost loved one. Moreover, these findings indicated how negative stigmatization of death by addiction or overdose can impact the grieving process and may isolate the bereaved at a time when they need the support.

Resources for Coping with Substance Related Grief

A lack of literature within my investigation revealed a need for contemporary support resources and art-based research on grief within the substance abuse population. Available

resources from national and international perspectives were reviewed, as well as supports for

substance abuse and bereavement. Additionally, resources within arts-based research were

explored within various expressive art therapy modalities. Many of the programs reflected

separate entities and goals in regards to coping with substance use, addiction, loss, or grief.

Theoretical Frameworks

According to Walter and McCoyd, (2015) Freud's work was the primary theoretical

paradigm for early grief work to address grief, melancholia, and mourning in a scholarly manner.

He proposed a task-based theory based on the idea that the mourner must withdraw one's

feelings of attachment from the lost entity and investing them into something or someone else

(Walter & McCoyd, 2015). Although Freud's theory encompassed controversial terms like letting

go and separation, he contributed to the development of modern re-interpretations of grief work.

In 1961, Freud wrote a letter to a friend who experienced the death of a child stating, "although

we know that after such a loss the acute state of mourning will subside, we also know we shall

remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it

be filled completely, it nevertheless remains something else" (Walter & McCoyd, 2015, p. 9).

Depathologizing grief, Freud acknowledged how the bereaved struggle with relinquishing the

love and attachment from the lost entity.

Moving beyond Freud's tasks, Lindemann (1944) and Worden (2009) incorporated

additional tasks in order to find new meanings and cope with the despairing feelings Freud

referred to (Walter & McCoyd, 2015). For example, Lindemann (1944) proposed the

supplemental tasks of readjusting to the environment without the deceased and formulating new

relationships. Worden's (2009) theory offered an alternative approach by challenging the

bereaved's expectations to be cured of their grief and instead be assisted in moving through their grief. His framework steps included acknowledging the reality of the loss, processing the pain of grief, adjusting to a world without the deceased, and finding an enduring connection with the deceased while embarking on a new life (Worden, 2009). The goal of developing these task-based theories in conjunction with stage-based theories was to provide an action plan as a basis for treatment for a process that often feels out of control.

A well-known stage-based theory was developed by Kübler-Ross, (1969) who advanced concepts of bereavement by identifying five common stages of grief experienced by someone diagnosed with a terminal illness. These theoretical stages include denial, anger, bargaining, depression and acceptance. Currently, her theory is widely applied to all types of losses by popular culture and for educational purposes. Kübler-Ross (1969) described, "these stages do not replace each other but can exist next to each other and overlap at times" (1969, p. 263). However, her framework became commonly misunderstood as a prescriptive pattern and used inaccurately for understanding grief in general (Morgan, E., 2018). Although this framework is well known, concerns centered on how task and stage-based theories imply a specific trajectory or recipe on how to heal one's grief.

Blair (1995) examined Kübler-Ross's (1969) psychological theory on the stages of dying with a critical cultural lens. She believed these stages could, "have cultural or historical reasons for being dominant, prolonged, or missed all together (p. 519)." For example, bargaining could be a religious compulsory if death or loss is perceived as a punishment from a higher power. Similarly, Corr (2015) argued it is imperative to, "stop staging persons who are coping with loss or at least be extremely cautious in using this stage-based model in appreciating their unique

journeys" (p. 226). In response to the phenomenon of staging the grief experience, Neimeyer's

(2011) work suggests human beings may seek out organized patterns for organic experiences to

enhance their sense of prediction and control or to add a narrative structure to the difficult

grieving process. Valentine et al., (2016) supported these arguments and noted how existing

theoretical bereavement frames fail to address how the social and cultural backdrop may

differentiate losses.

As a result, Valentine et al., (2016) suggested combining theoretical elements of

psychosocial transitions and grief work, or the emotional working through of loss, through a dual

process model (DPM). This model incorporates both loss and restoration, utilizing meaning

making, reconstruction, and storying grief, or telling one's story in order to find coherence and

meaning in the face of disorder and chaos. It also encompasses a postmodern grief theory,

highlighting the grief healing process cannot be prescriptive and should be individualized

(Walter & McCoyd, 2015). Walter and McCoyd (2015) described, "postmodern theories of grief

grow from a social constructionist understanding of the world, which asserts that humans

construct their understanding of the world in what that they then see as self-evident and true" (p.

16). This approach further emphasizes that grief is a social experience and as a result, the

bereaved aim to make meaning of their loved one's life, define their current role in their changed

social context, and grieve in ways consistent with the relevant cultural context (Walter &

McCoyd, 2015).

Martino, Carroll, O'Malley, and Rounsaville (2000) adapted motivational interviewing

for use with dual diagnosis substance abuse patients to see if it would increase their participation

in a Partial Hospital Program (PHP) and improve treatment outcome. They did this by randomly

assigning patients to receive a 45-60 minute motivational interview or a standard pre-admission

interview. They found those who received a motivational interview attended the PHP for

significantly more days than the standard group and suggests some overall treatment outcome

benefit. This research demonstrates how a client-centered counseling method like motivational

interviewing can benefit this population. Some of the interviewing consisted of questions to elicit

self-motivational statements, feedback from pre-admission questionnaires, and completing a

decisional balance activity with the interviewer.

Bereavement Support

Walter and McCoyd (2015) believed peer support groups with participants struggling

with similar ambiguous losses and grief provide support where it may not otherwise be found

socially. These types of losses can be confusing for those witnessing the bereavement process

and outsiders may struggle to find the correct way to support the mourner. As a result, supporters

may express sympathy or maintain a stolid sense of normalcy and hope. On the other hand,

group members who share a similar experience have an opportunity to discuss obstacles for

social recognition and coping strategies.

Sherman's (2017) model of adult bereavement support groups provided guidance on

suitable approaches to helping the bereaved understand, move forward, and problem solve

around adjustment issues in the grief process. She noted support groups are not therapy groups

stating, "while it can most definitely be therapeutic, it is distinct from therapy groups in that it

does not focus on the psychological growth of the individual members, as most therapy groups

would" (Sherman, 2017). Her focus for this model was to provide a safe, supportive environment

for the bereaved to work through some of their grief, learn new roles, express emotion, and foster

social connection. As a result, Sherman (2017) designed a 6 to 8-week protocol for an open

group with limited structure to accommodate the various needs of the group members. Each

meeting was designed to have a check in, relaxation warm up, possible topics to discuss,

resource handouts to review, and questions to assess. Furthermore, Sherman (2017) developed

appropriate guidelines for working with this age group by maintaining the ideas that grief is not a

disease, each person's grief is unique, the importance of confidentiality, avoid advice giving, and

there is no quick fix for grief. To uphold these guidelines, leaders of the group need to have some

knowledge of the grief process and the impact of different types of losses. Since these groups are

not considered therapy groups, Sherman (2017) noted leaders also need a basic understanding of

group dynamics, be skilled at listening, accepting and nonjudgmental, and demonstrate

compassion, empathy, respect and authenticity.

Considering the individual perspective of loss, Sherman (2017) believes it is important to

provide a variety of services to promote effective grieving. Community support programs may

offer resources for online support, telephone support numbers, educational workshops,

expressive arts therapies, and untraditional support groups such as book clubs related to

bereavement, walking clubs, breakfast clubs, or organized, sponsored events.

Substance Related Support

For similar reasons, peer support and group therapy can be a powerful therapeutic tool

which has proven to be effective in treating substance abuse (U.S. Department of Health and

Human Services, 2015). The five group models commonly utilized for substance abuse treatment

include psycho-educational groups, skills development groups, cognitive-behavioral therapy

(CBT), dialectical behavioral therapy (DBT), support groups, and interpersonal process groups

(U.S. Department of Health and Human Services, 2015). Other groups such as relapse prevention groups, cultural specific healing groups, and expressive arts therapy groups are also often practiced in substance related group therapy. Positive peer support, decrease in isolation, peer examples of recovery, coping with substance abuse and social skills training are just some of the benefits of participating in group therapy.

Acknowledging group members may utilize substances to numb their grief, U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) (2015) believed participants should be given permission to examine existential challenges like loss, growth, death, shortness of time, the unfairness of life, and other troubling thoughts within the group setting (p. 77). This includes the facilitator needing to be aware of a cultural group's collective grief and anger. Counselors must also recognize referring to and labeling participants as alcoholics, offenders, or addicts can be devastating (Gee, Springer, Bitar, Drew, & Graff, 2005).

According to SAMHSA, (2015) these forms of interpersonal process groups differ from 12 step self-help groups like Alcoholics Anonymous, Narcotics Anonymous, and SMART Recovery. These types of support groups are held worldwide and uphold anonymity rights in terms of confidentiality. Self-help groups are often unlimited in size, facilitated by a peer leader, include a sponsorship program, daily participation is encouraged, and unlimited participation is possible over several years. Although they have many differences, self-help groups share many aspects of support groups including unconditional acceptance, inward reflection, open and honest interpersonal interaction and motivation to change (U.S. Department of Health and Human Services, 2015).

Furthermore, Al-Anon Family Groups (2018), Alateen, and Nar-Anon provide groups to help family and friends recover from the effects of someone else's substance abuse through a similar 12 step program. The creators of these groups believed families and friends of alcoholics can provide hope to each other and share coping tools for living with someone who has yet to seek help. Meetings are available on the phone and online if members are unable to attend in person, making it accessible for those in need (Al-Anon Family Groups, 2018).

National Support

A nonprofit program called, Let It Out INC. (2016), was a boxing support group to help bereaved deal with anger, anxiety and sadness that surfaced when watching a loved one suffer or die from addiction. This untraditional support group was based in Massachusetts and offered classes for survivors to release complicated emotions in the healthy coping tool of boxing. Fennelly, a mother who lost her son to addiction, participated in the group and described her grief experience as, "[Anger is] in everybody and society [says] you're not supposed to be angry, you're supposed to be sad, but you're angry because you have to keep on living. I'm angry because I couldn't fix it and still don't have the answer" (Burch, 2016). Utilizing the group as an opportunity to release her anger, Fennelly reported, "I'm surrounded by people who get it," noting many of the participants were mothers whose children fought addiction (Burch, 2016).

Grief Recovery After Substance Passing (GRASP, 2018) is another support group which aimed to offer understanding, compassion, and support for those who've lost someone through addiction and overdose. They believed this bereaved population has the ability to become isolated due to no one understanding the pain that comes with this type of loss. Based in 35 states

within the United States and parts of Canada, GRASP (2018) holds retreats, conferences, and free meetings for survivors.

International Support

To gain international perspective, Australia's dedication to creating conversations around aging, dying, death, and bereavement encourages hope with guidance and offers an alternative method to shedding light on these difficult topics. The GroundSwell Project (n.d.) is a nonprofit organization located in Australia and was founded in 2009 by clinical psychologist, Kerrie Noonan, and playwright, Peta Murray. One of their several events, Dying to Know Day, was initiated by the nonprofit to facilitate community action and education around topics of death, dying, and bereavement. Their mission is to, "create a more death literate society, one where people and communities have the practical know-how needed to plan well for end of life. This means shifting focus from 'talking about it' to transforming this 'difficult' conversation into one of deep community engagement, social action and empowerment" (The GroundSwell Project, n.d.). These efforts to better equip and support families experiencing grief may provide a valuable resource to challenge western culture's perception of aging and death. Providing this stepping stone, perhaps the conversation about substance related deaths can appear less daunting to mourners and treatment providers.

Dia de Muertos, or Day of the Dead, is a Mexican holiday dedicated to celebrating the memories of the deceased and spiritual bonding with the dead in heaven (Goldmeier, 2018). To honor their dead family members, loved ones build small shrines for the departed which often consist of sugar skull sculptures, beads, flowers, feathers, and favorite foods of the deceased. According to Goldmeier, (2018) the North American holiday of Halloween traditionally

resembled Dia de Muetros, as participants celebrated with costumes, candy, and festivities for the wandering spirits in the land of the living. However, death is not perceived as scary and souls do not haunt within Mexican cultural beliefs. Looking to the centuries-old Aztec festival, it is amazing how this special tradition persevered within this contemporary society in order to maintain important connections with those who have died.

Life.Death.Whatever (2018) was created by Lyons, an end-of-life doula, and Winter, a progressive funeral director, in London. Their mission aimed to redesign the dialogue around death and dying, to open up the conversation, and to find new approaches to their important subject. To further the possibilities, Winter created Poetic Endings (2018), a modern funeral service in London offering a genuine, ethical, and forward-thinking funeral services. Both initiatives believe there is a way of approaching death and dying to genuinely engage the public and transform society's relationship with death. To foster these conversations, Life.Death.Whatever (2018) facilitated several projects including a death cafe, a Feast of life, Taste of death dinner, art installations, sound installations, and a month long festival. The Feast of life, Taste of death dinner took place on a cardboard coffin table, as 12 people were invited to bring dishes that meant something to them for the feast. Winter encouraged guests to reflect on their last meals, what foods make them feel alive, memories attached to dishes, and comfort foods given to them in tough times. The goal of the feast was to develop accessible ways to engage with difficult emotions that come up around death by creating meaningful interactions together as a group. In order to highlight the individualized experiences of death, dying, life, and living, Life.Death.Whatever (2018) complied stories from various people around the world to play in a sound installation titled, Voices. These stories were played on a loop in a chapel lit by

candlelight and are currently accessible to listen to on their website. Life.Death.Whatever (2018)

encourages people willing to share their voice recording with them in order to promote honest

conversations and add multicultural perspectives about death. This installation provides an

example of how the expressive arts may offer valuable opportunities for community support and

individualized expression of grief.

Expressive Arts Therapy Resources

Expressive Arts Therapy Groups are problem-focused groups to foster social interaction

as members engage in creative activities. A range of therapeutic, experiential activities such as

art, music, drama, psychodrama, play, dance, free movement, or poetry to express feelings and

thoughts (U.S. Department of Health and Human Services, 2015). Research has shown how art-

based therapies (ABT) for substance users and their families can play a vital role in recovery. In

their experience, Ranganathan and Malick (2013) found exposure to ABT reminds substance-

abusing clients of their previous healthy lifestyle and pre-addiction period by engaging in new

expressive forms and letting go of their unhealthy lifestyle.

Having worked as an addiction counselor for years, Haberstroh (2005) believed

experiential group work offers powerful strategies for invoking and expressing emotions and

unresolved grief in the treatment of addiction. To illustrate an example of an experiential group,

Haberstroh (2005) identified three activities to assist in identifying substance related losses.

Beginning with a warmup, Haberstroh (2005) instructs the facilitator to place an object on the

floor to represent relapse and invite participants to stand in a spot to represent their personal

relapse risk. Next, the members would be asked to visualize moving one step away from relapse

and to reflect on the factors inhibiting change. Incorporating psychodrama, the second activity

encouraged a volunteered participant to act as the protagonist in order to expand their self-awareness. Next, two members would be selected to provide support as sponsors and one member to volunteer as the addictive voice. These participants would improve a scene about the challenges of addiction. Finally, Haberstroh (2005) identified the empty chair technique as a useful psychodrama closing tool to help clients explore and verbalize their newly gained perspectives from the previous exercises. The goal of these techniques aimed to encourage the bereaved to verbalize the losses resulting from their addictive behaviors. Sharing a case study example, a client of hers sat across an empty chair, was prompted to have a conversation with his relapse prone self. As a result, he was able to identify emotions tied to losing his family by addiction. Due to the psychologically challenging nature of these activities, Haberstroh (2005) emphasized the importance of respecting the clients' autonomy and right to participate in experiential activities at their own comfort level.

Vogel (2005) stated, "societal expectations, coupled with our own hopes and dreams for our relational successes affect our resilience as we navigate through painful periods of relational loss" (p. 147). In response, Vogel (2005) believed creative interventions can connect clients to their authentic grief experience and foster a sense of growth, empowerment, and resilience. For example, writing allows the client to verbally and visually express their emotions while making sense of their experience simultaneously. Relational losses and pain in regards to addiction can be more easily processed through writing when the relationship was ambivalent or confusing. Vogel (2005) reported this exercise can be especially helpful in addition to therapy when clients bring their written journals to a session for further processing.

Mayton and Wester (2018) investigated the benefits of Photovoice as a qualitative, participatory action methodology for five participants in a suicide support group. Similarly to the addiction population's experience, suicide is a loss that is associated with feelings of isolation, guilt, shame, and stigma since suicide can be considered a morally reprehensible act. Photovoice was chosen as an arts-based approach to increase the potential understanding of suicide loss within individuals, families, and the community through photographs. It involves utilizing photography to empower individuals and groups, providing a form of visual expression and agency. Researchers used this methodology to explore the experience of suicide loss survivors, as they believed photographs could provide an alternative opportunity to share the experiences of complicated loss on a deeper level. Participants were asked to take at least three photos on their phone or camera to represent what they would like others to know about experiencing the loss of a loved one to suicide. By the end of the three-week timeframe, they shared their printed images with the group and analyzed the pictures together using the SHOWED method, a mnemonic device asking six questions. The analysis process also involved participants to sort all the photos into common themes. Seven themes emerged including Lonely Struggle, Everything has Changed, Everyone has a Story, Changing Emotions, Choices, Beyond the Horizon, and Unsettled Forever. Their findings suggested Photovoice not only accomplished exploring these experiences, but also offered survivors an opportunity to share them with the community and bring them out of isolation.

Similarly, a study by Malka, Huss, Bendarker, and Musai, (2018) suggested Photovoice was effective in expressing secret and negative feelings about parent's addiction in a non-threatening way for children. This qualitative study chose to utilize photography as a

phenomenological method and studied a group of 17 children whose parents struggle with addiction. With a total of 15 meetings, groups were devoted to training the children how to use the camera, taking images to express feelings, discussions, and preparations for the final exhibit with invited parents. Researchers found Photovoice enhanced developmental milestones from their case studies, as well as it enabled self-regulated disclosure of the secret. Their findings suggested the camera allowed the children to observe from a safe distance rather than participate, create a zone of private, self-experience, and obtain a sense of control of the experience. The images in return offered group members the opportunity to share their experiences and have them confirmed. This methodology highlights how expressive arts therapy provided a safe opportunity to document, represent, process, express, and share complicated feelings and events related to substance abuse.

Conrad (2004) explored the potential of Popular Theatre as a pedagogical tool and qualitative research method, focusing on traditions in participatory research and arts-based, performance ethnographic approaches. This study aimed to draw out and examine a group of twenty-two high school, drama students' experiences in order to produce new understandings about their risky behavior. With a performative epistemology, Conrad (2004) described, "participants' performances depict and examine their 'performances' in real life, providing insight into their lived experiences and their cultural world (p. 10)." Although grief and loss weren't explored as themes, scenes included challenges with boredom, rule-breaking, substance use, addiction, gossip, gender relations, and interpersonal conflict. Conrad (2004) structured this process in a rural Canadian community at the local high school's drama classroom for one month. During their scheduled drama class time, the group completed a series of activities for

group building, skill development, brainstorming, discussing, and planning community action

performances and workshops of the scenes they created. Audiotapes, videotapes, facilitator and

student journals, field notes, scripts, responses, and small group interviews were collected

throughout the process. Their research findings suggested Popular Theatre provided a beneficial

research method in order to gain a better understanding of youth's interpretation of at-risk

behaviors.

Discussion

Critical Literature Review Findings

Death, dying, and aging within this modern world has proven to be a controversial and

difficult topic in general. To add to the complexities of the subject, the disenfranchised grief

experienced by substance abusers and their loved ones is terribly deprived. After compiling

existing research from various perspectives, it is apparent further research and education

encompassing the complex features of substance related bereavement is necessary in order to

provide beneficial treatment and supportive options in the near future. Furthermore, the literature

highlighted the need for an increased presence of expressive arts therapy for this individualized

population.

It is important to consider the relationship between drug users' bereavement and their

substance usage at a therapeutic level (Masferrer, Garre-Olmo, & Caparros, 2015). A further

need for research on the relationship between loss and the substance abuse population was

demonstrated in the substance related bereavement findings, as well as the potential need for

grief counseling in addiction treatment. As presented in Furr, Johnson, and Goodall's (2015)

research, a loss and grief assessment may provide an opportunity to address grief issues, since

loss was a prevalent issue among the individuals receiving treatment for substance use disorders.

It is suggested through their findings to further develop assessments geared towards gauging the

impact of grief for those receiving addiction treatment.

Substance related grief may also surface prior to a substance user's death, as loved ones

may feel they have already "lost" them to substances and experience a "double-

death" (Valentine, et al., 2016, p. 288). Da Silva e. al., (2007) noted from their findings, those

who already knew of the substance user's habits often prepared for the worst and ultimately experienced ambivalent feelings of immeasurable pain, failure to help, and relief for no more suffering. Family members who were unaware of the passed member's drug usage commonly brought about feelings of anger, guilt, helplessness, indignation, and shame.

Several limitations in this thesis were acknowledged such as researchers exclusively relying on self-report measures and geographically limited studies. Besides, the studies highlighted how grief can underlie the recovery process from substance abuse disorders.

Recommendations

The purpose of collecting this data aimed to shed light on the need within this disenfranchised bereavement population, their often stigmatized experiences, and available resources to support them. Ideals about dying and views of a bad death seemed nearly universal within the research findings and overlap in various cultures and societies (Seale and van der Geest, 2004). Highlighting the local and social impacts of addiction, mothers who lost their teens to addiction described their grief experience as isolating and socially unaccepted in one support group (Burch, 2016). Their experience underscores how stigma can be a major reason individuals who misuse substances, struggle with addictions, or know someone abusing drugs delay in seeking professional help. To address these challenges, it is important to emphasize two recommendations for any group supporting individuals experiencing substance related grief. First and foremost, the facilitator of the group needs to be aware of a cultural group's collective grief and anger. It is also imperative the leaders do not refer to and label participants as alcoholics, offenders, or addicts (Gee, et.al., 2005).

Procedure

With this population in mind, this thesis transferred the findings into a potential treatment model, as shown in Appendix 1, and provided recommendations for a suggested framework utilizing a participatory action method. This circular model consists of five layers and focuses on substance related grief placed at the center of the model. Moving outward, the proceeding layers encompass possible treatment methods including assessments to utilize, expressive arts therapies to incorporate into treatment, bereavement and substance based approaches, and potential group structures.

First, assessments should be considered as a part of this framework to identify unresolved issues that contribute to addiction and relapse (Furr, Johnson, & Goodall, 2015, p. 51). These may include grief and loss assessments, the Experience of Loss in Addictions Inventory, or the Expressive Therapies Continuum (ETC) assessment to direct the course of treatment when utilizing expressive arts methods (Hinz, 2009).

Implementing theoretical approaches will provide a foundation for facilitators to best serve the needs of various group members. It is recommended by postmodern grief theorists to combine theoretical elements through a DPM for individualized healing within a group setting (Valentine et al., 2016). Theoretically, the grief stage and task-based theories provide an initial action plan for a process that often feels out of control. However, these should be utilized as mere stepping stones as a basis for understanding grief experience. Acknowledging the addictions based research, participants should be given permission to examine challenges like loss, growth, death, shortness of time, the unfairness of life, and other troubling thoughts through an existential theory lens (U.S. Department of Health and Human Services, 2015, p. 77).

Motivational interviewing may also be beneficial to elicit self-motivational statements and promote a sense of empowerment within group members (Martino, Carroll, O'Malley, & Rounsaville, 2000). Research demonstrated how utilizing these elements within various process groups have been beneficial in regards to addiction and bereavement treatment. Groups may also consider psycho-educational, skills development, CBT, DBT, relapse prevention, and culturally specific interpersonal processes and approaches depending on the group needs (U.S. Department of Health and Human Services, 2015).

Expressive arts therapies can provide additional techniques unlike traditional talk therapy or support groups to express the complicated emotions tied to substance related loss. For example, relational losses and painful experiences in regards to addiction can be more easily processed through written journals, meaning making, or poetry (Vogel, 2005). Photovoice and phototherapy not only accomplished exploring these emotions, but also offered survivors an opportunity to share them with the community and brought them out of isolation (Mayton & Wester, 2018). Conrad (2004) reported participants in Popular Theatre developed insight into their lived experiences and their cultural world (p. 10). This study demonstrated the potential benefits for this population in regards to psychodrama, dance movement therapy, drama therapy, and play therapy. Vogel (2005) also believed creative interventions foster a sense of growth, empowerment, and resilience. For example, art therapy and ABT for substance users and their families can play a vital role in recovery (Ranganathan & Malick, 2013).

Finally, the structure of the group should be decided beforehand based on the needs of the population being served. The group needs can be determined through the assessments and theoretical approaches being utilized. These include open or closed peer support groups,

psychological based therapy groups, untraditional support clubs, or an organized event. Overall, treatment planning should consider combining theoretical elements, opportunities for expressive arts therapies, grief and loss assessments, and community group action to attend to the individualized needs of substance related bereavement.

Conclusion

Participatory action method-based models were summarized from the international and national perspectives of substance abuse and grief work. It appeared worldwide, the conversation surrounding death, dying and aging is slowly evolving.

Many of the support programs reflected separate entities and goals in regards to coping with substance use, addiction, loss, or grief. However, recurrent themes emerged throughout the literature including isolation, self-esteem, shame, stigmatization, voice, control, and resilience. Several support groups and expressive arts therapy goals aimed to decrease isolation, shame, and stigmatization by bringing survivors and victims together. These opportunities allowed them to share their voices, perspectives, and stories in order to process complicated emotions and increase self-esteem and sense of control to support their overall well-being, growth, and resilience through grief.

Acknowledging traditional support groups tend to lack resources for this specialized population, the emergence of untraditional support groups and educational resources are only beginning to surface. Overall, it is important to highlight how grief can feel and look different for everyone who experiences it and there is no correct timeline for bereavement healing. In order to challenge both national and international perspectives on aging, death, and dying, it may be beneficial to incorporate intergenerational perspectives for grief education.

References

Alexander, S. (2018). The Opioid Crisis Response Act of 2018. *U.S. Senate*.

Al-Anon Family Groups (2018). *Find an Al-Anon or Alateen Face-to-Face, Phone, or Online*

Meeting. Retrieved on February 19th, 2019 from https://al-anon.org/al-anon-meetings/

Atkinson, A. M., Bellis, M., & Sumnall, H. (2013). Young peoples' perspective on the portrayal

of alcohol and drinking on television: Findings of a focus group study. *Addiction Research*

& Theory, *21*(2), 91–99.

Blair, L. (1995). Habits of death. Cultural variation in attitudes toward death. *Canadian*

Family Physician Medecin De Famille Canadien, *41*, 515.

Burch, K., (2016, June 03). Grieving Mothers Stop Fighting Their Feelings - And Start

Punching Them. Retrieved from https://medium.com/the-establishment/grieving-

mothers-stop-fighting-their-feelings-and-start-punching-them-1ff091033449

Burke, D., (2017, June 19). *Saying Goodbye in America: How Western Medicine Shapes*

the Dying Experience. Retrieved February 19, 2019, from https://

www.deathwithdignity.org/ news/2016/08/saying-goodbye-america/

Centers for Disease Control and Prevention. (2018, January 3). *CDC - Fact Sheets-Alcohol Use*

And Health - Alcohol. Retrieved December 1, 2018,

from https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

Conrad, D. (2004). Exploring Risky Youth Experiences: Popular Theatre as a Participatory,

Performative Research Method. *International Journal Of Qualitative Methods*,

3(1), 12-25.

Corr, C. A. (2015). Let's Stop "Staging" Persons Who Are Coping With Loss. *Illness, Crisis &*

Loss, *23*(3), 226–241.

Da Silva, E. A., Noto, A. R., & Formigoni, M. L. (2007). Death by drug overdose: Impact on

families. *Journal of Psychoactive Drugs*, 39(3), 301–306.

Davis, S. (2017). *How the Intersection of Cultural Bias Affects Substance Use Disorder*

*Diagnosis and Treatment in Art Therapy: A Literature Review (*Unpublished Capstone

Thesis). Lesley University*,* 10-13.

Dion, K. (2014). 'That's What I Mean by a Hundred Little, a Thousand Little Deaths...': A Case

Study of the Grief Experienced by the Mother of a Substance Abusing Child.

MEDSURG Nursing, 23(6), 397-421.

Doka , K.J. (Ed.). (2002). *Disenfranchised grief; New directions, challenges and strategies for*

practice. Champaign, IL: Research Press.

Fowler, J. (2017, August 31). *7 Ways Grief is Compounded by an Overdose Death.* Retrieved

April 08, 2018, from http://www.myasd.com/blog/7-ways-grief-compounded-overdose-

death

Furr, S. R., Johnson, W. D., & Goodall, C. S. (2015). Grief and recovery: The prevalence of

grief and loss in substance abuse treatment. *Journal Of Addictions & Offender*

Counseling, *36*(1), 43-56.

Gee, R., Springer, P., Bitar, G., Drew, F., & Graff, C. (2005). Keeping the Music Alive: Using the

"Grief and Hope Box" with Adult Offenders with Co-Occurring Mental Health and

Substance Use Issues. *Journal of Creativity in Mental Health*, *1*(3), 185–204.

Goldmeier, H. D. E. (2018). Day of the Dead (dia de los muertos). *Salem Press Encyclopedia*.

Grace, P. (2012). *On track or off the rails? A phenomenological study of children's experiences*

    of dealing with parental bereavement through substance misuse (Unpublished PhD thesis).

    University of Manchester, UK.

GRASP. (2018). *Grief Recovery After Substance Passing*. Retrieved April 01, 2018, from http://

    grasphelp.org/about-us/

Guy, P. (2004). Bereavement through drug use: Messages from research. *Practice,* 16(1), 43–54.

Haberstroh, S. (2005). Facing the Music: Creative and Experiential Group Strategies for Working

    with Addiction Related Grief and Loss. *Journal of Creativity in Mental Health*, *1*(3), 41–

    55.

Hinz, L. D. (2009). Expressive therapies continuum : a framework for using art in therapy. New

    York: Routledge.

Hooyman, N. R., & Kramer, B. J. (2008). *Living through loss: Interventions across the*

    life span. New York: Columbia University Press.

Just, J. M., Bleckwenn, M., Schnakenberg, R., Skatulla, P., & Weckbecker, K. (2016). Drug-

    related celebrity deaths: A cross-sectional study. *Substance abuse treatment, prevention,*

    and policy, *11*(1), 40.

Karila, L., Marillier, M., Chaumette, B., Billieux, J., Nicolas, F., & Amine, B. (2018). New

    synthetic opioids: Part of a new addiction landscape. *Neuroscience and Biobehavioral*

    Reviews.

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with

    substance-related conditions? A randomized study of two commonly used terms.

    International Journal of Drug Policy, 21, 202-207.

Kübler-Ross, E. (1969). On death and dying. by Elisabeth Kubler-Ross. New York: Macmillan.

Let it Out INC. (n.d.). About. Retrieved April 01, 2018, from http://www.letitoutinc.org/

Life.Death.Whatever. (2018). About. Retrieved February 23, 2019 from https://
www.lifedeathwhatever.com/about

Lindemann, E. (1944). Symptomatology and management of acute grief. American Journal of
Psychiatry, 101, 141-148.

Luoma, J. B., Twohig, M. P., Waltz, T., Hayes, S. C., Roget, N., Padilla, M., & Fisher, G.
(2007). An investigation of stigma in individuals receiving treatment for substance
abuse. *Addictive Behaviors*, (7), 1331.

Malka, M., Huss, E., Bendarker, L., & Musai, O. (2018). Research Article: Using photovoice
with children of addicted parents to integrate phenomenological and social reality. *The
Arts in Psychotherapy*, *60*, 82–90.

Martino, S., Carroll, K. M., O'Malley, S. S., & Rounsaville, B. J. (2000). Motivational
interviewing with psychiatrically ill substance abusing patients. *The American Journal
on Addictions*, *9*(1), 88–91.

Masferrer, L., Garre-Olmo, J., & Caparros, B. (2015). Is there any relationship between drug
users' bereavement and substance consumption?. *Heroin Addiction And Related Clinical
Problems*, *17*(6), 23-30.

Maxfield, M., Pyszczynski, T., Kluck, B., Cox, C. R., Greenberg, J., Solomon, S., & Weise, D.
(2007). Age-related differences in responses to thoughts of one's own death: Mortality
salience and judgments of moral transgressions. *Psychology And Aging*, *22*(2), 341-353.

Mayton, H. N., & Wester, K. (2018). Understanding the experiences of survivors of a loss by

suicide: A photovoice study. *Journal Of Creativity in Mental Health.*

McCance-Katz, E. F., (2017) *The National Survey on Drug Use and Health: 2017* [PDF file].

Substance Abuse and Mental Health Services Administration. Retrieved from https://

www.samhsa.gov/data/sites/default/files/nsduh-ppt-09-2018.pdf

Morgan, E. (2018). What does grief feel like? You asked Google -- here's the answer; Every day

millions of people ask Google life's most difficult questions. Our writers answer some of

the commonest queries. *Guardian* [London, England].

National Institute on Drug Abuse. (2018, August 09). *Overdose Death Rates.* Retrieved from

https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

Neimeyer, R. A. (2011). From stage follower to stage manager: Contemporary directions

in bereavement care. In K. J. Doka & A. S. Tucci (Eds.), *Beyond Kubler-Ross: New*

perspectives on dying, death, and grief (pp. 131–152). Washington, DC: Hospice

Foundation of America.

 North, M. S., & Fiske, S. T. (2015). Modern attitudes toward older adults in the aging world: A

cross-cultural meta-analysis. *Psychological Bulletin*, *141*(5), 993-1021.

Poetic Endings. (2018). Retrieved February 20, 2019, from https://www.poetic-endings.com/

Ranganathan, S., & Malick, R. (2013). Art-Based Therapies for Substance Users and their

Families. In *Using art therapy with diverse populations: Crossing cultures and abilities*

(pp. 225-231). London: Jessica Kingsley.

San Filippo, D., (2006). Historical Perspectives on Attitudes concerning Death and Dying.

Faculty Publications. 29.

Seale, C., & van der Geest, S. (2004). Good and bad death: Introduction. *Social*

Science & Medicine, *58*(5), 883–885.

Sherman, N. (2017). Models of Adult Bereavement Support Groups [Pamphlet]. Danvers, MA:

Bertolon Center for Grief and Healing, Hospice of the North Shore & Greater Boston.

SHOWTIME. (2018). Shameless. Retrieved February 19, 2019, from https://www.sho.com/

shameless

The GroundSwell Project (n.d.). *Our Story*. Retrieved from http://

www.thegroundswellproject.com/our-story/

USA, U.S. Department of Health and Human Services, Substance Abuse and Mental Health

Services Administration. (2015). *Substance Abuse Treatment: Group Therapy* (41st ed.,

Treatment Improvement Protocol TIP). Rockville, MD: HHS Publication No.

U.S. Department of Health and Human Services. (2018). *HHS Acting Secretary*

Declares Public Health Emergency to Address National Opioid Crisis. Retrieved from

https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-

public-health-emergency-address-national-opioid-crisis.html

Valentine, C., Bauld, L., & Walter, T. (2016). Bereavement Following Substance Misuse.

Omega: Journal Of Death & Dying, *72*(4), 283-301.

Vogel, J. E. (2005). Overcoming Heartbreak: Learning to Make Music Again. *Journal of*

Creativity in Mental Health, *1*(3), 135–153.

Walter, C. A. P. P. L., & McCoyd, J. L. M. P. L. (2015). Grief and loss across the lifespan,

second edition: a biopsychosocial perspective.

Worden, J.W. (2009). Grief counseling and grief therapy (4th ed.). New York, NY: Springer

Publishing Company.

Zhang, X., Xing, C., Guan, Y., Song, X., Melloy, R., Wang, F., & Jin, X. (2016). Attitudes toward

older adults: A matter of cultural values or personal values?. *Psychology And Aging*, *31*(1),

89-100.

Zhou, L. (2007). What College Students Know about Older Adults: A Cross-Cultural

Qualitative Study. *Educational Gerontology*, *33*(10), 811-831.

Appendix 1   *Transferring Findings into a Potential Treatment Model*

THESIS APPROVAL FORM
Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student's Name: Holly St. Cyr

Type of Project: Thesis

Title: *A Literature Review on Substance Related Grief and Expressive Art Therapy Support Groups*

Date of Graduation: May 18th, 2019
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Rebecca Zarate