

# INSIGHT

## Disenfranchised Grief after Drug Overdose

By Beth L. Hewett, PhD, CT



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Rob, age 24, died of a drug overdose. His addiction began after an automobile accident at age 14 when his doctor prescribed OxyContin for the pain. His young brain could not handle the drug and he struggled for ten years with addiction, using heroin, OxyContin, and Fentanyl, among other drugs. He had been in drug rehab programs five times.

David, age 38, became addicted early to opioid medications when they were prescribed as pain management after an injury. He attended rehab and successfully refrained from any drug use until he suffered another injury and was prescribed Tramadol, which rebooted the addiction. He later died of an overdose of Fentanyl.

By December 31, 2011, 247 people had died in Maryland from drug overdose, heroin in particular, that year. By December 31, 2015, 748 people died from overdose that year, an increase of more than 300% (Maryland DHMH, 2017). Statistics displayed on the Maryland State Police Barracks signboard on Belair Road revealed that as of December 31, 2016, 54 people died from drug overdose in Harford County alone. As of January 11 of 2017, according to the same statistics signboard, seven people had overdosed, and one had died; the decedent was a teenage girl who died on January 1.

One of the primary causes of these overdose statistics is the prescription analgesic opioid OxyContin. The spike of addiction to this drug and other highly addictive drugs such as Fentanyl, which is even stronger than OxyContin, has led to an increase in usage across all socioeconomic groups and ethnic identities. More and more frequently, people of the middle class, who previously might not have been considered to be susceptible to drug use and overuse, are falling under the spell of highly addictive, dangerous drugs. Over even a short time, addicted people require ever stronger doses to achieve the desired effects. Some addicts, unable to sustain the high cost of prescription opioids, may turn to street drugs such as heroin and black tar heroin (Sharper, 2016), which are especially dangerous because their manufacture is unregulated. Some people who successfully complete a withdrawal from any of these drugs may be lured back in when an injury or medical condition causes pain. Other recovered addicts may desire a one-time high and, not realizing that their bodies cannot metabolize their former doses, may ingest far too much drug too quickly, increasing their potential for overdose.

As one who has provided support to the bereaved for the past 13 years, I have been surprised by the increased number of grieving family members whose loved ones have died from overdose coming to grief support groups, bereavement seminars, and memorial services. Many of them are parents who struggle daily with guilt from not having been able to change their (typically adult) child's addiction. No matter the number of times their children received in-patient care and drug rehabilitation support, they returned to drug use, often to the use of prescribable drugs purchased on the street. And, having weaned themselves from drugs for a time, their former dosage was too much for their bodies, leading to overdose and—for those with whom I work—death.

Death from drug overdose is stigmatized in our society because it is seen as a disgrace resulting from a personality flaw like a lack of self-control. Stigmatized deaths can lead to unsupported grief; the cause of the death is considered preventable and self-inflicted, and families may be considered complicit because they were unable to control or change the addicted family member's behavior. The grief is disenfranchised in that some people do not recognize this grief as legitimate; they make a moral judgment about both the bereaved and their beloved dead: *The deceased caused her own death. The family failed to stop it.*

In fact, even the bereaved family and friends may disenfranchise the death, suffering deeply from personal guilt and a sense of being ostracized by those they know. They may be ashamed of the stigma of drug overdose. They may feel different from other bereaved people because they could not prevent the death. They may have an understandable sense of anger that things should not have happened that way. And, family and friends alike may have suffered a painful interpersonal distancing from the deceased because of conflicts about the drug abuse itself. Because the death may be sudden but the addiction long term, the bereaved may feel especially conflicted, shocked, and alone. Mourning may be more challenging when people do not want to talk about the deceased, acknowledge the death and its realities, or do crucial meaning-making through memories of the loved one in the context of the family or other relationships (Valentine, Bauld, & Walter, 2016).

Relationships within and around the grieving family may be poor given the stressors of the addiction and the often repeated attempts by everyone to resolve the stress in some way. People may not be able to talk about these deaths as freely as other deaths, further pushing the bereaved away from the social support they need (and are entitled to) following a death. They may fear that if they are honest about an overdose death, they will be ostracized for having such a morally or socially unacceptable death in their family. Parents particularly suffer. But children of a parent who died from overdose also suffer, sometimes feeling unloved or unacceptable.

# Insight Continued...

While funeral industry professionals should always maintain a generous spirit of caring and concern for their client families regardless of what caused the death, mourners and friends who come to support the grieving families will not have the training or the understanding that any death creates special needs in the bereaved's life. When a death is socially or morally disenfranchised, people may not receive the level of aftercare they need from their typical support systems: their families, friends, church or religion of their choice, or workplace colleagues. People may unconsciously blame the decedent or the bereaved family for the fatal event or for the painful years that have led up to it.

As a result, mourners may not talk about the person who died, which is an important way of using memories to stay connected to the deceased. Judgment instead of kindness or open understanding causes people to stay away. Those who have lost the addict may remain closed-mouthed about the death or hide themselves away in their guilt and grief. I recall one bereaved spouse who approached me in church after my own sister died of alcohol abuse at the age of 48. She hugged me, and then she revealed that she never told anyone (not even in our grief support group) that her husband had died from alcohol. Since it was "his fault," as she said, she didn't want to talk about that aspect of his life and risk being judged by others. She could only tell me when I had a similar loss in my life.



Funeral professionals can help people who suffer from the mistaken notion that their loved ones cannot be mourned publicly or that their addictions should not be acknowledged or discussed. Things that the funeral industry professionals can do include:

1. Talk openly to bereaved families about disenfranchised grief.
2. Acknowledge that some people will have confusion, embarrassment, or even judgment about their loved one's death. This kind of statement can help to validate what the bereaved are worried about. Take this issue a step further, though, and give the bereaved tools for dealing with the grief by way of information about grief and bereavement support.
3. Urge them to speak their loved one's name frequently. They should find people with whom they can talk about the deceased, possibly in a grief support group. Those who are actively grieving often can be the most generous about other people's grief regardless of the cause of death.
4. Provide a list of grief coaches and/or counselors who can listen to the particular challenges that disenfranchised bereaved people may experience. Include on that list those who counsel families of drug and alcohol users as well as self-help groups that cater particularly to those whose family members have such addictions.
5. Check on the bereaved about two to six months after the death in a targeted after-care program. Usually after a few months, the shock of the death wears off and reality becomes clearer. A phone call from the funeral professionals who initially helped at the time of death can quickly uncover the need to offer names and numbers of resources that might not have registered or seemed necessary to the bereaved at first.

There is a drug addiction problem of enormous proportions in the United States today, and Maryland is no exception. We cannot afford to further disenfranchise the families and friends of all the people who die from drug abuse. The stigma under which they grieve is a ponderous cloud of pain and potential guilt that can destroy their lives. Let us help people heal by acknowledging and assisting with their grief particularly when it is disenfranchised by the stigma of drug overdose. 🌱

## References:

Maryland Department of Health and Mental Hygiene (DHMH) Dashboard Measures (2017). <https://data.maryland.gov/Health-and-Human-Services/Maryland-Department-of-Health-and-Mental-Hygiene-D/iyvb-gsn5>

Sharper, Julie. (December, 2016). Administered for pain, drugs like OxyContin have taken a massive toll. *Brain in the News* 23(10). 4-7.

Valentine, Christina, Bauld, Linda, & Walter, Tony. (2016). Bereavement following substance misuse: A disenfranchised grief. *Omega Journal of Death Studies*.