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Inspiring Success On The Road To Recovery

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Understanding Anxiety
by Dr. A. David Wall



Feed the Hungry
by Alan Cohen



Children and Emotional Health
by Bobbe McGinley

Tips for a Stressless Holiday Season

It is the season to be stressful. Planning ahead, setting expectations and seeking support can reduce the levels of stress and depression during the holiday seasons, according to Valley Hospital in Phoenix.



"The holiday season can be fun with parties, gifts, good food and friendship" says Dr. Gwen Levitt, Medical Director at Valley Hospital. "And with its joys also comes the stress of spending too much money, staying out late, and indulging a little too much. It is important to maintain a healthy balance during this time so you do not become overly stressed and overwhelmed. Take care of yourself and practice moderation in all good things so you can start off 2011 in a healthy frame of mind and body."

The three most common stress triggers during the holidays are finances, relationships, and physical demands. Valley Hospital offers some tips to keep the joy alive:

- **Plan ahead.** Avoid last-minute pressure by creating a plan and timeline. Set aside days for shopping, baking, entertaining, and relaxation. "I love to bake and never need an excuse. I start making cookies in the fall and freeze them in batches. This spreads the extra calories from tasting samples over weeks rather than days."
- **Set a budget.** Creating a budget, and sticking to it, can eliminate much of the stress related to holiday spending. Pay cash when you can to reduce holiday spending surprises on the January credit card statement. Don't forget you can't buy happiness, so shop wisely. "I think the holidays really should be for the children. Besides most of the adults in my life do not need another trinket so we take the money we would use to buy a gift and donate the cash to a worthy charity."
- **Keep it simple.** Prioritize the activities that will have the most meaning and

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Sober and Grieving

By DAN STONE, MSW, LCSW, LISAC, CT

It has been said that the only guarantees in life are death and taxes. This applies to everyone whether they are in recovery or not. Various aspects of the grieving process, however, hold special challenges for recovering alcoholics and addicts.

Everyone grieves uniquely. In the past it was thought that there are predictable stages that griever must go through to achieve acceptance of the loss. Twenty-three years of personal and professional experience tells me that, when it comes to the process of grieving, one size does not fit all. In my private practice and also at Cottonwood Tucson where I work as a grief counselor, I have conducted grief therapy with newly clean and sober clients, and found, time and again, that they respond to their losses differently. I have discovered that, in working with clients like these, the treatment of grief requires an individualized approach.

Grief, Addiction and Recovery

In 1997 I had been working at Cottonwood for two years. One of the assignments that patients at that time presented in primary group was a timeline in which the patient depicted significant life events and how these events impact on their lives in the present. Viewing these timelines, I often observed that directly after the occurrence of tragic life losses in these patients' lives, it appeared that their substance use spiked—sometimes dramatically. In some cases the loss triggered a downward spiral of using and depression that ultimately resulted in admission into treatment. I was drawn to learning more about how grief, addiction and recovery effect each other and how I could help newly sober people negotiate their grief more adaptively. I came to believe that if life losses were not adequately addressed in treatment, the neglect of this would be a contributing factor in potential relapse. My own experience of loss also reinforced my emerging viewpoint.

My father died in February of 1986, a time when, sadly, I was not yet sober. My response to that loss was that I used more of the substances I was then addicted to. Throughout the initial mourning rituals of my religion, I was physically present but emotionally checked out and unavailable.

In November of 1987 I hit my bottom and began a new journey of recovery and hope. As my body and mind healed, an interesting phenomena occurred when I had about three months of sobriety. I was now remembering my dreams as my sleep pattern began to normalize.



"Suddenly the world is no longer as safe and predictable a place as it had earlier seemed. We are propelled into a strange and terrifying landscape. Nothing is the same as before."

One night I dreamt that I was in a New York City subway car. The car was empty with the exception of someone sitting next to me. That person's role in the dream was to listen to me as I spoke of the new hope I was experiencing in recovery. In the far corner of the car a person was reading a newspaper. The paper was shielding their face.

As I spoke of my new life, the person in the corner put down the newspaper and stood up. It was my father but not as I remembered him. He was not the eighty-two year old who had recently died from pancreatic cancer. He looked like he did in photos I had seen of him in his twenties, healthy, robust with dark hair—the prizefighter he had been in his youth. I said, "Dad! What are you doing here! You're dead!" He replied, "I just wanted to tell you to keep doing what you're doing. It's going to be O.K."

I woke up with tears running down my face. Shortly afterwards I went to his grave at the cemetery. Standing by his tombstone I wept as I spoke to him about my life. I walked back to my car feeling relieved—as if a weight had been lifted from my shoulders.

Over the next ten years I continued my pursuit of recovery and eventually entered my current profession as a therapist. In 1988 my mother died of a stroke at the age of 81. I left Tucson to go to her bedside as she lay in a coma. During a seven-day death vigil, I stayed in touch with my recovery support system and received support from new friends I met at 12-step meetings in Florida. When my mother finally died, I was there to hold her hand and talk to her in her last moments.

My mother's death helped me to realize that as an alcoholic working a spiritual program I was able to cope with adversity differently than when I was using substances. I was supported every step of the way and I found that I could be there for my family as well as

the loved one we have lost and accommodating to a world that has changed.

The Rituals

Participating in mourning rituals often involve interactions with family members. Many cultures celebrate the passing of a loved one with wakes, funerals and the like. Participating in these ceremonies can often be problematic for those new in recovery. To be thrust into a situation where family members might be drinking is difficult enough. When this is compounded with unresolved family conflicts and mistrust of the recovering person, the chances of relapse increase. Even when we are mindful of this risk, we often feel an obligation to attend and somehow we must find a way to cope.

Many recovering addicts and alcoholics come to the realization that their grieving process had been delayed or postponed until their recovery began. This fact, I think, is evident in my story and also in the stories of many clients I have worked with. As a grief counselor I have adopted the position that I am "companioning" people in the first fiftful steps of their journey through grief. By accompanying them on the first stage of their journey through the grief process, I am able to help them to narrate the story of their loss without judgment. This task is of paramount

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 importance in successfully negotiating the grief process. Addicts and alcoholics often experience complicated grief as a result of their self-perceived failures and lapses in being a "good" child, parent, partner, sibling or friend. It is common to hear statements beginning with "If only I had..." or "I should have..."

Sometimes people will have had an ambiguous relationship with the deceased. The fact that the deceased family member might have struggled with his or her own issues and inappropriate behavior can also complicate the grieving process. Clients sometimes need encouragement to talk about their painful experiences so that healing, forgiveness and acceptance can ultimately be achieved. Working with a counselor who understands the grief process can help the griever address these issues so that resentment and shame are not suppressed for fear of being disrespectful to the dead.

In my work at Cottonwood and in my private practice, I begin any grief counseling with a consultation to assess the client's need and to fully hear their story. Developing a strong and trusting therapeutic relationship with a client is essential to a successful outcome. In some cases the death is a sentinel event that has profoundly disrupted the life of a client. Prior to the loss the client may have enjoyed a fairly contented life. Understandably, their worldview assumed that their children would outlive them, that they would enjoy a long life with their partner and that their parents would live to a ripe old age. Death results in the bursting of these expectations. Suddenly the world is no longer as safe and predictable a place as it had earlier seemed. We are propelled into a strange and terrifying landscape. Nothing is the same as before.

Tools and Support

One of the tools I have found to be helpful for clients whose presumptive reality has been shattered is an exercise called a Loss Characterization. The Loss Characterization is basically a character sketch the client composes about him or herself that is written in relation to a loss. The client writes this in the third person from the perspective of a close and loving personal friend who knows the client intimately. When the assignment is completed I ask that they share it with me. Together we can explore what meaning the author perceives of their experience of loss.

In one recent session a client had experienced the death of a teenage son. At the conclusion of sharing the loss characterization with me she expressed anger at God for taking her child from her. As she was a religious woman, the thought of anger towards God was a difficult one for her to express. She felt intensely guilty about being disrespectful toward God. I gently encouraged her to dialogue with God using the technique of an empty chair gestalt. After some initial reluctance, she was able to go with it. Along with expressing her anger, she was able to ask questions like, "Why did you do this to me?" and, "When will you give me the strength to go on?" Concluding this exercise the client reported feeling comforted and relieved. In fact, she reported that afterwards she felt that her relationship with her Higher Power was healing.

On several occasions I have suggested that my grieving clients write a letter to their deceased. I provide these clients with a format that cues them to write about what is missed, what is not missed, regrets, and appreciation. I encourage clients to write what feels appropriate and authentic. When the letter has been completed, I ask my clients to share it with me. This is also a time when I have used the empty chair technique with positive results. I begin the gestalt by asking the client to describe the physical appearance of the deceased including their posture, clothing and expression. Sometimes a photograph is available and we use it. I then ask them to determine what distance between the chairs is comfortable. The client then begins to read the letter. At the conclusion of the reading I will ask the questions to assist the client in getting further in touch with their feelings.

If I feel it is appropriate, I will ask them to speak in the voice of the deceased, telling the client what they need to hear from their loved one. We conclude the exercise by processing what has happened. Clients often report feeling relieved as a consequence of doing this exercise.

Activities in a grief-specific group setting are also helpful in assisting clients in addressing their losses. One exercise involves identifying a person's greatest pain by giving it a name, shape, color and sound. After sharing their descriptions of pain, clients are then asked to give their pain a new shape, color, sound and name. I encourage them to use this as a tool in reducing the intensity of the feelings when overwhelmed.

Sometimes during the mourning process one has to deal with well wishers who sometimes make statements that are thoughtless and inappropriate. An example of this might be, "Don't cry. Everything will be ok." Another remark might be, "They are in a better place." It's ok if the griever chooses to believe this. Sometimes, this kind of thoughtless statements are just a sign of the well wisher's anxiety in experiencing the grief of others.

Recovering people need to give themselves permission to cry if they need to. For so long we medicated our feelings. Some of us were raised in environments where crying was considered unmanly or childish. Many of us have heard the expression "Pull yourself up by your bootstraps." When the world is full of sorrow, statements like these can be cruel and insensitive. What I found to be helpful is the presence of people who care. Support is always available at 12-step meetings. Sometimes the words of comfort are not needed but the hugs are.

Discovering Triggers

In recovery we learn to identify triggers that could lead us to relapse. Grief has its own triggers. They can arrive without warning, reminding us of our pain. Photos, films, articles, songs and anniversaries can prompt thoughts of our pain. At these times the pain brought on by these reminders of our loss can elicit thoughts of using substances. In relapse prevention workshops that I have facilitated we address the grief-related risk factors that can precipitate a return to using substances. Among these are difficult emotions, conflict with others and testing control.

There are ways for alcoholics and addicts to cope with loss so that the experience can be meaningful. We have learned to value a relationship with our higher power. Turning to the God of our understanding can provide comfort even when our prayers express only anger and confusion. Journaling has proven to be beneficial. Writing can be therapeutic on both a physical and emotional level. After the death of my mother I returned to the twelve steps. Completing a fourth step inventory and sharing it with a sponsor proved helpful.

There are many books related to bereavement. Some may seem to reinforce the idea that grief is a predictable process. I tend to suggest other books that recognize the uniqueness of the grieving process while providing identification for the reader. One of these is *Sanity and Grace* by the singer Judy Collins. Several years ago she lost her 30 year-old son to suicide. Her experience as a recovering person proved key in her ability to cope with that tragedy. I have recommended this book to many recovering people who have similar losses. Another title that is helpful is *The Year of Magical Thinking* by Joan Didion. Clients who have lost spouses have been able to relate Ms. Didion's experience to their own.

For younger grievers, including adolescents and young adults, the book *Green Angel* by Alice Hoffman has been helpful. Several years ago I introduced this book to Cottonwood's Sweetwater Program for adolescent females. One of our young patients returned to a session with notes she had taken detailing her identification with the main character's mourning process.

I often describe grief as similar to an old water heater with a safety valve. Periodically we open the valve to let some water out so the heater doesn't burst. Similarly the griever needs to let the feelings out. We alcohol-

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ics and addicts are notorious for repressing our feelings until they come out sideways. I recommend that after the initial grieving period, when the family and friends are no longer available, that the griever allows him or herself a specific period of time each day to sit quietly with their feelings. This allows us to gradually accommodate and return focus to the business of life. Above all else we need to be kind to ourselves and recognize that we have a right and a need to grieve our losses. Unpleasant events and feelings are part of life. Our primary responsibility is to not pick up a drink or a drug no matter what. ■

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