

WAITING BETWEEN

**When a Son or Daughter
Struggles with
Addiction**



A Resource Guide for Parents



© 2017 Riverbank House Recovery Community for Men

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For further information and support,
Riverbank House recommends:

Ambiguous Loss:
Learning to Live with Unresolved Grief

Pauline Boss
Harvard University Press, 1999

Learn to Cope
A support network for parents and families dealing with addiction and recovery

508-738-5142
Learn2Cope.org

Between

When a son or daughter struggles with addiction—particularly to opioids—we, as parents, find ourselves tossed between.

Between heart and head. Between terrifying stories of fatal overdose and inspiring stories of joyful recovery. Between action and exhaustion. Resentment and paternal devotion. Hope and despair. Denial and acceptance. Between intense devotion to the stunningly beautiful child we raised and revulsion at this self-centered version who compulsively bends the truth.

This constant state of swinging between—
simultaneously waiting and hoping for resolution
to the surreal crisis of addiction—
is one of the most difficult challenges a
parent can face.

When Evolution and Powerlessness Clash

We are told we are powerless over addiction, yet evolution has programmed us, as parents, to protect and rescue.

The fight or flight instinct, hardwired by our DNA, is an automatic, physiological, self-disregarding response to any danger that threatens our offspring. Our bodies flood with stress hormones, our immune system mobilizes, the chemical cascade that clots our blood initiates, and we react to the intense anxiety and fear that is evolution's call to action.

Our involuntary alert system, with its hyper-vigilance, urgency, and pounding heart, empowers us to keep our child alive. It also prepares us to sacrifice ourselves for the sake of our child.

When this perfectly engineered physiological response comes up against the contemporary threat of addiction, it can feel as if the most powerful force we have ever experienced—our parental love—has been rendered almost impotent.

As parents of a son or daughter struggling with addiction, we are trapped by dual powerlessness:
we are powerless over the path of
a chronic disease and we are powerless over
the evolutionary programming of our very DNA.

Addiction Disrupts Life's Natural Order

There is a natural order to life, and deep down inside every parent is an ancient wisdom that equips us to cope with the natural order.

Before we even have time to think, this genetically coded wisdom provokes us to steer our child far away from a hive of angry bees; the fight or flight response that would have empowered us to rescue our child from a stinging swarm doesn't need to be activated because our inner wisdom has guided our child to safety. Such wisdom helps us recognize and avert crisis while keeping us calm, rational, and effective.

The opioid epidemic has no place in life's natural order, and we come up empty on internal wisdom. Nothing internal protects us from the constant firing of our acute stress response.

This infuriating lack of visceral wisdom,
the mismatch between our physiology and the
contemporary threat of lethal addiction,
the constant wait for resolution, and
the roller coaster of between
is almost unbearable.

This complex experience has a name...

The Theory of Ambiguous Loss

Before the opioid epidemic scorched New Hampshire, Maine, Massachusetts and many states beyond, Dr. Pauline Boss at the University of Minnesota identified and defined the theory of ambiguous loss to explain the confused and often invisible pain of loving a person who is “there but not there.”

Her theory of ambiguous loss—unresolvable grief over the loss of a loved one who is still living—offers a helpful framework for understanding what parents face while we wait.

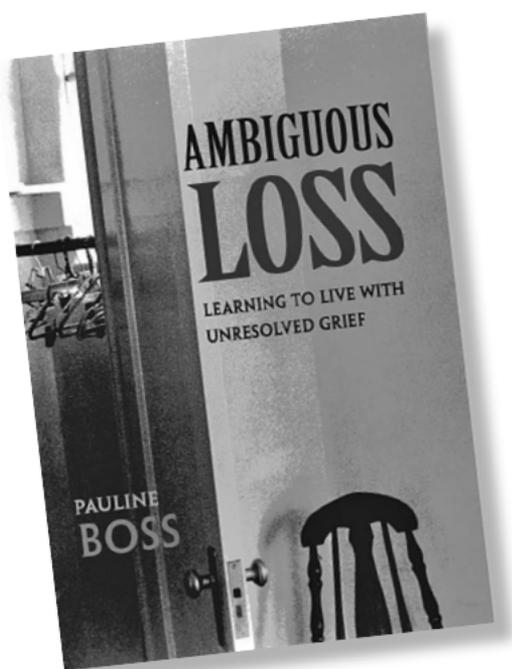
Because that is what we do, we wait: somewhere between denial and acceptance, between action and paralysis, between obituary and recovery medallion.

Dr. Boss’ research found that “those with loved ones who were ‘there but not there’ were indeed more distressed than those who had suffered a more ordinary loss.” She explains that partial losses “are not readily understood by others, and thus are even more confusing for those experiencing them.”

“Ambiguous loss is the most stressful kind of loss. It defies resolution and creates long-term confusion about who is in or out of a family. With death, there is official certification of loss, and mourning rituals allow one to say goodbye. With ambiguous loss, none of these markers exist. The persisting ambiguity blocks cognition, coping, meaning-making and freezes the grief process.”

When we feel as though addiction has placed a son or daughter beyond our reach, our hearts ache with worry. We keep circling back to memories of a healthy son or daughter, before addiction, and we mourn the future: the wide-open expanse of possibilities we had envisioned as we raised our children when they were young. Addiction can make us feel robbed of the past *and* the future, of the rewards of parenting, of the affections of our child, and of the very sparkle of our lives.

When we give such loss a name, we're given a language that helps us identify and understand the unique form of grief caused by addiction.



We're Not Crazy, But the Situation IS

Dr. Boss is very clear that:

“The inability to resolve ambiguous loss is due to the outside situation, not to internal personality defects. It is the situation and not the family that is sick. People may simply be adapting in dysfunctional ways—an assessment very different from diagnosing the family as dysfunctional.”

None of us, no mother or father or superhero, has handled our reaction and response to addiction “well.” We might be moving toward “well” (whatever that means), but all of us have made mistakes. We have all experimented with dysfunctional coping tools. We have all become frazzled or withdrawn, over-reactive or under-reactive. Many of us have developed chronic insomnia or chronic inflammation or gastrointestinal sensitivities. We’ve been hurt by insensitive comments, harsh judgments, and unfair stigma.

Beyond PTSD

Post-Traumatic Stress Disorder can be caused by horrifying events that we perceive to be outside life's natural order. Dr. Boss draws parallels between ambiguous loss and PTSD:

“Ambiguous loss is also a psychologically distressing event that is outside the realm of ordinary human experience; like the events triggering PTSD, it lacks resolution and traumatizes. But with ambiguous loss, the trauma (the ambiguity) continues to exist in the present. It is not *post* anything. Ambiguous loss is typically a long-term situation that traumatizes and immobilizes, not a single event that later has flashback effects.”

PTSD involves periodic re-activation of the acute stress response. Ambiguous loss involves constant activation of our fight or flight reaction, because in ambiguous loss we can be locked in impending crisis, waiting, caught between hoping for and dreading resolution.

When we stumble in our attempts to cope, to accept, to—*whatever*—those missteps are a result of circumstances, not personal or moral weakness.

Our struggle is with ambiguous loss—
The most stressful kind of grief.

Beyond Stigma

A son or daughter's addiction—an upset in life's natural order—subjects us to the clash between our evolutionary programming and the realities of a contemporary and lethal epidemic, a shortfall of ancient wisdom, a constant state of waiting, a roller coaster of betweens, and the most stressful kind of loss.

Yet, at the very time we most need societal support we can feel people turn away from us, a reaction often attributed to the stigma of addiction as a behavior-based or self-imposed condition.

But, even if we were to take stigma out of the equation, it would still be logical for people to turn away from us. If we have no internal compass for coping with addiction and ambiguous loss, it's unlikely that the people watching from a safe distance know how to comfort us.

Many friends and neighbors and even family members have no language or reference points with which to approach us, so they don't.

Dr. Boss points out that “Community, church, and medical professionals often inadvertently contribute to the stagnation of grief because they are not accustomed to giving support unless there is a ‘certified’ loss.” She adds,

“Religious rituals for mourning loss are reserved for the clearly dead. There are few ceremonies to comfort us when our loved ones are only partially gone.”

We can find some relief from emotional hurt if we choose to view instances of social abandonment and isolation as a direct result of circumstances, rather than as a lack of compassion or empathy in others. We can choose to see that people are turning away from the ambiguity of our loss, rather than turning away from the stigma of addiction.

But the loss of connection with others, the loss of energy necessary to socialize, and the disconnect between our experience of chronic ambiguity and the “normal” lives of our neighbors adds yet more loss for us to grieve.

The nature of ambiguous loss is that its burdens can be cumulative.

Natural Responses to Unnatural Loss

Ambiguous loss of a child to addiction can fill parents with a barrage of conflicting emotions. Shedding denial and accepting the chronic disease theory of addiction often means that parents must confront a disease progression that has the potential to be fatal.

Boss explains that:

“Mixed emotions are compounded when a separation involves the potential of irretrievable loss... Anticipating a loss, we both cling to our loved ones and push them away.”

Sadly, when we cling we are often judged by others; we are told we are enablers or dysfunctional because we can't seem to let go. Yet, out of emotional self-preservation, when we push a son or daughter away we often rely on anger to support our choice and then beat ourselves up with guilt for abandoning a child who has a disease.

Dr. Boss found that the roller coaster of cling and push can be so painful that it is not unusual for parents of children in active addiction to “dread death—but they also hope for closure and an end to the waiting. They may even feel anger (at a son or daughter) for keeping them in limbo, only to be consumed with guilt for having such thoughts.”

Absolute Thinking

In her research, Dr. Boss found that:

“People can find comfort in absolute thinking, cutting themselves off completely, in order to avoid feeling the loss. (Absolute thinking or a rigid attitude) may not always be dysfunctional. Just as being in shock temporarily protects the physical body after trauma, denial provides a temporary respite from the harsh psychological reality of a potential loss. It is also a way to reduce the distress that inevitably results from uncertain absence or presence.”

When we choose absolute thinking,
we are trying to protect ourselves. We are not
stubborn or rigid—we are simply trying to cope.

While denial in healthy doses can give respite and protection from stress, Boss cautions that:

“Absolute thinking carries a high price. Closing someone out too soon or acting as if nothing has changed ultimately cause more rather than less distress. It separates families because it leaves each person alone in his or her private interpretation of who is absent and who is present.”

The Between Family

Family members rarely sync their individual swings between denial and acceptance or between cling and push. This out-of-sync rotation of betweens can leave healthy family members feeling unsupported and disconnected from each other, another contribution to cumulative loss and grief.

Boss is blunt when she explains that “Few people can tolerate for long being in a situation that is out of their control. The stress is too much. As the ambiguity persists, conflicts increase.”

“The symptoms affect the individuals first, but can radiate in a ripple effect that impacts the whole family, as people are ignored or, worse yet, abandoned. Family members can become so preoccupied with the loss that they withdraw from one another. The family becomes a system with nobody in it.”

Even a son or daughter’s attempts at recovery can strain a family.

Boss writes that “The constant reordering of the family system is stressful—a family member is in, then out, then in again.”

When a son or daughter swings between in and out, between there but not there, parents often swing between hope and frustration, between cling and push, between denial and encouragement, between energy and exhaustion.

Throughout the course of addiction, parents rarely ride the same pendulum of emotion and reaction. As a result, partnerships can feel strained at the very time they are actually at their most supportive. Mom can find relief in denial because Dad has reality firmly in grasp. Dad can fume because his anger—which temporarily feels energizing and self-protective—is neutralized by Mom’s optimism.

We forget that the luxury of emotional swings is often a gift provided to us by our partner:
we can swing because our partner has
the opposing reaction covered.

The Path to an Imperfect Peace

Boss avoids the nasty buzz words that have been so over-used that they are almost devoid of any substantive meaning. Words such as “enable” or “control” or “co-dependent” have become trite reprimands to parents who are, naturally, just trying to figure out how to best love and care for and save their afflicted child.

Instead, Boss talks about “mastery.” Our internal wisdom inspires us to identify a challenge and problem-solve a productive approach to tackling that challenge. It’s how Man learned to tend fire. The instinct to problem-solve to the point of mastery is *human*.

Addiction cannot be mastered.
That fact alone defines our powerlessness.

But Dr. Boss offers us an alternative approach to problem-solving:

“If we are to turn the corner and cope with uncertain loss, we must first temper our hunger for mastery. This is the paradox. To regain a sense of mastery when there is ambiguity about a loved one’s absence or presence, we must give up trying to find the perfect solution. We must redefine our relationship with the (addicted child.) Most important, we must realize that the confusion we are experiencing is attributable to the ambiguity rather than to something we did — or neglected to do. Once we know the source of our helplessness, we are free to begin the coping process.”

First, we can give ourselves permission to change the dynamic of the parent/child relationship. We can change it from a dynamic of protect and rescue to a dynamic of respect.

In a protect and rescue dynamic we say, “You are on a dangerous path and I will do *anything* to get you onto a safe path.” This dynamic doesn’t respect much beyond our evolutionarily programmed fortitude. The instincts and force of will coded into our DNA are readily available to us, but our experience has shown that evolution and addiction are a mismatched pair.

In a dynamic of respect—for our pain, for our child, for the ruthless nature of addiction—we can say “I know you would choose a different path if you could.” We can say, “I miss the real you.” We can say, “I hate not knowing how this story will end.”

While Waiting Between

As we wait for resolution, caught in the betweens, we can become more familiar with our physiological call to action. We can call it by name—fight or flight, acute stress response—and acknowledge that it doesn't always serve us in the prolonged crisis of addiction. This takes tremendous practice.

When our call to action is ignited, we can practice asking three simple questions: Does action *need* to be taken? Does action need to be taken *now*? Does action need to be taken by *me*?

Our physiological alert system will always
be hardwired when it comes to our children,
but none of us can afford to live
in a constant state of crisis.

When people turn away from us we can choose to view them as turning away from our grief, rather than from our child's addiction.

When family members abandon us by protecting themselves with denial, we can choose to view the luxury of their denial as our gift to them, because we have reality firmly in grasp.

When we don't cope "well," we can remind ourselves that partial loss is the *most* stressful kind of loss.

When heartache overwhelms us, we can say why: our child is there but not there.

When we feel caught somewhere between the dreaded phone call and the miracle of recovery, we can give the experience a name.

We can call it ambiguous loss.

A mother is only as happy
as her saddest
child.

—*Chinese proverb*



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