Parents losing children to a drug overdose or to a drug-related death face one of the most daunting challenges of post-loss adaptations compared to other bereaved parents, such as those whose children die from suicides, automobile accidents and natural causes. To sum up our survey research results, based on 48 drug-death-bereaved parents, 462 suicide-bereaved, 37 mostly accidental deaths and 24 natural death cases, findings showed that the drug-death bereaved faced similar social stigmatization from family, friends, coworkers and acquaintances as the suicide survivors did, and the drug-death bereaved seemed to offer more reports of stigmatization than those whose children had died from accidents and natural causes.

What sets these mourners apart from most other bereaved parents is the scarcity of drug-death-specific literature to guide them along their difficult healing journeys following their children’s deaths. After extensive searches of all on-line medical, psychological and bereavement professional literature indexes, we were surprised to find only two research notes on this subject, one written by a Brazilian psychologist (based on 6 cases), and another by a British social worker, (based on four cases). One might erroneously conclude from the little written on this topic, that drug deaths are relatively rare events. Yet, this hardly is the case. When we examined the incidence of drug deaths among the U.S. youth and middle age populations, the evidence suggested that drug deaths easily outnumber those dying from suicide within these same age categories. However, unlike the bereaved by suicide, who may find a wide variety of articles,
books, memoirs, and systematic surveys written by professionals and bereaved alike, to help them adapt after their losses, the drug-death bereaved are further challenged, unfortunately, by the paucity of written materials available to guide them with their distinctive bereavement issues and needs.

Following their children’s deaths, a majority of drug-death-bereaved parents are confronted with avoidance and occasional acts of outright scorn expressed toward them and their children from some of their significant others. Approximately half of the drug-death and the suicide-bereaved parents reported hearing blaming comments following the death where close family members or friends blamed the deceased child or the parent for the death. It should also be noted that about half of our respondents reported receiving altogether positive responses from their significant others after the death. Among the hurtful statements reported by our respondents were: “It is almost better that Kevin died from drugs now, sparing you all the lifelong saga of his reverses and disappointments.” Or “My priest said our daughter might not be going to heaven to live among the angels because of all the bad things she did during her life and because she wasted her life away with drugs.” Child-denigrating statements such as these result in “disenfranchised grief,” a term bereavement professionals use to refer to people’s unsupportive responses to the bereaved after a loss, essentially claiming that the deceased is unworthy of being mourned.

In other cases of blaming comments the parent may be exposed to statements like these, which some of our respondents reported “My ex-husband blamed me for our son’s death. He never let up on his accusations of me for not supervising him closely enough. He even claimed I did drugs with him.” Or “How come you didn’t get your daughter into a better treatment program?” Such parent-blaming statements add to the parent’s own feelings of inadequacy and
failure to prevent the death. Any parent sustaining a child’s drug-death has repeatedly engaged in a near endless obsessional review of what they ‘could’ and ‘should’ have done to avoid the death. They hardly need additional reminders from others that may exacerbate their grief. Interestingly, as a contrast to the drug and suicide bereaved, none of the parents losing a child to natural causes reported hearing blaming comments and only one (out of 37) whose child died by an accident reported hearing such a comment.

We asked our respondents to give us details on the troublesome responses they heard from close associates after the deaths and we grouped responses into seven different types. In addition to the already mentioned Blaming comments mentioned above, we add: Avoidance, e.g. “People avoided me,” Unhelpful advice; e.g. “Isn’t it time you moved on?” Are you still going to that support group”? Absence of a caring interest e.g. “no one asked me how I was feeling afterwards”. “No one mentioned my child’s name afterwards; it was as if he never existed.; Spiritual responses, e.g. “She’s with God now,” “it was God’s will.” Miscellaneous negative, e.g. “At least he didn’t kill anyone else when he died” or “I know how you must feel; I felt that way when my dog died.”

Our data showed a trend, with drug and suicide-bereaved reporting more negative comments heard than reported by accident- and natural-death bereaved. What was even more striking and significantly different were the reports of grief difficulties, complicated grief, post-traumatic stress, depression and other psychological difficulties, showing higher incidences of these problems among the drug- and suicide-bereaved parents as compared to the accident and natural death bereaved. It was evident that these “blameworthy” subgroups of bereaved parents were not receiving similar caring and supportive responses as the accident and natural death bereaved parents. What distressed these bereaved parents, who generally perceived themselves to be at
their life’s most difficult and dreadful low point, was the absence of compassionate understanding shown by some close family members and friends.

We also investigated the different kinds of healing resources that bereaved parents used. Drug-death bereaved parents were most likely to use general bereavement support groups like The Compassionate Friends or Bereaved Parents USA for help after a loss, with 85% reporting that they used these groups. A smaller number, about 10%, sought help from survivor of suicide support groups; 40% had sought help from clergy and about 50% reported seeing bereavement or other mental health counselors. In these respects, drug-death bereaved were much like the other bereaved parents, except for the suicide survivors, who often sought help from SOS groups.

There was one striking difference: the drug-death bereaved sought help more often from psychics and spiritualists at a rate of 54%, contrasting sharply with other bereaved parents who averaged a 30% use rate. Surprised by this trend, we speculate that this may be related partly to the realities of drug use. Given the sudden and self-inflicted nature of many drug deaths, often marked by extended struggles with mental health and drug problems, parents of these children often wonder if there was a rupture in their relationship with their child. Visits to psychics offer comforting reassurances that the parent-child bond remains intact and that both are well and continuing on with their lives in their respective places. This is an important new idea for further exploration in future research.

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