INTRODUCTION

A potentially unique occupational hazard associated with the substance use disorder (SUD) treatment field is patient death during or after treatment. Despite the obvious hardship associated with facing such a tragedy, we investigated whether coping with the death of a patient may also be associated with some unintended positive outcomes in terms of counselors’ attitudes about their career and life.

Previous research indicates that coping with patient death will prompt SUD counselors to become aware of their own mortality (Grant & Wade-Benzi, 2009). Research has shown that this reflection often motivates people to contemplate their purpose in life, and leads them to find ways to have a meaningful impact on society (Grant & Wade-Benzi, 2009). In this way, it seems reasonable to expect SUD counselors to feel more committed to their profession helping and impacting the lives of others after reflecting on death due to losing a patient.

Further, death reflection stimulates SUD counselors thinking about their own death. Since they are exposed to death vicariously through their patients, SUD counselors are cued to reflect on death, but will not necessarily become anxious toward their own death because they can distance themselves from it. For example, SUD counselors can rationalize that they are not in the same danger as their clients since they are not addicted to substances. Coping techniques, such as distancing the idea of their own death from a patient’s death, would lessen anxiety toward their own death and the death of others.

METHOD

Participants:

- Participants were 200 SUD counselors that were 64.0% female, 38.3% married, 50.0% Caucasian, and had an average age of 42.7 years. Average time spent working in one’s job was about 3 years and working within one’s treatment center was about 3.5 years. Of counselors slightly more than half of these counselors (52.5%) had experienced the death of one of their patients, with an average of 2.3 years having passed since the most recent death of a patient.

Measures:

- **Experience with Patient Death** was a binary grouping variable in which counselors that had no experience were given a 0 and counselors that had experienced 1 or more deaths were given a 1.
- **Affective Professional Commitment** was assessed with Meyer, Allen, & Smith’s (1993) 6-item scale adapted to refer to the SUD counseling profession (α = .80). A sample item is, “My profession is important to my self-image.”
- **Career Calling** was measured using Dobrow’s (in press) 12-item scale adapted to refer to the profession of SUD counselor (α = .88). A sample item is, “I feel a sense of destiny about being a substance abuse counselor.”
- **Fear of Death** was assessed using Lester’s (1990) measure. Eight items (α = .91) asked participants to reflect on their anxiety or disturbance pertaining their own death, while another 8 items (α = .84) asked them to reflect on their fear pertaining to others’ deaths.

RESULTS

Results of independent t-tests confirm that when compared to those who have not experienced the death of one of their patients (n=95), counselors who have (n = 105) are significantly more committed to the SUD profession (M = 4.02 and M = 4.19, respectively; p = .03) and report significantly less fear surrounding their own death (M = 1.77 and M = 1.50, respectively; p = .01). In addition, at an α-level of .10, those who had experienced death also reported significantly greater calling toward their career as an SUD counselor than those who had not (M = 3.45 and M = 3.29, respectively; p = .08). There were no differences between the groups in terms of their fear pertaining to the death of others.

<table>
<thead>
<tr>
<th></th>
<th>No Experience with Patient Death (n = 95)</th>
<th>Experience with Patient Death (n = 105)</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective Professional Commitment</td>
<td>Mean = 4.02, SD = 0.61</td>
<td>Mean = 4.19, SD = 0.52</td>
<td>-2.23**</td>
<td>198</td>
<td>.03</td>
</tr>
<tr>
<td>Fear of Own Death</td>
<td>Mean = 1.77, SD = 0.88</td>
<td>Mean = 1.50, SD = 0.63</td>
<td>2.49**</td>
<td>196</td>
<td>.01</td>
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<tr>
<td>Career Calling</td>
<td>Mean = 3.29, SD = 0.64</td>
<td>Mean = 3.45, SD = 0.61</td>
<td>-1.74*</td>
<td>198</td>
<td>.08</td>
</tr>
<tr>
<td>Fear of Others’ Death</td>
<td>Mean = 2.40, SD = 0.83</td>
<td>Mean = 2.41, SD = 0.84</td>
<td>0.06</td>
<td>197</td>
<td>.95</td>
</tr>
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** value significant at p < .05; * value significant at p < .10

DISCUSSION

This research makes an important contribution to understanding counselors’ experiences with patient death, and as such, may have implications for training, management practices, and employee assistance programs. Although patient death represents a rather unique occupational hazard for SUD counselors, our findings suggest that experiencing patient death may have unforeseen positive outcomes in that it not only stimulates feelings of generativity and renewed dedication to their careers as SUD counselors, but that experiencing death vicariously (especially if it is chronic) tends to soften individuals’ visceral anxiety reaction. As such, this enables counselors to reflect more rationally on their own mortality which, in turn, reduces their fear of their own death.

Revisit your question here.