



Trauma and Addiction

Addiction can be regarded as a disease of the emotions. Although there is evidence that predisposition to addiction can run in families, environmental factors are of great importance. Most addicts are unaware of the underlying factors which have pushed them into severe addiction. Alcohol/drugs can suppress emotion and cover up grief, pain and memories from the past. However, addiction is a progressive disease and there is a gradual build-up of both physical dependence (meaning they have to take more drugs/alcohol to maintain the same effect) as well as psychological dependence as a way of coping with their emotions.

It is common for people to feel that no matter what they have faced or lived with, no matter how horrific, they should be able to carry on with their normal life as if everything is still 'normal'. Sometimes, however, people face situations that are so traumatic that they may become unable to cope and function on a daily basis.

Trauma is defined as "a mental or behavioural state resulting from emotional or mental stress or physical injury." Whilst it takes only a sentence to define trauma, it often takes a lifetime to deal with its affects.

Most survivors of trauma return to normal given time and support. However, this is not the case for everyone. Some may have stress reactions that do not go away on their own, or may even get worse over time. These individuals may develop Post-Traumatic Stress Disorder (PTSD). Those who suffer from PTSD often relive the traumatic experience. This can be severe and last long enough to drastically impair their daily life.

Trauma and Addiction often go hand in hand. The root of addiction is commonly some form of trauma, usually stemming from events in childhood. Recognising the link between trauma and addiction is vital.

Research shows that between 6-18 months after a traumatic event, people may begin drinking alcohol/using other drugs to "cope" with the effects of the trauma. Non-drinkers begin to drink, current drinkers may drink more and many people who are in recovery from alcohol/drug addiction can relapse into full addiction.

Those reporting sexual abuse often have higher rates of alcohol/drug disorders than other people. Also many who have survived abusive or violent trauma report problems with alcohol use. Many survivors of accidental, illness or disaster trauma report problematic alcohol use, especially if they are troubled with persistent health problems or pain. In other research, sexual abuse in childhood was found to be the strongest predictor of later chemical dependency.

One theory that helps to explain the link between PTSD and addiction is the self-medication hypothesis. Basically, sufferers of PTSD find relief from their symptoms in the dulling embrace of alcohol/drug addiction and prefer the negative effects of the latter to the hyper arousal and often frightening symptoms of the former.

Types of Trauma

In general, trauma includes the following types:

Natural Disasters - such as, fires, earthquakes, tornados, hurricanes floods and tsunamis. These disasters may have low predictability or there may be some advance notice giving people time to take precautions. The occurrence of natural disasters is generally considered to have no or little controllability although there may be some control over impact.

Personal Loss - The most common type of trauma is that of the loss of a person who has played a significant role in the person's life. Losses may also include pets, jobs or any familiar object or environment. This includes loss due to death, divorce and separation. Separations can be marital, parental, siblings or other important persons. The intensity of this trauma varies by the intensity of the relationship with the person, object or life situation. A repeated personal loss without sufficient recovery time complicates and intensifies the reaction.

Health Trauma - Includes trauma due to the onset of a disability or illness.

Victimisation - A physical or emotional trauma that results from abuse or neglect. This includes: physical abuse, sexual abuse and neglect. Victimisation can be repeated, prolonged or a single event. These may subject the individual to a prolonged period of perceived or actual life threatening situations which increases the intensity of the event. Victims may blame themselves for behaviours prior to or during the trauma, increasing the perception of controllability.

Criminal Violence - Victims are subjected to an individual event such as robbery or criminal assault in which they experienced a lack of control over their belongings and/or bodies and may be subjected to a life-threatening situation. Re-victimisation may compound reactions.

Wars and Terrorism - These are intense, massive in scale and long term in nature, exposing victims to repeated life-threatening situations. Additionally, persons may have engaged in perpetuating violence against others. This may intensify the response to trauma because the perpetration can be seen as counter to the self-image. It may be particularly distressful if it comes to be viewed as an unavoidable and uncontrollable occurrence.

Common Reactions to Trauma

Everyone reacts to trauma; both the mind and body react to the experience of crisis. Generally, these reactions can best be described as: physical, affective, cognitive and behavioural.

Physical Reactions to Trauma: Immediate reactions of the body are attempts to provide the body with increased attention, energy and strength. The expenditure of the bodies' resources takes a toll which can lead to physical exhaustion and physical problems.

Common physical reactions may include: increased blood flow; increased heart rate; an increase in adrenalin, diarrhoea, constipation, nausea, allergies, skin rashes, headaches, body/muscle aches and fluctuations in blood pressure.

Affective Reactions to Trauma: These reactions are the emotional responses to trauma. Frequently a sense of shock or numbness is an initial emotional reaction. Anxiety, denial, helplessness, panic, anger, numbness, diminished sense of being, emptiness, lack of enjoyment, fear, hopelessness, despair, frustration, survivor guilt, uncertainty, feeling overwhelmed, are also experienced.

Cognitive Reactions to Trauma: These reactions include thinking about trauma or the level of capacity to think in an effective manner: poor attention span, flashbacks, nightmares, impaired judgment, self-blame, confusion, diminished concentration, difficulty in decision-making, impaired memory, sense of powerlessness, obsessive thoughts or memories.

Behavioral Reactions to Trauma: These reactions are related to actions taken or avoided due to trauma: irritability, unresponsiveness, over-protectiveness, sleep disturbances, withdrawal, eating disturbances, anger outbursts, crying, diminished levels of activity, exaggerated startle response, communication change, alcohol and/or drug abuse, antisocial acts, disorganization, hyper-arousal, change in sexual behavior, excessive use of sick leave, hysterical reactions, isolation from others, fatigue, neglect of health and daily activities, avoidance of situations.

What is PTSD (Post Traumatic Stress Disorder)?

There are three main categories of PTSD symptoms and all three must be present for the diagnosis of PTSD:

Re-experiencing the trauma: examples include flashbacks, nightmares, intrusive memories and exaggerated emotional and physical reactions to triggers that remind the person of the trauma.

Emotional numbing and avoidance: examples are feeling detached, losing interest and avoiding activities or places that remind you of the trauma

Increased arousal: symptoms like difficulty sleeping, irritability, hyper vigilance and exaggerated startle response.

What Are the Symptoms of PTSD?

A person with PTSD may have any of the following symptoms:

recurrent and upsetting memories about the trauma
flashbacks, feelings of reliving the traumatic event
nightmares about the trauma
avoidance of reminders of the traumatic event, including places, people, activities, thoughts, feelings and conversations
difficulty remembering important aspects of the trauma
difficulty concentrating

irritability or angry outbursts
difficulty sleeping
being easily startled
feelings of emotional numbness
less interest in usual activities
guilt about others who were hurt or died during the trauma
feelings of distance from other people or inability to show affection and love

Treatment

Old style treatment concentrated on the addiction alone. If you could stop the patient drinking or using, all the other issues could be looked at later. Today the approach is different. It is considered to be meaningless to concentrate on looking at the addiction alone without also looking at the underlying issues that occur side by side with the addictive behaviour. This may be trauma or abuse.

Sometimes treatment is prolonged in order to address all the issues but better this than to discharge without tackling the relapse triggers. In the short time available in alcohol and drug treatment centres it is impossible to resolve trauma issues. However, the process towards resolution can start here and continue after the patient has discharged from primary treatment.