



BREAKING ADDICTION'S GRIP

Understanding the Trauma Connection

By Marian Volkman, CTS

Thanks to inspired leadership by the professionals at SAMHSA (The Substance Abuse and Mental Health Services Administration), we now live in a trauma-informed world. That is, it is understood that traumatic experiences have impact on human beings' ability to function effectively in life and to self-regulate. Trauma-informed awareness received a significant boost when the Adverse Childhood Experiences (ACE) Study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente Hospital was released in 1998 (<http://www.cdc.gov/ace/index.htm>). The study revealed striking correlations between childhood trauma and later difficulties in life, including addictive behaviors as well as physical and mental health issues. The study looked at drug use, alcohol, smoking, risky sexual behaviors and more. Viewing an addiction as a disease, rather than placing blame or judging, created access to better treatment for people with addictions. If we go a step further and consider an addictive practice as a coping mechanism or a survival strategy, we gain an enhanced understanding.

The use of various substances or the practice of thrill-producing activities could be seen as rebellion, pleasure seeking, or relief from boredom; however, when we compare the pleasure and the pain, the equation doesn't add up. The cost is too high for the pleasure gained. Quality of life suffers too much, for both people with addictions and for their loved ones. So why is it that addiction is so prevalent? When we take earlier traumatic experiences and the pain they cause into consideration, the equation starts to make sense.

Trauma comes in obvious forms: accidents, injuries, illnesses, and major losses. Less obvious examples include medical procedures meant to aid survival but often painful and frightening experiences. Witnessing accidents, crimes, domestic violence, or other highly stressful events can also cause traumatic stress in observers, even if they are uninjured themselves.

Early traumatic experiences carry real pain that continues through life. We repress pain in order to survive, but pushing it down does not resolve it. We are so good at doing this that we may think it "works." It does work, in the sense that we are able to go on from day to day, pulling our load of unresolved traumas behind us. How can we calculate the cost of this drag factor? Usually we do not stop to consider it. When pain and discomfort, either current or coming from triggered painful experiences in the past, rise to the point where we feel impaired, we look for a solution.

Drugs and alcohol are some of the most common solutions applied to pain, whether physical and mental or emotional. Many medications exist for the express purpose of pain relief. We say of people under the influence of alcohol that they are, "feeling no pain." Thrilling and potentially dangerous activities can also act as distractions from dull despair or other unwanted emotions.

When human beings are already struggling and an event or comment triggers something from the past, bringing a fresh wave of discomfort, the usual instinct leads a person to try to get away from it, rather than sitting down to have a good look at it. They may medicate it with prescription drugs, street drugs, or alcohol. They may use some proven strategy as a distraction, such as gambling, aggression or promiscuity. These strategies bring relief of a kind; they seem to "work."

Oddly enough, some forms of therapy may act as such a distraction. Real resolution of past traumas ultimately requires turning to face them head on. Effective trauma work relies upon the creation of a safe space for a traumatized person to uncover what has been hitherto repressed. This is called "exposure" work, because the client faces up to the traumatic experience. There is abundant evidence that exposure work can be effective in treating traumatic stress (Keane, Fairbank, Caddell, & Zimmering, 1989;

Foa, Rothbaum, Riggs, & Murdock, 1991). Some therapists object to exposure on the grounds of it causing re-traumatization in people asked to revisit painful experiences.

Specific safeguards built into Traumatic Incident Reduction (TIR), listed by SAMHSA on the National Registry of Evidence-based Programs and Practices, make it uniquely well suited for trauma resolution (Gerbode, 2013). (Certainly there are other ways of addressing trauma. I write here about TIR, as this is my area of experience and expertise. Traumatic Incident Reduction is part of a larger subject developed by Frank A. Gerbode, M.D., called Applied Metapsychology, which encompasses the lightest techniques for building mental and emotional strength, through TIR, by means of a program of personal growth and human potential development.)

What Factors Lead to Optimum Success in Trauma Work?

- First, we want a client-centered method. This is an important factor in creating safety, as the client's viewpoint and information are not contradicted, negated, or commented upon. Being able to examine a painful memory and recount what happened without fear of being interrupted, criticized, or judged provides the foundation for optimal progress.
- Assessment of a client's readiness to face up to a traumatic past experience is crucial for safety also. It takes energy, willingness and focused attention to work through a trauma. Clients who are not ready and willing to undertake this endeavor can use numerous lighter and less demanding techniques to increase confidence and ego strength. When clients have been educated as to what is required of them in doing focused trauma work, are willing and confident, and have demonstrated the ability to focus and stay with a subject, the chances of success with TIR are good.
- Some factors rule out applying TIR. They go back to the question of client's ability to focus and stay with the process. Some medications cloud mental function and memory. Some mental conditions preclude a client being able to do this work. And finally, some people's lives are so chaotic and full of pressing and immediate problems that it is counter-productive to ask them to open up past trauma and focus on it. A lighter program of life-management strategies, supported by on-going work with a practitioner, can bring life into a more manageable state and free up attention for more in-depth mental work.
- Providing flexibility in session length provides another crucial key to success, both in terms of lasting results and of preventing re-traumatization. When we take a client all the way through to the point of resolution, relief and satisfaction (called an end point) on each traumatic memory as we go, re-traumatization is not an issue. In fact, the client's confidence grows with each traumatic memory that is laid to rest. By finishing each piece within the scope of one session to that point of completion as defined by the client, we leave him or her in a good place at the end of each session.
- Finally, the very specific focus of TIR allows clients to address one trauma or related sequence of traumas at a time in a single session, finishing that one before moving on to the next. This

makes the job of both client and practitioner easier. Even people with a long list of traumatic events find comfort in this way of working.

What Sort of Results Can We Expect if These Conditions are Met?

An outstanding case comes to mind as an illustration. The client had been an alcoholic since his teen years, in and out of rehab and now nearing retirement age. Fear that he would end up literally drinking himself to death, as a close family member had, combined with the insight from his last therapist in rehab that he was suffering from post-traumatic stress disorder, let him to seek trauma-specific help. (He had previously believed that only veterans could have PTSD.) In all my years of practice I had never heard a worse catalog of childhood abuse and neglect. In all his years of therapy, this trauma had never been addressed.

I had estimated 30 to 40 hours of work would bring about a full resolution of this man's concerns and issues. If we had achieved that result in that time, I am sure we would both have been satisfied with our work. Remarkably, he achieved this full resolution in only 14 hours of work and has remained stably free of alcohol in the years since we worked together. He is no longer concerned about going back to it, as he had always done before.

From the book *Beyond Trauma: Conversations on Traumatic Incident Reduction, Second edition* (2005), here is the statement of a recovering addict after TIR:

"When I first came here, I was definitely traumatized by the sexual abuse I went through with my father. I could not talk about it without feeling sad, crying, and disappointed, anxiety for my children... feelings that I know now were keeping me from moving forward in life. Now I feel free, like I've never felt before in my life. I can talk about the sexual abuse without any emotional attachment and the memory is nothing more than just another time from my past. Just like when I first learned to ride a bike is a memory from my past. They are just like other memories, just points in time and space. I feel great. And I feel that nothing can hinder my progression in a positive direction except for normal obstacles we all encounter. And even those seem like nothing. I feel free. Thank you." ▼

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