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**The trauma of drug addiction :
measuring impact on drug treatment effectiveness**

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- What is trauma and how can we understand it in relation to drug dependent individuals?
- Can the addiction itself become a traumatic event for the drug dependent individual?
- Does the acceptance of the “addicted identity” as a traumatic event, influence the drug dependent individual’s behavior when he enters a therapeutic community?
- Do socio-political constructions regarding addiction, aggravate the drug dependent individual’s trauma?
- Do qualitative study findings, based on the analysis of members’ biographies in the therapeutic community, contribute in this aspect?

This presentation will address these basic questions.

In medicine, the word trauma means “body harm” caused by an external factor, inflicting a discontinuation of skin tissues. Emotional trauma means “emotional harm which can be caused by a fact or an event and is stored in a person’s memory and affects him in the long run” (G. Babiniotis).

In the Greek language «**trauma**» means wound, harm, and it originates from the ancient Greek verb «**πιτρώσκω**» (**διαπερνῶ, τρυπῶ – penetrate, pierce**).

Based on a different etymological approach, the root of the word, is the verb *τηρῶ* «**τριβῶ**» (*rub*) which has two meanings:

- a) *προστρίβω, κοπανᾶω (chafe, pound – rub in), or*
- b) *σβήνω, καθαρίζω (erase, clean – rub off).*

The first describes a “wound” caused by persistent pounding. The second one describes erasure and renewal. In relation to human experience, the first outcome is a wound, when a strong and intense experience is “**pounding**” and “**penetrating**” someone, while the second one is rejuvenation, a new beginning, where an individual can start a new life, by erasing previous priorities (Papadopoulos, 2002).

The interpretation of the word «trauma» as wound, mainly refers to pathological states of a linear approach, event → psychological effects, disregarding the interactions caused by the event, among the family members and the broader community. On the contrary,

interpreting the word «trauma» as a “rub off”, refers to a reaction of individuals who, after having experienced a difficult and painful situation and regardless of the pain it caused, change their priorities, giving a new meaning in their lives.

Many studies interpret substance addiction as a reaction to traumatic events. Chemically dependent individuals, regardless of their personality structure, have been scarred by early psychological traumas, that can have a long term negative effect on their mental and physical health. Therefore, the drug dependent individual is trying to avoid memories of the past that most of the times, are confused and mixed with contradictory feelings of pain, fear and anger. His preoccupation with substances, illegal activities and his life in the “drug scene” in general, does not allow him to think about himself and to think about whatever has caused him pain. This is happening only in a fragmented way, as outbreaks directly correlated to substances.

The interdependence of drug abuse and trauma, works in both directions. Children of substance abusing parents are more likely to be exposed to traumatic events than other children (O’Donoghue and Elliot, 1992; Rounsaville *et al.*, 1982). Through this interactive relationship we are led to cyclical reactions, where addiction causes new traumatic events, not only on a personal level but also on a genealogical level (addicted parent → traumatized child → addicted child). In therapeutic communities we often witness second generation addicts.

The family, the social and the cultural context play an important role in the relationship formed between trauma and addiction. Personal traumas possibly experienced by the parents, can take the form of family trauma, causing disorders in the family system. This disorder may be expressed in the form of a traumatized and later on of an addicted child. Research has shown (KETHEA, 2005), that addiction usually begins in adolescence, where the individual’s identity is beginning to form, and the entrance in the adulthood is gradually happening. The occurrence of traumatic events that leads to addiction, during this transitional phase, causes confusion in the formation of the person’s identity and stop the course to adulthood.

The relationship between substance abuse and post-traumatic stress has been described in a series of studies which recognize that sexual, physical and emotional abuse and negligence in childhood, may lead someone to drugs and alcohol (Najavits, Weiss and

Shaw, 1997; Poster, 1994; Ravdal, 2001). Many individuals with post traumatic stress who could not accept or receive help at the time, when the traumatic event occurred, turned to “substance use” as some kind of help. Therefore, substance abuse acts as a form of self-medication, helping the drug dependent individuals to suppress the strong feelings, the negative thoughts, the dead end situations, the memories; this process is creating, new traumatic events and dead ends.

In an attempt, to include both definitions of trauma: the “wound” where the traumatic event has “penetrated, rubbed into” the drug dependent individual and the meaning of “erase”, “clean, rub off” where a new beginning is happening, the therapeutic community may form its treatment proposal in a way that will facilitate the activation of self-healing mechanisms of the drug dependent individual.

Basic parameters in order to achieve this:

a) The “hypothermia” function

The acceptance of being addicted, may constitute a traumatic event by itself. Often the individual may have difficulty to admit it and introduce himself as a recreational drug user, although his physical and psychological status introduce symptoms that he cannot manage alone (physical withdrawal deprivation symptoms, depression, anxiety, e.t.c.). But even if he does accept these symptoms, he still negotiates the acceptance of the addiction identity, on a level of principles, values, pattern of use, appearance, by saying: “I am not like the others”, a typical statement.

When the drug dependent individual accepts that his attitude and his behavior are identical to those of other users, meaning that he accepts his addiction identity, the shame directly related to stigma is enormous. In his mind, it is impossible to live without substances. He understands that he has to make changes which are difficult.

Then, a function that comes up due to the addiction trauma is hypothermia, in other words the “freezing” of emotions and perception. Hypothermia is not seen as a pathological state, but rather, as a temporary reaction the individual reverts to, in order to ensure his survival within the community system, limiting his activities to the minimum necessary tasks. In other words, this is a form of temporary withdrawal that will gradually allow him to accept his problem, to realize the consequences of substance use, to trust

other possible traumatic events and to connect them with the drug use, to review and reassess his life, his past, his present and his future.

In order to achieve his goals, he needs an environment in which trust and safety will grow; this situation requires time. When the treatment system is aware of that, the dropout rates can be decreased, the system is flexible and does not need to revert to linear behavioral interpretations, such as low motivation, resistance to change e.t.c.

b) From individual addiction trauma to the collective one.

The creation of a safe environment in the Therapeutic Community, through the right procedures and methods, is necessary in order to facilitate the individual to talk about his traumatic experience. Any interventions, made by the peer group or by the therapists, which force the individual to express himself or ask him for detailed descriptions of facts, may have serious negative effects.

Any reference to trauma is not necessarily the quest for specific circumstances but it can be gradually, disclosed with references to different information (pictures, stories, persons). In this way, it is not a threat anymore and the individual can start connecting facts in a creative way, giving them new meanings. In this way, he starts to interpret addiction in a different way and can start exploring its meaning. "What is it that abuse offers me and my body knows that I need?" (Kim Etherington).

What is important in this procedure, is that the person talks about the trauma caused by the acceptance of the addict identity, shares his thoughts with others, possibly give the opportunity to other members who share similar experiences, to connect to each other telling their stories, disclosing things about themselves that they did not know before, activating forgotten strength and skills, setting free emotions that were deeply hidden. Through these processes, the individual trauma becomes collective, thus creating a different dynamic leading to healing.

c) Sociopolitical constructions

In order to better understand the trauma caused by the acceptance of the addict identity, it is important to know how the drug dependent individual is defined and defines himself within the context of the wider sociopolitical constructions. Looking at the social constructions, it helps us to evaluate perceptions, emotions and attitudes that other

people adopt regarding drug dependent individuals (mental health professionals, therapists, public opinion, authorities, agencies etc).

The attitude concerning drug dependent individuals it is different between countries and changes over time. These changes are connected to the broader socio-political context, as well as to the way that the media present this issue. The reactions of the local community also contribute to the shaping of the drug dependent individuals attitudes and perceptions for himself.

The qualitative data listed below, occurred from the biographies of ten persons, who have completed the main treatment phase, the therapeutic community, and refer to the three parameters described above.

A. The “hypothermia” function

- «I felt empty, as if nothing had happened and as if nothing made sense. There are times when everything is frozen and no matter what is going on, it cannot touch me»
- «The stability and the calmness that you see, is just a *façade* of what I am hiding inside»
- «I know how deeply I bury things and it takes too much effort every day»
- «During the family meeting, I realized how similar we are and I was very sad, because I am the only one who can feel the pain hidden behind my father’s ‘freezing’»
- «I remember myself at the time I joined the community, I felt very awkward and I was trying to play it “cool’ and nice, so that they would like me»

B. From the individual to the collective addiction trauma

- «I started feeling loneliness very intensively and the way I felt about myself. I managed to talk in the groups and approach other members, clarifying things»
- «In the groups, for the first time, I confided personal things, that I never imagined I would tell anyone»
- «I experienced groups with a lot of pressure, that left me with bad feelings and burden, but I also experienced groups, full of trust, that left me with feelings of satisfaction and respect that I had never experienced before in my life»

- «I have lots to remember from the therapeutic community, moments but mainly people who, having taken their masks off, look beautiful and real»

C. Sociopolitical constructions

- «All the real friends I had, I lost them during my substance abuse, or I willingly left so that they wouldn't know»
- «I felt good only with people who also used substances, because with anyone else I felt socially "unwanted" and excluded»
- «My friends couldn't take it anymore, they had enough of pampering me and have me taking advantage of them»
- «I was forced to break up with my girlfriend, because her parents found out about me, so from being the "good guy", I became the guy who uses drugs»

Conclusions

Gathering all this information through studies, research and personal testimonies which correlate trauma and addiction, I consider of great importance the way the treatment system understands and manages this relationship.

Establishing safety, trust and respect within the Therapeutic Community is a necessary requirement for the disclosure of traumatic events and their processes. The way that the therapeutic system regards trauma, is also very important, because based on its interpretation the system can focus on pathology instead of focusing on the renewal and the setting of new priorities-, which would give a different meaning to the individuals' lives.

Recognizing the "wound" which is possibly inflicted by the trauma, as well as the potential of "rubbing it off" and "cleaning" it, the overall context can be broadened. By this way, the therapeutic system supports and helps the disclosure of strengths and abilities of the individual, known or unknown, and facilitates the activation of self-healing mechanisms.

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