Addiction, Shame, and Trauma: Starting from the Bottom Up

Sarah Buino, LCSW, CADC, CDWF
Head/Heart Therapy, Inc.
Objectives

● Participants will be able to describe the correlation between shame, trauma, attachment, and addiction.
● Participants will be able to demonstrate somatic and experiential interventions to utilize in a variety of clinical settings.
● Participants will be able to apply shame-resilience theory to working with clients experiencing addiction and trauma.
Definitions

● Addiction - “Any behavior that a person finds pleasure or relief in and craves, but suffers negative consequences and can’t give up.” - Gabor Maté
● Trauma - "It is a loss of connection to oneself and to the present moment." - Gabor Maté
● Attachment - “Lasting psychological connectedness between human beings.” - John Bowlby
● Shame - “The intensely painful feeling we are not worthy of love and belonging.” - Brené Brown
Contemporary Views of Addiction

Addiction as a brain “disorder” instead of brain “disease”
Genetics are important; however, the environment and nurturing are imperative in a child’s life.

- Nutrition
- Physical security
- Consistent emotional nurturing

People with addictions are self-medicating distress and/or psychological discomfort whether conscious or unconscious. Addicts are trying to find relief from physical, emotional, environmental pain (mostly a combination of all 3). Maté states, “the question is never ‘why the addiction’ but ‘why the pain?’”
What is Addiction?

Dr. Gabor Maté
How do these conceptualizations of addiction fit or differ from your own ideas about addiction?
Types of Trauma

● Shock
  ○ Single-incident
  ○ Car accident, witness violence, injury, etc.

● Developmental Injury
  ○ Happens in early years of life when brain is still developing
  ○ Ruptures in attachment to caregivers (but not truly life threatening)

● Developmental Trauma
  ○ Rupture in attachment AND survival threatened (abuse/neglect)

● Complex
  ○ Repeated, chronic experiences of developmental or shock trauma
Trauma and Addiction

Trauma - especially occurring in early life - is linked to the development of SUDs

- Clients with PTSD 2-4x more likely to have comorbid SUD
- Clients in treatment for SUD are 30-60% more likely to experience PTSD at some point in their lifetime
- Trauma in childhood compromises neural structure and function, creating more susceptibility to psychiatric illnesses (including SUD)
- Approx 59% of adolescents with PTSD also develop SUD

NIDA, 2018
Depression & Anxiety Journal, 2010
“Trauma doesn’t happen to you -- it happens inside you.”

- Gabor Maté
What is Trauma?

- Trauma creates restriction/constriction
- Trauma is disconnection from self and the world
- Trauma shapes your view of the world
- Trauma makes it hard to be in the present moment
MEDICINE LOST SIGHT
OF THIS TRUTH:
ATTACHMENT IS PHYSIOLOGY.
-LEWIS, AMINI AND LANNON (2000)
Attachment Theory

● Mental processing of information based on cognition and affect (implicit) - Crittenden, 1995
● Sets the stage for ways we relate to others throughout life
● Those with insecure attachment are potentially less resilient for future life experiences of shock trauma
Types of Attachment

- Secure
- Insecure
  - Avoidant
  - Ambivalent (anxious- preoccupied in children)
  - Disorganized

Ainsworth, 1969
Attachment is Malleable

Attachment-Driven Guidelines for Effective Therapy (Flores, 2004)

1. Psychotherapy alters the structures of the brain
2. Psychotherapy, even good psychotherapy has limits
3. Psychotherapy is not an intellectual exchange of words (right brain to right brain)
4. Experience --not explanations or ideas-- effects change
5. Emotional neutrality doesn’t work, and attachment theory does not recommend that the therapist strive to obtain it
6. The worst therapists are those who are either out of touch with THEIR emotions or in bondage to them to the degree that their feelings dictate their actions
7. Contriving emotional experiences doesn’t work
8. Just being nice doesn’t work
9. Rotating therapists and specialists in tx approaches works against the requirements for secure attachment
10. Therapy that works is intersubjective and mutually regulating
“Deprivation of age-appropriate developmental needs leaves the substance (ab)user constantly searching for something ‘out there’ that can be substituted for what is missing ‘in here.’”

- Philip J. Flores, 2003
you must

you should

SHAME
How do you see shame?

- How do you define shame in your own words?
- List three words that describe shame
- If shame were ______ what would it be?
  - Color
  - Food
  - Piece of clothing
- Draw a picture of shame
Shame is the intensely painful feeling that we are not worthy of love and belonging.

-Brené Brown
Defining Shame

Differentiate shame from guilt, embarrassment, humiliation

- Shame = "I am bad"
- Guilt = "I did something bad"
- Humiliation – we feel we don't deserve
- Embarrassment – fleeting, often funny, we know we're not alone
Origins of shame

Shame begins as a two-person experience and becomes a one-person experience.
Shame develops in our first known community: our family of origin

- Overt - “You good-for-nothing...”
- Covert
  - Rigid ideologies (religion, military, others?)
  - Parental attitudes (family rules)
  - Parent/sibling success
Shame: Chronic Versus Acute

- Chronic - persistent, long-standing, recurrent
- Acute - of short duration, but typically severe
Shame - How Does it Present

- Perfectionism
- Narcissism
- Self-loathing
Shame and Addiction

- Shame = secrecy + silence + judgement
- Empathy = compassion + connection
- Self-compassion = self-kindness + common humanity + mindfulness

How can 12-step involvement contribute to recovery from an attachment perspective?
Shame and Addiction cont...

Four items a “disordered person with AUD” often lack:

- Regulation of emotions
- Self-worth or a lack of healthy narcissism
- Mutually satisfying relationships
- Self-care

Khantzian, 1994
“Since painful, rejecting, and shaming relationships are the cause of their deficits in self, they cannot turn to others to get what they need or have never received.” - Philip J. Flores, 2003
Shame and Attachment cont...

Shame is an ineffective mechanism a child utilizes as an attempt to preserve attachment.

- When early attachment is disrupted (by abuse, neglect or a parent’s own attachment issues) a child will blame oneself, not the parent, resulting in internal messages of not being good enough.
Attachment or Authenticity
Shame + Trauma + Attachment + Addiction

● Shame is attachment trauma (developmental injury)
● Trauma and attachment issues leave person more susceptible to SUD
Shame-Resilience
The tools of shame-resilience

- Recognizing shame and shame triggers
- Practicing critical awareness
- Reaching out for empathy (co-regulation)
  - Reaching in for self-compassion (self-regulation)
- Speaking shame
SOMATIC THERAPIES
Types of Somatic Therapy

- Neuro-Affective Relational Model (NARM) - Laurence Heller
  - [https://narmtraining.com/north-america-trainings/](https://narmtraining.com/north-america-trainings/)
- Sensorimotor Psychotherapy (SP) - Pat Ogden
  - [https://www.sensorimotorpsychotherapy.org/](https://www.sensorimotorpsychotherapy.org/)
- Somatic Experiencing (SE) - Peter Levine
  - [https://traumahealing.org/](https://traumahealing.org/)
- Somatic Transformation (ST) - Sharon Stanley
  - [https://somatictransformation.com/](https://somatictransformation.com/)
- Som-Ex - Kent Fisher and Michelle Rapport
  - [https://www.ehcmemphis.com/training-and-certification](https://www.ehcmemphis.com/training-and-certification)
The Triune Brain

- Neocortex
- Limbic system
- Brain stem
Bottom Up

- Brain stem/reptilian brain - first to develop
  - Rest and digest
  - Circulatory system

- Limbic system
  - Emotional center
  - Connects brain stem to prefrontal cortex

- Prefrontal cortex/neocortex/cerebral cortex
  - Cognition
  - Last to develop - right, then left hemisphere
Window of Tolerance, adapted from Ogden et al., 2006; Siegel, 1999; and Van der Hart et al., 2006.
Polyvagal Theory

● Ventral vagal (parasympathetic)
  ○ Social engagement

● Sympathetic
  ○ Mobilization - fight/flight

● Dorsal vagal/primitus vagus (parasympathetic)
  ○ Immobilization - collapse
    ■ When fight or flight are not available options

Porges, 1994
Parasympathetic

Home Security System

Basic Utilities

Dana, 2018
(VVC) Ventral Vagal Complex: Signaling System for motion, emotion & communication.  
(Our Social Engagement System)

(Our Aggressive Defense System)

(Our Passive Defense System)

Our Autonomic Nervous System fires muscular tensions triggered by feedback signals from the external & internal world at millisecond speeds below conscious awareness. These muscles tensions fire our Thoughts?

Porges, 1994
Arousal Zones

2. Sympathetic “Fight or Flight” Response

Hyperarousal Zone

Window of Tolerance
Optimal Arousal Zone

1. Ventral Vagal “Social Engagement” Response

Hypoarousal Zone

3. Dorsal Vagal “Immobilization” Response

Figure 2.2. The correlation of the three arousal zones and the polyvagal hierarchy.

Ogden, 2006
Somatic Empathy

● Deeper than cognitive empathy
● Insular cortex
  ○ Active both when we’re experiencing bodily sensations AND while we view the bodily experiences of others
  ○ Links lower brain activities to execute activities in prefrontal cortex
  ○ Embodied empathy

Journal of Comparative Neurology, 2013
Somatic Empathy Exercise

1. Choose a partner
2. Partner A will think of a time they felt shame
3. Partner A will hold a pose that represents that experience while partner B witnesses.
4. Partner B will then take the pose of partner A while partner A witnesses.

SWITCH

1. Partner B will think of a time they felt shame
2. Partner B will hold a pose that represents that experience while partner A witnesses
3. Partner A will then take the pose of partner B while partner B witnesses
Core Organizers of Sensorimotor

- Inner Body Awareness
- Movement
- 5 Sense Perception
- Emotion
- Cognition

Ogden, 2006
Somatic Tools for Treating Addiction

Substances/behaviors were resources for ruptures in attachment

○ Goal is for therapist and client to build other resources to increase resilience and capacity for secure attachment
Somatic Interventions for Stabilization

- Grounding
- Centering
- Restore rhythm
- Orienting
Resourcing

- Resources strengthen healing neural coalitions by creating strong ventral vagal tone
- Resourcing provides stabilization for traumatized individuals and the foundation for processing trauma
  - How has client naturally resourced?
    - Amplify natural resources
    - Introduce new resources
Resourcing cont...

● Relational
  ○ Don’t use individual people, but support groups or communities, ok
● Environmental
● Spiritual
● Sensory
● Images
● Internal strength
● Soothing movement
Demonstration and Practice
Take-aways

● What was the most meaningful experience for you today?
● What piece of information/tool can you use on your own or with others next week?
CONVERSATIONS WITH A WOUNDED HEALER

BY SARAH BUINO, LCSW, CADC

Listen to my podcast!
https://www.headhearttherapy.com/podcast
Recommended Resources

- Brown, Brené: *Daring Greatly*
- Dana, Deb: The Polyvagal Theory in Therapy
- Fisher, Kent D: *Emotional Harmony*
- Flores, Philip J: *Addiction as an Attachment Disorder*
- Maté, Gabor: In the Realm of Hungry Ghosts
- Ogden, Patricia: *Trauma and the Body*
- Stanley, Sharon: *Relational and Body Centered Practices for Healing Trauma*
If you’d like to download a copy of this presentation visit:
https://headhearttherapy.com/presentations
Password: NAADACPortland
Let’s Connect!

Email: sarah@headhearttherapy.com
FB: https://www.facebook.com/HeadHeartTherapy/
https://www.facebook.com/WoundedHealr
Twitter: @HeadHeart_Chi
@WoundedHealr
Instagram: @headhearttherapy