

Trauma and Addiction

Stephanie Ayala

University of Texas Rio Grande Valley

Abstract

This essay analyzes published scholarly articles which investigate the relationship between addiction and trauma. These articles vary on the types of traumas experienced throughout one's life and the impact of substance(s) which are used in order to cope. The different types of traumas and its effects on the brain will be examined. The research will show that there is a direct link between trauma and addiction. This paper will reflect how treatment methods for those with a substance use disorder will benefit from therapeutic approaches which address an individual's traumatic events within adverse childhood experiences to emerging adulthood. This essay will examine the definitions, statistics, data, and current issues within addiction as well as which solutions are a rational approach in managing trauma. This paper will help identify addiction, various types of traumas, neuropsychology of addiction, and provide information regarding solutions for those who are struggling.

Introduction

Addiction and trauma go hand in hand. Trauma in the lives of drug dependent adults have been recognized since the nineteen seventies (Ayres, 2021). As an individual who is in recovery from a substance use disorder, the prevalence of traumatic experiences within the recovery community have always been a focal point when one is addressing their addiction and it is vital to learn healthy coping skills to overcome life's stressors. Trauma is not a unified construct. Different kinds of trauma have different psychological effects and outcomes (Levin, Y., Lev Bar-Or, R. , Forer, R., Vaserman, M., Kor, A., Lev-Ran, S. (2021). Post-Traumatic Stress Disorder (PTSD) and addiction are co-occurring disorders which are seemingly developed around the same time as well as have overlapping symptoms. Nearly two thirds of those who develop PTSD will also report of alcohol abuse as well as substance abuse (Jergens, 2021). The earlier that someone is exposed to physical, emotional, or complex trauma then the more likely they will also begin using substances at an early age in an attempt to cope with their Adverse Childhood Experiences which is also known as ACE's. As a result, there is a direct correlation between using substances at an early age in childhood and a significantly higher risk of developing a substance disorder in adolescent years or early emerging adulthood. Due to being predisposed to traumatic events within one's childhood to submerging oneself in the world of substance use, an individual will dramatically increase their risk of further traumatic events as they are abusing alcohol or narcotics in an attempt to cope with past trauma. While under the influence of drugs and alcohol, the brain is not able to retain and register information as one does when they are soberminded. As a result, poorer choices are made and may further subject an individual to place themselves in circumstances that they may not have been involved in if they were not impaired

by substances to begin with. It is imperative that an individual discusses and works through their trauma as they are introduced to sobriety and long-term recovery.

What is Addiction?

The American Society of Addiction defines addiction as “a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences”

(Felman, 2021). Within western culture, it is considered socially acceptable to consume moderate amounts of alcohol within a social gathering and it is not questioned when an individual expresses that they need a drink once they arrive at home after a long stressful day. However, it is much more alarming when a person takes their drinking to the point of complete oblivion on a regular basis and finds themselves facing consequences of their choices they made while under the influence of alcohol. While alcoholism is more easily swept under the rug within American society, our modern civilization is not too keen on general substance abuse regarding illegal narcotics such as cocaine, heroin, methamphetamine, and pharmaceuticals. While the term “addiction” is not limited to ingesting legal or illegal substances, it is also an umbrella term for those who have lost their ability to discontinue in activities such as gambling, sex, pornography, eating, shopping or working.

Although mainstream society generally frowns upon recreational substance use, it has been a quite popular activity for one to engage in at some point or another in within their life, which is known as drug misuse. Drug misuse usually does not lead to an addiction for most people. For example, someone may go out and drink very heavily one night then misuse alcohol to the point of experiencing a euphoric effect. That does not classify them as having a substance

use disorder or an addiction. Classic symptoms of an addiction may include, but are not limited to: declining grades, poor work performance, relationship difficulties, an inability to discontinue using a substance despite problems arising as a result of use, and profound changes in appearance. When someone abruptly stops using a substance that they are addicted to, they may experience certain withdrawal symptoms which vary on the substance that they are addicted to. For those who have become physically dependent on a substance, abrupt discontinuation may provoke unpleasant symptoms and, in some cases, may be fatal (Felman, 2021).

Understanding Trauma

According to the American Psychological Association (APA), trauma is “an emotional response to a terrible event like an accident, rape, or natural disaster” (Leonard, 2020). Not only does trauma cause emotional symptoms such as anxiety, depression, guilt, fear, anger, confusion, irritability, nightmares, flashbacks, denial, difficulty concentrating and hopelessness, but it may also manifest itself in physical ways too. A few physiological symptoms include, but are not limited to: headaches, upset stomach, tense muscles, and chronic backpain. Trauma will also cause hyperarousal in many victims, which may further lead to insomnia and hypervigilance of one’s surroundings to the extent of paranoia. Research indicates that roughly sixty to seventy percent of the population will experience a traumatic event within their lifetime (Leonard, 2020). There are many types of traumas that an individual may encounter throughout their life, which include: acute trauma, which is caused by a single event; chronic trauma, which is caused by continuous or prolonged subjection to highly stressful events such as child abuse (ACE’s for example), and complex trauma, which entails a person being exposed to multiple traumatic events at separate times. Someone may respond to any event that was physically and/or mentally harmful towards themselves or witnessing a loved one being harmed as well, which is known as

secondary trauma. Untreated trauma may cause long-term effects and if symptoms continue to occur or become more severe overtime, this may be an indication of a mental health disorder (PTSD). Most people who experience a traumatic event do not develop PTSD. The National Institute of Mental Health estimates that approximately six percent of the population incur a lifelong prevalence of PTSD. Those with PTSD are at a much higher risk of abusing substances and developing an addiction (Jeurgens, 2019). People may also develop other mental disorders such as depression, anxiety, and substance use disorders as a result of encountering traumatic events (Leonard, 2020).

Trauma and The Brain

The majority of the brain develops fully in utero, but it does continue to develop throughout one's lifespan as well. No one is capable of predicting or preventing the significance of biological and genetic qualities in the brain's development. However, the human brain has a natural ability to react and adjust to environmental stimulation, which is called plasticity (O'Leary, 2021). The development of the brain as well as its natural structural design are easily altered by someone's own experiences throughout their lifetime, but personal childhood history does tend to set the stage of brain development. Neurons in the brain are formed within neural connections in the brain during childhood. At times, these neural connections are strengthened or aligned in accordance of traumatic experiences during childhood. These experiences affect neurological development in comparable ways of learning how to crawl or walk, which results in neurotransmitters and neurological connections to either shape, further advance, or sever during a traumatic experience. Continuous psychological and physiological pressure from encountering maltreatment and trauma results in individual reactions that, over the long run, cause underlying

interruptions that are observed in neurological examinations and which are likely making casualties of childhood trauma vulnerable to substance use disorders (Lesser, 2021).

Connecting Trauma and Addiction

Many individuals with a substance use disorder experience unmanageable symptoms of extremely heightened stress and are unable to regulate their emotions after undergoing a traumatic experience. Individuals who have experienced childhood trauma have been proven to display a significantly higher dependency of drugs and alcohol, as well as compulsive eating and hyperactive sexual behaviors. Most occurrences that are extremely traumatic for children are much less traumatic for adults due to the fact that children and adolescents have limited ability to emotionally process situations as effectively as adults. Due to lacking proper contextual inferences, the effects of childhood trauma are very likely to linger without professional intervention such as psychotherapy and/or psychiatric medication(s). It is common for children to lean on family members and other trustworthy people as a means of support during difficult times. However, when a child's loved ones are the source of abuse, neglect, or other trauma during these experiences, family support is not an option and trusting others is jeopardized as well (O'Leary, 2021). In such particular cases, it is common for a child to feel like they are alone in their struggle(s) and due to being victimized, they attempt to self-medicate with substances in hopes of relieving any lingering effects of trauma. On the contrary, it is also very common for adults to mimic and engage in substance abuse behaviors after witnessing a loved one's substance abuse during their own childhood. In fact, the tendency to self-medicate may be similarly modeled and passed along through previous observation during one's childhood as well as obtaining a genetic predisposition towards an addiction.

Solutions for Trauma and Addiction

Twenty-one million American's have at least one type of addiction, but only ten percent of them ever receive any sort of treatment (Yerby, 2021). Those who develop a substance use disorder as a result of childhood trauma and do not directly address nor process their trauma in healthy manners have the tendency to continuously relive their past experiences in various manners. Unconfronted trauma causes subconscious pain, which leads to trauma responses within external and internal stimuli then ultimately results in an individual to make poor choices throughout their lives. As an end result, someone with unresolved trauma is likely to continue subjecting themselves to further traumatic experiences due to lack of awareness. A few great solutions to helping a loved one who is addicted is having an intervention then suggesting a rehabilitation center. Rehabilitation facilities provide inpatient as well as outpatient treatment options and each option varies according to the severity of a patient's substance use. Techniques such as group therapy, individualized counseling, and supplemental therapies like cognitive behavioral therapy, dialectical behavioral therapy, motivational interviewing, Eye-Movement Desensitization and Reprocessing (EMDR) allow individuals to begin healing as well as process their trauma, recognize triggers, and successfully manage their stress within their daily lives (Silvermist, 2018). Other ongoing treatment options available are within twelve step programs as well as support groups such as Alcoholics Anonymous, Narcotics Anonymous and Celebrate Recovery. There are also support groups available for an addict's loved ones, such as the twelve-step program known as AI-Non. Resources for obtaining a certified interventionist, finding rehabilitation centers, and locating meetings for twelve step programs are located online.

Conclusion

Despite millions of Americans being exposed to traumatic events on a daily basis and suffering from addiction as an attempt to numb their pain, there is still hope. Nobody is a lost cause until they succumb to their addiction. However, healing from trauma and addiction is not a one size fits all approach, which is why it is crucial for those in need of help to be patient with themselves as they explore various options that will work best for them as an individual. Despite someone's financial circumstance, there are several free resources available for those who are in dire need of help, such as twelve step programs. The founder of Alcoholics Anonymous, Bill Wilson, paved the way for many rehabilitation centers to provide ongoing solutions throughout one's life. Taking it one day at a time is a phrase that applies to not only addicts, but those who are also facing unresolved trauma. In conclusion, hopelessness and despair of addiction has a root of trauma and it is crucial to understand one's individual reaction to their experiences in order to fully recover from a substance use disorder.

References

- Ayres, T. C. (2021) Childhood Trauma, Problematic Drug Use and Coping, *Deviant Behavior*, 42(5), 578-599, <https://doi.org/10.1080/01639625.2020.1746132>
- Felman, A. (2021, June 3). *Addiction: Definition, symptoms, withdrawal, and treatment*. Medical News Today. <https://www.medicalnewstoday.com/articles/323465>.
- Juergens, J. (2021, June 16). *Post-Traumatic Stress Disorder and Addiction*. Addiction Center. <https://www.addictioncenter.com/addiction/post-traumatic-stress-disorder/>.
- Leonard, J. (2020, June 3). *What is trauma? Types, symptoms, and treatments*. Medical News Today. <https://www.medicalnewstoday.com/articles/trauma>.
- Levin, Y., Lev Bar-Or, R. , Forer, R., Vaserman, M., Kor, A., Lev-Ran, S. (2021). The association between type of trauma, level of exposure and addiction, *Addictive Behaviors*, 118, 106889. <https://doi.org/10.1016/j.addbeh.2021.106889>
- National Institute on Drug Abuse. (2020, July 10). *Drugs and the Brain*. National Institute on Drug Abuse. <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>.
- O'Leary, D. (2020, October 27). *The Unfortunate Connection Between Childhood Trauma and Addiction in Adulthood*. Old Vineyard Behavioral Health Services. <https://oldvineyardbhs.com/connection-between-childhood-trauma-addiction/>.
- U.S. Department of Health and Human Services. (n.d.). *Post-Traumatic Stress Disorder (PTSD)*. National Institute of Mental Health. <https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd>.
- Yerby, N. (2021, March 24). *Addiction Statistics - Facts on Drug and Alcohol Use*. Addiction Center. <https://www.addictioncenter.com/addiction/addiction-statistics/>.