

# Understanding Trauma & Addiction

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# Situating Myself

- Cape Town, SA : Ancestry original inhabitants: Parents & Family
- Atrocities— Colonization—Assimilation—Oppression—Apartheid
- As a nurse, therapist, and healer here in Canada, I worked with various Aboriginal communities and became a witness to intergenerational trauma.
- It is thus with deep conviction and passion that I will embark upon this research project.
- The body has an innate ability to HEAL : DECOLONIZE

# Indigenous Healing combined with Seeking Safety (IHSS)

- Elder Albert taught that Two-Eyed Seeing refers to learning to see from one eye with the strengths of Indigenous knowledge and ways of knowing, and from the other eye with the strengths of Western knowledge and ways of knowing and to use both these eyes together, for the benefit of all (Bartlett, 2006, 2008, 2009, 2012).

# Seeking Safety

- The perspective of Seeking Safety is convergent with Aboriginal traditional methods. Due to the content and delivery method of Seeking Safety, the program complements traditional teachings such as holism, relational connection, spirituality, cultural presence, honesty, and respect (Gone, 2008; Lavallée, 2009; Menzies, 2014). Specifically, this model was chosen because it offered an individually empowering approach to the treatment of trauma and SUD (Najavits, 2002).

# Opening Statement



- *It is a fundamental and absolute moral responsibility that we each find a way to bear witness to the pain and the suffering that is all around us, and starting from a position of this testimony we join together as women and men to liberate the human body, mind and spirit from the traumatic reenactment that is stretching our social body, our communities, our people, our children to the limit of human endurance.*
- **WHY?**

# Trauma Informed Care



- 1. Trauma awareness: client is NB**
- 2. Emphasis on safety and trustworthiness**
- 3. Opportunity for choice, collaboration and connection**
- 4. Strengths-based and skill building**

# Trauma Informed Care



- Places the survivor's safety, choice and control as a priority
- Creates a treatment culture of nonviolence, learning and collaboration
- Requires an understanding of trauma in all aspects of service delivery
- Treatment requires building confidence and trust to facilitate healing and recovery
- Facilitate engagement and meaningful participation by consumers & families in planning of services and programs
- Create collaborative relationships with other systems from the social determinants of health

# Facts About Trauma...



- Violence and trauma, including childhood abuse, sexual abuse, and intimate partner violence, are common in Canada. It is conservatively estimated that half of all Canadian women and one-third of Canadian men have survived at least one incidence of sexual or physical violence. Although both boys and girls are affected by family violence, four out of five victims of family-related sexual assaults (79%) are girls.

# Facts About Trauma



- In Canada, 82% of federally sentenced women have reported past sexual and/or physical abuse, and the rate increases to 90% for Aboriginal women. The Elizabeth Fry Society reports that more federally sentenced women than men have received a diagnosis of mental illness and their issues tend to be different. For instance, women in federal correctional institutions have a higher rate of self-mutilation and attempted suicide than their male counterparts.

# Trauma Is Not Just Sexual.....



- Psychological abuse and neglect
- Negative home atmosphere
- Physical neglect
- Emotional withdrawal
- Childhood separations
- Inconsistency in parenting
- Political persecution
- Imprisonment & torture
- Murder

# Facts About Trauma....

- **“Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love.”**

Tara Brach, 2011

# Facts About Trauma....

Results in the inability to integrate our emotional experiences that we perceive as a threat to life, bodily integrity or sanity

# Types of Trauma

**Acute Trauma:** Any single life event(s) that threatens a person's physical or emotional/psychological health or safety

- **Complex Trauma:** repetitive, prolonged and cumulative event usually resulting from interpersonal betrayal
- **Intergenerational Trauma:** A collective emotional or psychological injury over the lifespan and across generations. Often resulting from a history of genocide with the effects being mental, emotional, physical and spiritual

# Facts About Trauma..



- Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters, when the force is that of human beings, we speak of **atrocities**. Trauma events overwhelm the ordinary system of care that give people a sense of control, connection and meaning (Herman, 1992).

# Facts About Trauma..



- Traumatic events call into question basic human relationships. Trauma breaches the attachments of families, friendships, love and community.
- Trauma shatters the **SELF** that is formed and sustained in relation to others.

# Facts About Trauma..



- Trauma and abuse can result not only from what did happen, but also from what did not (Evans & Sullivan, 1995).
- Traumatic events destroy the victims fundamental assumptions about the safety of the world, positive values of self and the meaningful order of creation.

# Facts About Trauma...



- “Long-lasting responses to trauma result not simply from the experience of fear and helplessness but from how our bodies interpret those experiences.”

Rachel Yehuda

# Facts About Trauma...



- After traumatization, victims often report that they are plagued and haunted by intrusive thoughts, emotions, and behaviors that are destructive to themselves and others. WHY?  
(Wesley Esquimaux & Smolewski, 2004; 2008; Herman, 1992; Marsh, 2010).
- Traumatized people often lose the meaning of life, perceive that they are hopeless and have periods of time in which they feel dehumanized.

# Indigenous People and Trauma



1. Single event = acute trauma response
2. Enduring or repeating event = post-traumatic stress disorder or developmental trauma
3. Cumulative effect = complex trauma
4. Historic event with prolonged impacts = intergenerational trauma
5. Personal event with impacts over generations = intergenerational (historical) trauma

# The Heart of Trauma



- We don't survive trauma as a result of conscious decision-making.
- At the moment of life threat, humans automatically rely upon survival instincts.
- Our five senses pick up the signs of imminent danger, causing the brain to “turn on” the adrenaline stress response system.

# We Were Born to Heal



- As we prepare to fight or flee, heart rate and respiration speed oxygen to muscle tissue, and the “thinking brain,” our frontal cortex, is inhibited to increase response time. We are in “survival mode,” in our “animal brains.”
- If the events have been recurrent or we are young and vulnerable or have inadequate support, we can be left with a host of intense responses and symptoms that “tell the story” without words and without the knowledge that we are remembering events and feelings from long ago.

# We Were Born to Heal



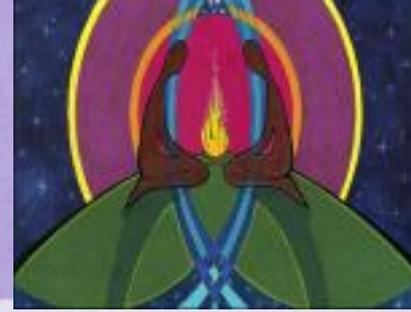
- Survival response system may become chronically activated, resulting in long-term feelings of alarm & danger, tendencies to flee or fight under stress, debilitating feelings of vulnerability & exhaustion, or an inability to assert and protect ourselves.
- To make the challenge even greater, therapeutic approaches that emphasize talking about the events often result in more, not less, activation of trauma responses and symptoms.

# Trauma Defined



- ◆ Trauma often refers to experiences or events that by definition are overwhelming. Experiences of trauma are more than merely stressful—they can also be shocking, terrifying, and devastating, and can result in profound feelings of terror, shame, helplessness, and powerlessness (Courtois, 1999)
- ◆ Thus ‘trauma’ designates both events and their impact, in part because the actual experience... and the assault that experience poses to sense of self, safety, belonging, and connection are intertwined.” (Kammerer & Mazelis, 2006).

# Trauma Defined



- ◆ Recent studies support the conclusion that the impact of trauma is not only cumulative—the more times a traumatic event is experienced the greater the impact—but also additive—exposure to additional different types of trauma is correlated with greater impact

# Trauma Defined



- While trauma has been specifically implicated etiologically in the diagnoses of Post-Traumatic Stress Disorder (PTSD), Acute Stress Disorder (ASD) and Dissociative Identity Disorder (DID), research has indicated that trauma exposure accounts for significant parts of the variance of the development of depression, anxiety disorders, Cluster B Axis II disorders, somatoform disorders, and some kinds of psychosis.
- Additionally, trauma exposure is frequently present in the histories of people with compulsive and addictive behaviors, with substance abuse being one of the two most frequently diagnosed.

# DSM-V Definition of Post-Traumatic Stress Disorder



- **1. Exposure to:**
  - Death threat
  - Directly or indirectly
  - Violence
  - Interaction with details of the trauma
- **2. Re-experiencing**
  - Intrusive memories
  - Thoughts
  - Dreams/nightmares/flashbacks
- **3. Avoidance**
  - Severe psychological distress-internal and external all related to traumatic event
  - Thoughts, memories, locations,
  - People and sensory stimulation

# DSM-V Definition of Post-Traumatic Stress Disorder



- **4. Alterations**
- Changes in cognition or mood
- Amnesia
- Negative beliefs-self-others-world
- Distorted ideas about the trauma
- Self blame /others
- Emotional negativity
- Isolation
- No good feelings
- Detachment-self and others
- Can't express genuine positive emotions

# Insidious Trauma, Micro-Aggressions



- A group of authors have proposed models of what has been called “insidious trauma” (Root, 1992) or “micro-aggression,” (Sue, 2003; Sue, Bucceri, Lin, Nadal, and Totino, 2007).
- Ethnic minority psychology rather than trauma
- Insults of daily life, taken cumulatively in the lives of members of marginalized groups, constitute a traumatic stressor for those populations.
- Name-calling, pranks, and harassment fall within this construct.
- Insidious trauma is not overt. Sue and his colleagues have found that insidious traumata can include being repeatedly asked “where are you from,” requests to touch one’s hair, commentary on the exoticism of one’s looks, and jokes containing stereotypes about one’s group.

# Complex Psychological Trauma



- Repetitive or prolonged
- Involve direct harm and/or neglect and abandonment by caregivers or ostensibly responsible adults
- Occur at developmentally vulnerable times in the victim's life, such as early childhood:
- Have great potential to compromise severely a child's development.
- Severe and complex, with problems of attachment and relationship, emotion regulation, self, dissociation, somatic difficulties, and spiritual/existential confusion.
- When a clinician is not trauma-informed, the client's problems may be seen through the lens of the presenting symptom: chronic pain, compulsive behaviors, a pattern of failed or violent relationships, self-inflicted violence, emotional lability, or Axis II presentations.

# Complex Post-Traumatic Stress Disorder



- Judith Herman, Bessel van der Kolk – others state: severely traumatized individuals (severe child abuse, political torture, concentration camps) have complex symptom picture.
- 1. Multiple symptomatology
  - Somatization • depression • suicidality • general anxiety
  - phobias • interpersonal sensitivity • paranoia • dissociative symptoms • insomnia • sexual dysfunction • anger • self mutilation • alcohol and drug abuse
- 2. Character Traits
  - Captivity • unable to flee • under control of perpetrator • difficulties forming attachments • unstable relationships • traumatic bonding • learned helplessness • unable to form stable identity
- 3. Vulnerability to repeated harm
  - With men • increased risk of offending (men) • victimization • self-mutilation

# Betrayal Trauma



- (Freyd, 1996, Birrell & Freyd, 2006) proposed the concept of Betrayal Trauma (BT) as a paradigm for understanding both the phenomenon of delayed recall of childhood abuse, and also for conceptualizing such experiences as traumatic.
- Human children are highly dependent on their adult caregivers for safety and nurturance, and because those adults control children's lives, a child who is being abused by a caregiver will be placed in the intolerable position of having to manage betrayal and the need for dependency.

# Internalized oppression



- External oppression is the unjust exercise of authority and power by one group over another. It includes imposing one group's belief system, values and life ways over another group.

External oppression becomes internalized oppression when we come to believe and act as if the oppressor's beliefs system, values, and life way is reality.

# Internalized oppression

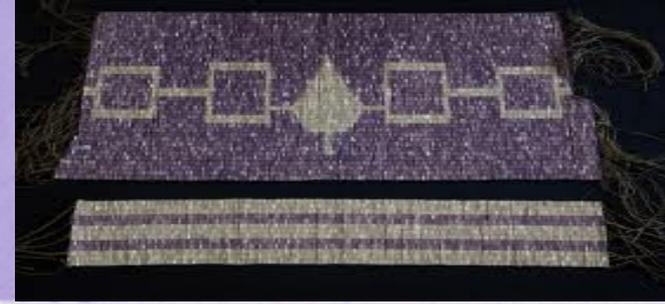


- The result of internalized oppression is shame and the disowning of our individual and cultural reality.
- Internalized oppression means the oppressor doesn't have to exert any more pressure, because we now do it to ourselves

and each other. Divide and conquer works.

We resist internalized oppression by decolonizing & live respectfully and harmoniously together -- **WITHOUT VIOLENCE.**

# Historical Trauma



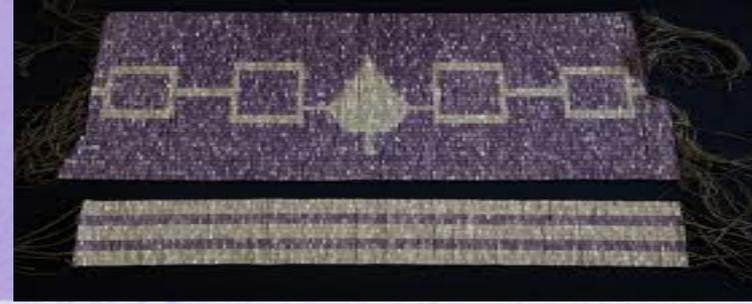
- Maria Braveheart: Cumulative trauma; Lakota-people in 1990
- Wesley-Esquimaux and Smolewski (2004). Built on the work of Maria Brave Heart (1999a) and Judith Herman (1992).
- Origins: Holocaust survivors & families
- Biological (hereditary predispositions to PTSD), cultural (through story-telling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes) channels
  - Wesley-Esquimaux & Smolewski, 2004, p. 76

# Intergenerational Trauma



- Insidious trauma may also reflect historical variables such as genocide or colonization in the individual's cultural heritage.
- Scholars of indigenous experience have described “post-colonial trauma” (Duran, Duran, Braveheart, & Yellowhorse-Davis, 1998) as a systemic experience of individuals living in previously colonized cultures that leads to post-traumatic symptoms even in the absence of personal exposure to a Criterion A event.
- Danieli (1998) and others have described “intergenerational trauma” in children of survivors of the Nazi Holocaust, while other authors have reported this phenomenon in the children of Vietnam veterans with PTSD.

# Historic Trauma Transmission



- The trauma memories are passed to next generations through different channels, including biological (in hereditary predispositions to PTSD), cultural (through story-telling, culturally sanctioned behaviors), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes)
- The HTT framework encourages healing through understanding the historical context. Wesley-Esquimaux & Smolewski, 2004

# Issues Relevant to Psychological Sequelae of Trauma



- Fear
- Anxiety
- Hypervigilance
- Avoidance
- Low self-esteem
- Self blame
- Self-silencing
- Guilt
- Shame
- Safety issues
- Attachment of difficulties
- Sleeping
- Somatic expression
- Uncomfortable with sexuality
- Sexual dysfunction
- Body image
- Nightmares
- Affect dysregulation
- Revictimization
- Problems in maintaining healthy and trusting relationships

# TRAUMA & ADDICTION



- For people with substance use disorders, Post-Traumatic Stress Disorder (PTSD) is one of the most common concurrent mental health diagnoses.

# Substance Use Disorders



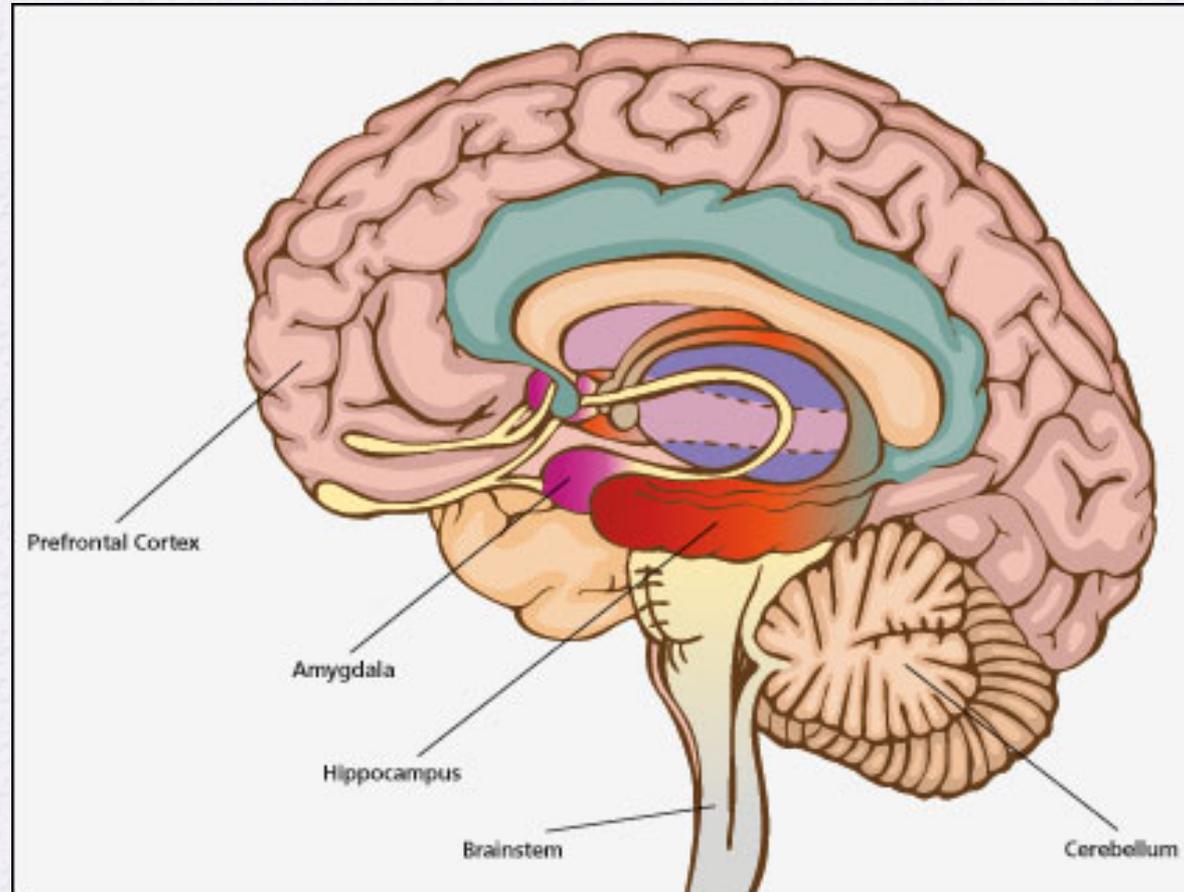
- Along with depression, substance use disorders, including nicotine dependence, are the most common co-morbid diagnoses for people with a history of trauma exposure.
- Persons with a history of trauma exposure in childhood are likely to start using substances earlier in life, use more substances, and have more difficulties with becoming and remaining substance-free than individuals with no trauma history.

# Substance Use Disorders



- Development of substance use problems in the aftermath of adult-onset trauma exposure is also common.
- Clients presenting with a substance use problem are more likely than not to have a trauma history
- Substances are used by trauma survivors as forms of emotion regulation and self-medication.

# The biological basis of post-traumatic phenomena



# Therapeutic Alliance



- **The most crucial areas of consideration for the initiation of this life saving work**
  - The key that will open the door
  - Interpersonal issues of trust and safety
  - Fear, disempowerment, shame, guilt, self blame, anxiety
  - Healing lies within this relationship
  - Corrective emotional experience

# Trauma Treatment?

- Safety
- Remembrance
- Mourning
- Reconnecting
- Others (3 R's)



# QUESTIONS?

