Therapist's Page

By Lisa M. Najavits, Ph.D.

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Trauma and Substance Abuse

Cindy: *"The more I drink the more I won't feel anything. The pain is so bad you just want to die. There is no other way out. If you talk about it, it will hurt too much. So instead, keep it a secret. No one will know."*

Cindy has discovered a terrible truth—that many women survivors attempt to use drugs or alcohol to "cope" with their pain. Studies have found that, for a very high number of women, substance abuse and posttraumatic stress disorder (PTSD) co-occur. Estimates show that 29% to 59% of women in substance abuse programs have posttraumatic stress disorder—and sometimes very serious histories of severe, repetitive childhood traumas. Among women with PTSD, the likelihood of a substance abuse problem are 1.4 to 3.6 times higher than for women without PTSD. Unfortunately, using substances to manage trauma symptoms does not work in the long run. While it may feel good for a few minutes or hours, over time the substance becomes a problem in itself.

The relationship between substance abuse and trauma is only now beginning to be understood. For many years, most treatment programs typically focused on one or the other, but not both. A woman entering a program usually would not receive treatment for her substance abuse. Unfortunately, if the two disorders are not both addressed, it is less likely that the survivor will fully recover. Even very helpful programs such as Alcoholics Anonymous and other 12-step programs may not validate the importance of trauma. Some women report that when they tried to talk about their trauma, they were told instead, "just focus on the present," "all that matters is your drug use," or "get off your pity pot."

Why do substance abuse and trauma occur together for so many women? One way to understand the connection is to recognize that a woman who grew up in a dysfunctional or abusive home often did not learn how to manage problems in a healthy way. Her parents may have used substances to cope with their problems, teaching them that escape is necessary. Or, she may have felt so much pain from her trauma, that when exposed to drugs, for example as a teenager, she found them a "perfect" solution for getting rid of feelings and memories. For other women, the substance abuse may have come first. After developing a drug problem, women have been found to be more likely to have a traumatic event occur—because they may not be taking care of themselves, may be living in a dangerous neighborhood, or may be associating with people who will hurt them. In short, the two disorders can co-occur in any number of ways, for any number of reasons. One woman, Karen, describes her story:

"I had been abused by my brother when I was a child. My parents were alcoholic, and they didn't know what was going on. When I was around 12 or 13, I decided that I would start drinking so that they would love me, so that I could fit in with them. I tried very hard to drink, even though it made me sick."

Fortunately, Karen is now receiving help for both her substance abuse and her trauma. The good news is that when a woman survivor with a substance abuse problem receives information and help, she can successfully recover from both. In fact, a recent study found that within three months of twice-weekly group therapy focusing on both trauma and substance abuse, the women in the group showed a significant decrease in their substance use. Their trauma symptoms also decreased, but more slowly.

What can women survivors with substance abuse do to help themselves? Some suggestions are offered below to help guide them. All are based on what women survivors with substance abuse say has worked for them:

Start to notice the connections between your trauma and your substance abuse. Validate how the substance use may have been a way for you to survive until now. Respect yourself for honestly facing that you may have a problem with substances. This is the beginning, and most important, first step.

Be aware that as you stop using drugs, you may find that your trauma symptoms become worse for awhile. If you can "hang in" and learn to cope with those symptoms, you will get through them. Eventually, you will feel better, and you will be stronger because you will have learned to cope without drugs.

While the goal may be to completely stop using drugs, any decrease in use is a good start. If you cannot quit totally, keep trying to decrease your use until you eventually achieve your goal.

Try to learn new coping methods to make up for the loss of drugs.. You may miss the drugs as you would miss a close friend. However, you can now embark on learning healthy strategies such as assertiveness, negotiation, setting boundaries, distraction, finding hobbies and activities, developing new relationships, and taking better care of yourself. Develop new, healthy parts of yourself to make up for the loss of drugs.

Finally, reach out for help for both problems. In the past, it was believed that a woman would first have to recover from her substance abuse

problems before she could work on trauma issues. It is now coming to be understood that working simultaneously on both can be extremely helpful. Karen, the woman quoted above, found that she needed both an Alcoholics Anonymous group and a survivors group. Neither alone was enough for her, but the combination felt right. Also, many of the strategies that work for trauma issues also work for substance abuse problems and vice versa. For example, learning to tolerate feelings helps with both problems at the same time. Remember, you can recover from both trauma and substance abuse!

For further information on healing from trauma and substance abuse, a new educational video on this topic is now available. It includes interviews with people who have recovered from these disorders as well as professionals who specialize in their treatment. *Numbing the Pain: Substance abuse and psychological trauma.* Cavalcade Productions, 1998, Nevada City, CA (800-345-5530).

To contact Dr. Najavits, phone (617) 855-2305, or e-mail (Lnajavits@aol.com). A description of the new treatment and its results are published in the following articles:

Najavits LM, Weiss RD,Liese BS. Group cognitive-behavioral therapy for women with PTSD and substance use disorder. J. Substance Abuse Treatment 1996; 13:13-22.

Najavits LM, Weiss RD, Shaw SR, Muenz L. "Seeking Safety"; Outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. J. Traumatic Stress (July 1998).

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Learning to Be Other: How Dissociation is Taught in Spirit Possession and Child Abuse

By Karen G. Way, PhD.,*Doctoral Student in Clinical Psychology*

Some claim Dissociative Identity Disorder can be taught to clients by psychotherapists. One way of determining whether this is likely is to look at how dissociation is taught in other cultures where the process is open and well-documented, such as cultures that value spirit-possession.

In Haitian and West African religions such as voudoun, the initiates are prepared for their first full trance experience through careful conditioning, usually involving four factors:

1. Modeling: From childhood the initiate has seen adults move in and out of trance, and is familiar with how behavior in trance is different, unworldly, often sexual and violent. After trance, people return to normal.

2. Hyperarousal: When the time is right, the initiate undergoes a process designed to prepare mind and body to receive the destined loa or spirit. After a period of deprivation (fasting, going without sleep, lying alone in a small hut), the initiate is lightly drugged and then violently stimulated by fast dancing, loud rhythmic sound, pain, and exhaustion, leading to sensory overload, hyperarousal, and a loosening of the structure of identity.

3. Motivation: The initiate is motivated to accept the new identity of the spirit by strong social and intrapersonal factors. Receiving the spirit will relieve the physical crisis of hyperarousal, but will also provide status, access to spiritiual power, and a chance to embody and act out fantasies of self and community.

4. Community Reinforcement: After the ritual, community etiquette discourages discussion of how each person behaved in trance, thus reinforcing and maintaining dissociation.

In the therapy scenario, only two of these factors are prestn. Except in cases of direct abuse by the therapist, clients do not see dissociation modeled, nor are they physically hyperaroused. Motivation is certainly present, especially if the therapist allows the client to think the therapist will be more interested in dissociative "specialness" than in other, more mundane therapeutic topics. Community reinforcement, once positive due to media interest and generous insurance, is now a mixed factor, more negative than not.

But there is a scenario in North American culture where dissociation is "taught." All four factors are present when a child is chronically abused sexually. A child in that scenario becomes highly attuned to signs a repeated abuser is moving toward a buse. Within the dyad, the child observes the abuser modeling overt dissociation or more subtle variations in ego state. Over time, the child learns to shift moods with the abuser and become the reciprocal other (victim, resister, vamp, thing) the abuser needs to see.

During the abuse, the child is hyperaroused physically and emotionally, overloading undeveloped senses and metabolism. The child is highly motivated to dissociate, both during the abuse and after it, to survive and to protect existing relationships. If the child has good dissociative skills, he or she can return to "normal" as soon as the abuser does. Reinforced by family and community denial of the event or its harm, the child may be able to maintain a strong enough dissociative barrier to advance developmentally even though abuse continues to occur.

The formal induction of spirit possession is a template that can be be used to understand the interactive process by which an abuser teaches DID to a child. Just as the priest prepares an initiate to be possessed by a specific spirit, so the abuser uses a specific style and agenda to shape the traumatized other, uniquely shaping the later manifestation of DID. Better understanding of the open mechanisms of spirit possession may lead to better understanding of the hidden mechanisms within abusive families that produce DID. Going outside our culture is one way to find a map to what our culture denies.

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