



Trauma as a Trigger

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The National Center for Post Traumatic Stress Disorder (http://www.ncptsd.org/facts/specific/fs_alcohol.html) offers a fact sheet that demonstrates the close relationship between unresolved posttraumatic stress (PTSD) and substance use disorders. It includes the following points:

- PTSD and alcohol problems often occur together.
- People with PTSD are more likely than others with similar backgrounds to have alcohol use disorders both before and after being diagnosed with PTSD, and people with alcohol use disorders often also have PTSD.
- Men and women reporting sexual abuse have higher rates of alcohol and drug use disorders than other men and women.
- PTSD symptoms often are worsened by alcohol use.
- Alcohol use and intoxication also increase emotional numbing, social isolation, anger and irritability, depression, and the feeling of needing to be on guard (hypervigilance).
- Treatment for PTSD and alcohol use problems should be designed as a single consistent plan that addresses both sources of difficulty together. PTSD issues should be included in alcohol treatment, and alcohol use issues should be included in PTSD treatment.

Repeated relapses into chemical dependence following treatment may indicate the presence of previously undetected, sub-acute co-occurring posttraumatic stress. When addiction and posttraumatic stress co-occur, they exist in a mutually reinforcing and mutually triggering relationship. Treatment will be more effective if they are addressed concurrently. The flooding and compulsive avoidance of emotion associated with unresolved posttraumatic stress may act as "hidden triggers" to escape into the numbing effects of alcohol and drugs. Unfortunately this attempted solution brings its own set of problems. Using drugs or alcohol only makes one more vulnerable to further trauma, whether through flashbacks or through exposure to high-risk situations that result in more abuse and victimization. Alternation between hypervigilance and avoidance and numbing is a hallmark of posttraumatic stress. Avoidance and numbing also characterize much active addiction. When unresolved trauma and vulnerability to addiction co-occur, each tends to exacerbate and reinforce



the other around a central core of profound fear. What sustain the fear are cognitive distortions (i.e., mistaken beliefs) that construe emotions as dangers one must avoid at all cost. Recovery from co-occurring trauma and addiction requires realizing that your feelings will not kill you but your attempts to avoid them might.

The persisting emotional effects of past experiences are frequently more profound than one realizes consciously. Disproportionately intense reaction patterns provide clues. Whether events are experienced as traumatic has less to do with their objectively measurable severity than with their subjective (and subconscious) impact. Unable to think critically and so instead reasoning by analogy, the subconscious mind reacts to triggers in the present as if they were scenes, situations or events from the past. Although most likely to occur as a consequence of rape, combat, or childhood abuse, posttraumatic stress is not solely (or even necessarily) the result of such obviously and immensely distressing events. Rather, it can develop more subtly and cumulatively through multiple experiences of abandonment, neglect, or invalidation. John Bradshaw has noted the similarity between the reaction patterns of traumatized combat veterans and the hypervigilance of persons exposed to various forms of familial dysfunction. Of course neither experience leads automatically to posttraumatic stress in a one-to-one causal relationship. How past experiences are affecting one's present functioning needs to be assessed and not assumed.

The good news about posttraumatic stress is that it is not only treatable but also curable. Adopting "posttraumatic stress victim" as one's permanent conceptual identity would not be conducive to recovery. What is helpful and even necessary for the recovery process is learning to recognize one's reaction patterns, emotion regulation style, impulses, and beliefs. Although initially uncomfortable, such recognition helps begin the movement from compulsion toward freedom—freedom to discover what is and is not working and to develop alternatives; freedom to trade ineffective, short-term "solutions" for lasting resolution. Behaviors that have been familiar and habitual may feel secure, but familiar and secure—even when previously assumed to be necessary for survival—do not necessarily amount to healthy, wise, or effective. Psychotherapy (including hypnotherapy) can help reduce the risk of relapsing into addiction, posttraumatic stress, or both by facilitating desensitization to one's emotional triggers. Expressing thoughts, memories, and feelings in a supportive atmosphere and learning to feel feelings instead of numbing them or acting them out are skills that can be learned and that improve with support and practice. The goal is to explore, understand and release the emotional energy of the traumatic imprints that have remained blocked through habitual numbing and avoidance. To do so effectively does not necessarily require



consciously recalling all the details of traumatic experiences that have been repressed or dissociated. Neurobiofeedback and some forms of hypnotherapy, for example, offer tools for releasing the effects of trauma with minimal—if any—processing at the conscious level.

Learning to label, tolerate, regulate, and safely discharge one's emotions is ultimately liberating, but this is a process, not an event. It may require small steps and persistence over time. Discussing his trauma model in *Paradigm* (Spring 2002), Colin A. Ross, M.D. wrote, "Addictions are the opposite of desensitization. An addiction is when you run away from here to over there. Desensitization is the opposite of addiction. [It] occurs when you turn around and face the feelings and conflicts that you are avoiding." Another trauma specialist, Peter A. Levine, Ph.D., said, "Trauma is a straightjacket that binds the mind and body in frozen fear, but it is also a portal that can lead us to awakening and freedom." Both quotations point to the paradox of addiction recovery: It is by relinquishing the means of escape that one attains freedom.