Tian Dayton, who openly shares with us the pain of having grown up as the child of an alcoholic father, is a clinical psychologist and psychodramatist, highly regarded in the United States for her knowledge and experience in the field of addictive behaviours. She is the Director of Program Development and Staff Training at the Caron Foundation, a comprehensive addiction treatment facility in Pennsylvania.

“This is a book about relationship trauma, about the internal earthquake or loss of solid psychological or emotional ground that happens when people you love and need in order to feel secure in the world are lost in their addictions, psychological illnesses or addictive behaviours, when the relationships you depend upon for survival are ruptured.” [p xv]

Her book is liberally sprinkled throughout with the findings and theories of a great many researchers into the areas of human psychology, emotional adaptation, trauma and addiction, starting with the earliest contributions by Darwin and Freud, right through to the work of neurobiologists and psychologists of recent years.

At the core of her argument is the observation that untreated and unresolved childhood trauma is a primary cause of addiction and relapse. She contends that addiction cannot be lastingly and effectively treated without addressing these underlying trauma issues. The trauma may have taken many forms and Dayton draws on a large number of actual case histories from her patient files to document the lasting effects of childhood trauma, including sexual and emotional abuse, death of a parent or sibling, mental illness of a parent or the all too common, often generational damage from being raised in a home environment already ravaged by addiction and substance abuse.

Dayton presents an exhaustive review of the
ongoing effects of such trauma from psychological, emotional, somatic and social perspectives.

At the somatic level we learn from researchers including Bessel Van der Kolk and Candice Pert how trauma can affect the brain and body much more than was previously understood. Memories of traumatic experience often become dissociated from conscious awareness and are stored at more basic levels of the brain such as in the limbic system affecting mood or in regions of the hindbrain controlling primitive fight/flight responses. This leads to a somatization of the traumatic memory that in turn leads to visceral symptoms associated with anxiety and panic or that triggers invasive visual images such as flashbacks or nightmares.

Candice Pert and other bio-neurologists assert that traumatic memories are stored at an even more fundamental level as a ‘cellular memory’ in the organs and soft tissues, specifically involving the neurotransmitter receptors on the cell walls.

Dayton immediately draws a link with Moreno’s prescient observation that “the body remembers what the mind forgets” and notes that psychodrama, with its emphasis on movement and expression through the body provides a natural and immediate access to these memories. It is not surprising then that when we act out rather than talk out situations from our lives, the recollection of memories can occur more spontaneously and completely.

At the level of the emotions, the repression of painful memories of past traumatic experience largely outside the reach of conscious awareness mentioned above results in these persistent unconscious elements from the past sabotaging the adult individual’s ability to respond adequately and appropriately to present day situations in their life. This has a potentially huge effect on the ability to express emotion and on the development of functional personality.

Dayton lists and illustrates examples of a number of maladaptive behaviours that result including learned helplessness, anxiety, depression, emotional constriction and numbness, distorted reasoning, inability to form healthy relationships, loss of trust and faith and loss of spontaneity.

Clearly these are very unpleasant states to find oneself in and it is hardly surprising that the person is strongly tempted to turn to a variety of dysfunctional behaviours to attempt to ward off and escape from the emotional and psychological pain they are experiencing. Such behaviours may include the quick fix of self-medicating with drugs or alcohol or engaging in high risk or high intensity activities such as risky sex, gambling or excessive work. Others turn to behavioural addictions such as excessive sex or eating disorders including bingeing and purging.

These behaviours have in common that they activate the pleasure centers of the brain, enhancing the release of ‘feel good’ chemicals such as neurotransmitters dopamine and serotonin, thus providing relief from pain for a period of time. Unfortunately, the unresolved pain inevitably returns and the cycle of relief through drugs, alcohol, food or sex repeats, leading eventually to the point where dependence and true addiction sets in. The destructive nature of the addictive lifestyle itself then contributes to further damage to the person’s emotional and psychological well being as well as to a deterioration of social relationships.

Most seriously, though, during this whole process the person is moving no closer, in fact is
moving further away from being able to address the underlying cause of the present distress, namely the unresolved effect of past trauma.

At this point there is a stark choice. Either continue the destructive cycle of self-medication, escape and denial or engage in the difficult process of recovery.

There is no doubt that the first steps on this new path are extremely difficult and challenging because once the brave step is taken to set aside the addictive substance or behaviour, then the real struggle begins. At that time the old wounds and pain resurface with no recourse to the quick fix of relief. Now is a time of great need for appropriate supportive intervention.

This time, as the painful old feelings are allowed to arise, in the supportive and safe space of therapy, the original traumatic experience can be revisited, re-examined and re-understood in a new light and then re-integrated into the adult personality.

The recovering individual embarks on the stages of healing which from Dayton’s experience in one shape or another take the following course:

i) Telling the story and bearing witness to the trauma.
ii) Accepting support and caring from others.
iii) Linking current behaviour with the original wound or trauma. Separating the past from the present.
iv) Creating a new narrative and re-investing freed energy into constructive living.

It is immediately apparent to a psychodramatist that there is a striking resemblance between these four stages of healing with the processes of a psychodramatic enactment and Dayton makes a strong case for the effectiveness of psychodrama in the recovery process.

The end result of this path of recovery is the development of emotional literacy which Dayton defines as “the ability to convert feelings into words, to decode our inner world through the use of words.” This is a process of bringing consciousness to our inner world.

Dayton makes the important point that taking the first difficult steps to emotional literacy can be assisted by experiential approaches such as psychodrama which offer alternative ways for clients to connect with and bring out repressed memories of abuse and trauma stored in the brain and body that may otherwise be difficult to access or talk about in words.

She describes various other useful experiential approaches such as journaling, letter writing, use of old photos, drawing up trauma time-lines and social atom diagrams to help with conscious recall and re-examination of previous traumatic experience. The material that arises from this work in turn provides more opportunities for psychodramatic exploration.

Dayton enumerates the particular strengths psychodrama has in assisting the recovery process this includes encouraging role reversal and mirroring to gain a new perspective on old hurts. Psychodrama also addresses the original ruptures in relationship by rebuilding relationships with self and others and by the re-empowerment that arises from the protagonist centred opportunity to rewrite their own script for a new approach to life. She draws on Zerka Moreno’s observation that, “Psychodrama puts the client in touch with their own inner healer.”

Throughout, Dayton never promises an easy ride to recovery and the comprehensive prescription she recommends and details shows that the process is by no means a simple or easy one. She includes one on one therapy, group therapy, medication where appropriate, 12 step
programs, psychodrama, spiritual path, integration with the family and physical self-care.

However, for those willing to commit to the work, with appropriate support and guidance, often over a period of from five to eight years, she holds out good prospects of ultimate recovery based on her own track record of success in both private practice and with the Caron Foundation.

Anyone who hopes to gain greater insight into overcoming the effects of trauma and resultant addiction on their own lives or anyone working to assist these people on their difficult journey, will find much wisdom and hope in the pages of this book.

Trauma and Addiction, Ending the Cycle of Pain Through Emotional Literacy by Tian Dayton, Ph.D., TEP was published in 2000 by Health Communications Inc, Florida.