



ADDICTION:

A COMPASSIONATE APPROACH

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The use of Craniosacral Therapy (CST) in working with clients recovering from addiction is pioneering work. After a considerable period initiating and experiencing this approach to addiction support, I have written this account of my findings working in the area of substance abuse.

What is Addiction?

According to Med Lexicon's Medical Dictionary, addiction is "habitual psychological or physiological dependence on a substance or practice that is beyond voluntary control." Within the NHS, addiction is defined as not having control over doing, taking or using something to the point where it could be harmful to you.

The Causes and the Nature of Addiction

Some specialists claim that addiction is primarily caused by genetic predisposition. Others assert that it is a disease of mind, body and spirit – as claimed by the fellowships of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Other suggested causes include physiological dependence, psychological dependence, family dynamics, behavioural problems and even moral weakness.

More and more research however, suggests that trauma is a major underlying source of addictive behaviour, and that substance misuse is an attempt to stabilise the suppressed symptoms of trauma. Whilst experiencing a trauma doesn't guarantee that a person will develop an addiction, statistics show a strong correlation between trauma and alcohol addiction.

However the reality is that the definition and causes of addiction remain the subject of continuous debate and research, with as many theories as there are proponents of those theories.

Addictions often help to reduce the sensation of overwhelm that trauma has created and – superficially – help regulate emotions. Clients state that using substances can cover up not 'feeling safe', and can help them to escape and suppress unwanted memories and painful feelings. Unfortunately, as tolerance levels increase, users need to consume more of the substance in order to escape their pain.

Cravings result when the dose no longer seems to work. Ultimately the cycle is destructive – the original wound hasn't been eradicated and, on top of this, clients now face additional consequences of use.

People who come into recovery are looking for a new way of being able to live with, integrate and understand the causes of their distress.

Trauma in Addiction

Historically, traditional approaches to addiction therapy have not acknowledged the physical stress response found in the body. The reasons for this stress are many and varied. Often there is a history of abuse, which can be mental, physical and/or sexual. There may have been bullying, a history of addiction within the family, or the family may have a history of mental health issues.

The effects of operations, grief, anger, ruminative thoughts or obsessive thinking can also be drivers for compulsive behaviour, as well as difficulty with social events, depression, panic attacks and eating disorders. In some cases, the trauma may not have been caused by a major event. For example, a child or a vulnerable adult may have been left to cry for ten minutes too long, or perhaps had their hand held too tightly on a walk – if natural discharge and restoration mechanisms are not allowed to run their course, even such events as these can be stored in the body as trauma.

In addition, a physical stress response could also be a consequence of the addiction itself, through, for example, feelings of guilt, shame or isolation. So, as well as dealing with the underlying cause, or what may be affecting the addictive behaviour, the overlaid effects of substance use often compound the situation, resulting in the overwhelm that people typically feel by the time they access support services. All of these causes and effects are experienced in the body, leaving an imprint.

This complex presentation often comprises:
original trauma + the consequences of addiction

If we consider the components of trauma, the body remains in a highly activated state with the person still unconsciously experiencing a sense of danger. This continuously reactivates the nervous system

so that the body remains on high alert. As a result of unprocessed trauma, unresolved energy remains stuck in the nervous system. Symptoms may include hyper-arousal, hyperactivity, disassociation and constriction, which may manifest as: nightmares; mood swings; crying; attraction to danger; panic attacks; 'spaced out' feelings; difficulty sleeping; isolation; avoidance or emotional "numbing"; feelings of helplessness; withdrawal; anger, depression and aggression.

Symptoms and Presentation

Many of the symptoms I see in my work with clients struggling with addiction therefore are associated with shock or trauma. Some of the more common themes I have seen are:

- Feeling like they are out of their body
- Body very tight - like a plank
- Shaky - sometimes so anxious that they can't lie on the table
- Diaphragm drawn up, and a sense of being high up in the chest
- In their head, including much obsessive thinking
- Tight neck - unable to let go
- Light-headed

Various research has revealed a direct link between the physical effects of anxiety and how those effects then perpetuate further anxious mind states. This is a preverbal response in which the body responds first and then the mind follows. Trauma may perpetuate addiction, and clients responding accordingly - with their fight, flight, freeze or collapse responses repressed and locked into their bodies. Clients feel unable to cope with their over-activated - and simultaneously repressed - system. This can lead them to try to find an escape from this overwhelm through using substances.

By the time people are at the point where they are accessing support services and are coming to see me, much of this physical stress is clearly present in the body and is unconsciously running the show.

The Role of CST in Addiction Treatment

Nowadays, thankfully, recovery is acknowledged as necessitating a multi-disciplinary approach, with research highlighting that abstinence regimes and

talking therapy alone are not enough. It is now clear that a combination of elements - prescriptions (if needed), attending support groups, having a key worker, peer support and complementary therapies - produce a much better outcome. Amongst the complementary therapies, my experience shows that CST is an invaluable tool to address this physical internal world of addiction.

CST is very empowering in the context of addiction as clients start to recognise the physical sensations of stress in their bodies and learn how to release them with awareness. CST enables them to understand how physical sensations have a direct correlation to their mental states. If the body is shaking, they typically have anxious thoughts; if they are lost in thought they will become disassociated and lose contact with their body sensations.

The gentle holding of CST provides a safe space that enables the client to become aware of how sensations are fuelling their thought processes and help them to explore how the sensations and emotions come and go - like a wave coming and going: a tightening, a trembling, then a relaxation. A common response is, "I've never felt this before."

CST creates a feeling of safety around witnessing the uncomfortable, and then helps highlight a relaxed state as a place to resource and strengthen the system. By holding these sensations in their awareness, clients can gain a better understanding of them, and they can start to develop a new response to anxious thoughts or feelings.

Through CST, clients start to "know" what it feels like to be relaxed, as opposed to being anxious. In the work I do, I encourage them to notice and take time to experience this feeling. I remind them that the sense of being relaxed is within them to both connect with and be aware of in their lives. It is often much easier to focus on what is uncomfortable, but here they have the opportunity to connect and "be" with what is comfortable. This is often unfamiliar - they may never have consciously recognised a relaxed state of being before. This can be literally life-changing for some clients I have worked with.

A large part of my sessions involves dialogue focused on support and encouragement - helping people to notice when they wander off into thought, and then

helping them to come back into their bodies. They learn to become more aware of what their 'stable state' feels like; building their awareness so they don't always identify with being on the edge and feeling unstable.

This is a place they can return to and nurture outside the sessions. They use the breathing and relaxation techniques, learned in our sessions, as effective coping strategies when these uncomfortable emotions or cravings arise again.

CST is like mindfulness for the body, so my CST is hugely supported by my mindfulness practice.

Sometimes CST is just a place to lie and be.

If clients seem to have gone out of their bodies and are lost in thought, I bring them back to touch the edge of their felt sense experience again. Slowly they start to internalise an understanding that when the body is agitated the mind is too.

In the grip of addiction, when the voices are loud and clients are feeling defeated, CST provides a supportive non-judgemental space to be with their feelings. Holding this space is a crucial part of the support offered to the people I work with. Where there is shock in the body, it is necessary to first build their resources in order to help the system to be as regulated as possible. Learning to manage anxiety levels helps build a path out of activation.

For many people, there may be a history of neglect, or abusive contact. For people who have physical trust issues, CST can provide a gentle, safe and non-invasive way of reintroducing touch. It provides a place of compassion to be with pain in a non-judgemental way without shame or guilt, encouraging people on their path to recovery. I always endeavour to treat clients with the respect and compassion that they may not have received previously. I affirm every step they make, nurturing the positive, fuelling their resources and encouraging self-confidence, with kindness, acceptance and unconditional respect. They often come away feeling calmer, contained, grounded and more aware of their emotions.

Unravelling Trauma

As traumas tend to stack up one on top of the other, only one layer is worked on at a time, ensuring

that the client develops a safety in being with and watching the shock discharge from their system. As a practitioner, I have seen that only when the system has fully released and integrated one layer can I work on the next.

Outer manifestations of this integration might be that the client start speaking in groups, wearing brighter clothing, the 'pleaser' mask or the 'angry' mask may be fall away, loud noises bother them less, to name a few. The client begins to self-regulate and resolution seems to come from their reassociation to sensations.

Some of the physical results I have seen as a result of CST sessions include:

- Re-entering their systems
- Feeling more grounded
- Good connection throughout the body
- Arms and legs tingling

Anxiety Management

Most people have not heard of Craniosacral Therapy, so I have found that calling it 'anxiety management' works well. Although CST does encompass many emotions and feelings that feel unmanageable, anxiety seems like the one users can best relate to. This is especially true in recovery when the substance they have been using as the crutch to alleviate their anxiety is removed, often leaving them even more anxious and vulnerable. Addicts can relate to anxiety as it is a manifestation of fear and being out of control. CST can help them face the unknown. And this is what it comes down to: a life without substances is, for them, the unknown.

How do Clients Enter Recovery Services?

People struggling with addiction come by different routes - some are referred by their GP or by social services; some self-refer. For some it may be part of a probation order, or they may find out about it through other organisations such as AA and NA, or through people they know.

How do Clients then Find me?

Once clients have been assessed by the appropriate service, their key worker may recommend me; they have often heard about me from their peers or other

clients in the service; or they may just be at the right place at the right time – for example, we bump into one another in the waiting room. They may have heard that the work is gentle, kind and non-intrusive, and that it provides a safe environment in which to explore unfamiliar, scary, sometimes uncontrollable emotions.

How do I fit into their Recovery?

CST becomes part of my clients' support network. Clients typically see me for six sessions, and if it really works for them, then they will often come for more and use it to support them as they move forward.

Due to the fact there are not unlimited resources, services nowadays operate on a "time-limited" approach. Sometimes it can feel like an A&E for recovery – doing what we can in six sessions in order to take the edge off and help calm their nervous system and therefore their minds.

Some Challenges of Working with Addiction

The drug to alcohol addiction ratio in a sample of 46 of my clients is as follows: 20 alcohol; 10 mixed drugs and alcohol; 16 just drugs of one sort or another – whether heroin, sleeping tablets, cocaine, crack cocaine, cannabis, and the growing trend of online "legal" highs. These types of addictions manifest in different ways, but there are common themes.

People in the midst of addiction often have very chaotic lifestyles. They sometimes do not turn up to their appointments or may come in straight off the street in very chaotic and vulnerable states. Sometimes we reach a point in their sessions where they decide to disengage completely from their services or from the CST sessions in particular.

It can also sometimes be unclear whether you are treating the symptoms of addiction, or the cause. In a sense, by holding the space and listening, the whole of a person is being heard and met in that compassionate awareness – whether it is cause or effect.

Towards wholeness

In summary, this 'physical' side of recovery, outside of medication, is often an unheard part of treatment. Previously, this internal discomfort would create a self-perpetuating state that substance misuse

would strive to eradicate ("I will drink and then these thoughts and feelings will go away"). Although the feelings might go away for a short time, they then return, and addicts are left with the guilt and shame of their using, as well as the associated behaviour and subsequent negative consequences. Furthermore, when the physical effects of trauma are triggered during or after a detox, without an understanding or awareness of the physical consequence of internal discomfort, the addict is extremely prone to relapse. So the cycle of addiction continues.

By addressing these previously unrecognised traumas with gentle CST, the stress responses in the body are alleviated and a greater sense of wholeness is experienced.

My story

I started working as a therapist with HIV/Aids patients in the early 1990s, and addiction played a part in many of these cases. I now work for Turning Point, a national organisation which works with clients with substance misuse and mental health issues. I have also worked with Oxfordshire MIND and with the Women's Initiative on Street Health Project, which is an outreach project aimed at street-based sex workers in Oxford city. It was during this latter work that I realised that the clients' nervous systems were so over-stimulated that bodywork would often appear to exaggerate symptoms, whilst CST seemed like a much more effective way to calm and ground people. 🙏

Further reading and resources:

Peter Levine (1997) *Waking The Tiger: Healing Trauma*

Evans, K. & Sullivan, J. M. (1995). *Treating addicted survivors of trauma*. New York: Guilford Press.

Kofoed, L., Friedman, M.J., & Peck, R. (Summer 1993). Alcoholism and drug abuse in patients with PTSD. *Psychiatric Quarterly*, 64(2), 151-171.

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