Grief, After Death Communications and Childhood Abuse: Two Substance Use Case Reports

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external events. The client with a substance abuse disorder will therefore have a "tremendously impoverished and impaired capacity to experience, and traditional psychotherapy might have to be augmented with techniques that focus on increasing a client's ability to experience" [14].

Certain reminders, such as anniversaries and birthdays, can form part of the substance misusers grieving process and act as triggers for drug relapse. Reducing opiates often sensitises the emotions of substance misusers, where emotions (and grief) become overwhelming and often result in relapse. Ultimately, this can perpetuate and maintain drug using behaviour and the grief that triggered it. For some, the period of anhedonia following drug and alcohol abstinence can precipitate a relapse further [15]. Those with a substance misuse problem, who remain abstinent, may relapse or be primed to return to drug use as a consequence of these triggers, drug cues and cravings. The dopaminergic activation in the mesolimbic pathway becomes activated by the presence of a pleasurable or aversive stimulus, which determines the motivational state of wanting the drug [16]. The Incentive Sensitization Theory of Addiction postulates that addiction is the result of sensitisation of the mesolimbic pathway [17]. The continued use of drugs can result in drug cues becoming more salient. Leading to intense cravings and possible relapse. In many ways this explains the unconscious processes involved in wanting the drug associated with drug cues and relapse. According to Zilverstand, Parvaz, Moeller, & Goldstein, neuroimaging provides a means of understanding the neurobiological mechanisms involved in cognitive interventions in substance misuse [18]. Their study revealed that the hypoactive prefrontal regions can be regulated via cognitive approaches. Therefore, mindfulness based CBT in many ways is combining both conscious and unconscious factors involved in substance misuse. Bajaj, Gupta and Pande suggest that mindfulness is associated with self-esteem and resilience [19]. Employing an integrative approach, based on relational and mindfulness based cognitive behavioural interventions, highlights the importance of negotiating and challenging old shame-related beliefs; exploring and updating meanings about loss; and modifying behaviours associated with the significant other and drug use behaviour [20-25].

As the following two cases illustrate, shame and guilt appear central to the maintenance of the disorder and grief and childhood abuse has played a significant role in their psycho-pathology. Indeed, exposure to traumatic experiences in childhood, has been linked to substance abuse disorders, Posttraumatic Stress Disorder (PTSD) and other mood-related psychopathologies previously [26,27]. Moreover, in one study, high rates of lifetime dependence on various substances were found 39% alcohol, 34.1% cocaine, 6.2% heroin/opiates, and 44.8% marijuana) and substance use, particularly cocaine, significantly correlated with levels of childhood physical, sexual, and emotional abuse as well as current PTSD and complex trauma symptoms [28].

Cases and Methods

Case 1 and 2 (consented anonymised clients) had experienced multiple bereavements and were victims of childhood physical and sexual abuse. Both were psychiatrically assessed prior to attending a drug maintenance programme and cognitive behavioural therapy, and had been diagnosed with depression and/or an anxiety disorder. Further, the cases had not been diagnosed with Post Traumatic Stress Disorder (PTSD) but the presence of trauma was established. Case 1 is a 44 year old heterosexual married female who is employed by a large London company. She has a long history of poly substance abuse commencing at the age of 12. Drugs included the intravenous use of heroin, crack inhalation and non-prescription diazepam. Case 1 has undergone approximately 4 in-patient detoxifcations followed by drug rehabilitation. Following each detoxifcation and rehabilitation, case 1 relapsed within 6 months of treatment. She currently attends a drug maintenance programme and is prescribed methadone and diazepam. This is supported with mindfulness based cognitive behavioural therapy and psychosocial support.

Case 1 reported

'An elderly couple used to babysit my brother and I. The old man, when I was about 5 years old was sexually abusing me. My brother never said anything but I know he was abused to. This happened regularly. I started running away and bunking-of [truanting] school when I was 12 years old. When I was 13 I was using heroin. It felt like all my troubles just went. When I told my dad what had happened he punched me and I fell down the stairs. That reaction has lived with me. The old man [alleged abuser] was a dirty pervert but who I thought loved me {dad}, his reaction destroyed me. So I had to live with it and never discussed it until I attended clinic. When my father died I never got over it, all I wanted him to do was say he loved me, that he believed me. What I haven't mentioned is that every time I see dad in my dreams, I wake up angry. He blames me and I feel dirty. I don't feel accepted or loved. Then I turn the anger inwards and use. I'm angry because he hasn't forgiven me'.

Case 2 is a 43 year old heterosexual male who is currently unemployed and lives with his girlfriend. Case 2 has a long history of poly-substance abuse commencing at the age of 17. Drugs included the intravenous use of heroin, crack inhalation and non-prescription diazepam. Case 2 has undergone approximately 5 in-patient detoxifcations followed with drug rehabilitation. Following each detoxifcation and rehabilitation, case 2 relapsed within 4 months of treatment. He currently attends a drug maintenance programme and is prescribed methadone and diazepam. This is supported with mindfulness based cognitive behavioural therapy and psychosocial support.

Case 2 reported

'I feel angry at my wife and then guilt for hating her. This is not the hate I have because they have died but my hate for what they did to me. My wife was very abusive. She was an alcoholic but I was a heroin user and yet I was the problem. Trust me her behaviour was violent not mine. She used to steal of me, go out to clubs and do God knows what. She died in an accident. Turned out she was seeing another bloke anyway. When she died her family blamed me, because I was the 'smack head'. I was the problem. I've always had problems sleeping, in some ways that's why I prefer opiates and Benzo's [Benzodiazepam] as it helps me get of to sleep. But they don't always help or I wake up in the early hours and can't sleep afer. In them cases I smoke cannabis just to relax me as I have an anxiety disorder. My household was run by an abusive father and my mother was very cold. I was taken into foster care a few times with diferent families. I had run away a few times and when I discovered heroin it was the best thing that had ever happened to me. I was asleep and yet I was awake. The Mrs used to come towards me and I felt this heavy weight on my chest, then wake up in a panic. She presented as a manifestation, so whilst I couldn't see her, I knew it was her. She didn't say anything. Then I used drugs. Afer a while I didn't want to go to sleep because this was so awful so I started using crack to stay awake'.

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