



**SELINUS UNIVERSITY**  
OF SCIENCES AND LITERATURE

**Comprehensive Analysis of the Role of Escapism in the Form of Addictive Behaviours as a Coping Mechanism to Both Perceived and Subconscious Psychological Trauma**

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## **Declaration**

I do hereby attest that I, Kristel Dimitrova-Georgieva, am the sole author of this thesis and that its contents are only the result of the readings and research I have done.

### **Signature:**

*Kristel Dimitrova-Georgieva*

## **Abstract**

This thesis aims to explore the multifactorial nature of escapism in the form of addictive behaviors. A cohort of 18 subjects were included in this evaluation, who exhibited substance use disorders and had an accompanying trauma in their childhood and/or adulthood. Most issues with addiction came from unstable households, where the child was emotionally neglected. Missing parental figures resulted in the individual developing an insecure attachment and seeking partnerships to feel loved and appreciated. They exhibited behavioral addictions in the form of elevated partner co-dependency out of fear of rejection and abandonment. Societal expectations also played a critical role in the behavior of the individuals, resulting in the subjects presenting a false image of happiness and emotional resilience. This led to the inability of the subjects to properly process their emotions, as they actively suppressed them out of fear of otherwise appearing weak. Drug use therefore served as an outlet from the stressful reminiscence of unpleasant memories. The subjects reported regularly experiencing this intrusive thinking of recalling negative occurrences in their life, which led to consuming a substance to deflect the emotional impact of these thoughts. Overall, their traumatic history had compromised their psychological resilience and they became less able to handle stressful situations, also termed as reduced distress tolerance. This thesis serves as an important foundation to find comprehensive therapy solutions for individuals suffering from addictions, originating from several areas in their personal life. Ultimately, this research will help provide guidance to self-awareness and the realization of the tremendous potential that each person has to be their strongest self.

## **Acknowledgments**

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## List of Abbreviations

**ACC** - Anterior Cingulate Cortex

**ACEs** - Adverse Childhood Experiences

**AI** - Primary Auditory Cortex

**AUD** - Alcohol Use Disorder

**BPD** - Borderline Personality Disorder

**BPT** - Borderline Personality Traits

**CT** - Childhood Trauma

**EA** - Experiential Avoidance

**GABA** - Gamma-AminoButyric Acid

**HPA** - Hypothalamic–Pituitary–Adrenal Axis

**IPA** - Intimate Partner Abuse

**IPV** - Intimate Partner Violence

**MDD** - Major Depressive Disorder

**ML-DA** - Mesolimbic Dopaminergic System

**NAcc** or **NAc** - Nucleus Accumbens

**PAG** - Periaqueductal Gray

**PTSD** - Post-Traumatic Stress Disorder

**SUD** - Substance Use Disorder

**VTA** - Ventral Tegmental Area

## Table of Contents

<b>CHAPTER 1: Introduction and Literature Review .....</b>	<b>8</b>
<b>CHAPTER 2: Materials and Methods .....</b>	<b>46</b>
<b>CHAPTER 3: Results .....</b>	<b>52</b>
<b>CHAPTER 4: Discussion .....</b>	<b>64</b>
<b>CHAPTER 5: Conclusion.....</b>	<b>99</b>
<b>References .....</b>	<b>101</b>

## List of Figures

<b>Figure 1:</b> The SEEKING system stimulating dopaminergic and epinephrinergic signalling, primarily responsible for fundamental emotional processing.....	12
<b>Figure 2:</b> Interplay between childhood trauma and the development of SUD .....	14
<b>Figure 3:</b> The prevalence of psychiatric disorders based on different types of CT .....	15
<b>Figure 4:</b> Variables according to different types of trauma affecting individuals, experiencing BPD and depression vs. healthy (control group).....	19
<b>Figure 5:</b> Genetic and Environmental Determinants of Stress Responding .....	25
<b>Figure 6:</b> Transdiagnostic model of CT impact on overall emotional processing, resulting in impulsive behaviors.....	31
<b>Figure 7:</b> Representation of sensation-seeking dynamics, influenced by early-life stress .....	35
<b>Figure 8:</b> When does a pleasurable activity to reduce stress gain control over who we are? ....	45
<b>Figure 9:</b> Representation of the type of childhood trauma with a dominant theme of overly controlling household and emotional abuse/neglect .....	63

## List of Flowcharts

<b>Flowchart 1:</b> Evolution of substance use disorders based on several observed parameters ....	93
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## List of Tables

<b>Table 1:</b> Results of participants based on trauma and length of addiction .....	56
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## **CHAPTER 1: Introduction and Literature Review**

Psychological trauma substantially affects a person's view on life by significantly impacting their overall behaviour. Trauma manifests as unpleasant feelings and thoughts of past experiences causing emotional turmoil to the individual. One distinct coping mechanism when experiencing unwanted emotions is deferring the reality of processing the emotional anguish by mentally escaping the situation in the form of substance use or other behavioral addictions. This thesis aims to explore escapism from different aspects to deduce a comprehensive explanation of addiction as a pathological behavior.

### **The Fundamentals of Escapism – Defining Experiential Avoidance**

One defining parameter of escapism appears to be experiential avoidance (EA), which is described by the unwillingness to experience negative emotions due to compromised psychological resilience, subsequently resulting in specific behaviours to achieve the desired diversion (Lewis & Leverick, 2019; Emerson & al., 2019). However, prolonged experiential avoidance has detrimental effects on the individual. For instance, Lewis and Leverick (2019) argued that EA plays a significant role in the development and maintenance of mental diseases such as post-traumatic stress disorder (PTSD).

Escapism can present itself in several ways, however, individuals mostly engage in repetitive behaviours, which consistently bring them solace (Barrett et al., 2015, Georgsdottir et al., 2021). Abnormal behaviours can evince themselves in the form of drug addictions, i.e. using a physical agent (the drug) to elicit a perceived escape from reality. Georgsdottir et al., (2021) examined the direct correlation between childhood



emotional trauma and addictive behaviours by surveying several individuals. The subjects reported that drug addictions helped them subdue their thoughts and feelings, and reduce their anxious tendencies towards the traumatic experiences. Furthermore, the process of anxiety and subsequent experiential avoidance might also be an unconscious process, that is, innate or learned, stemming from the relationship between parents and children. Emerson et al., (2019) conducted a comprehensive study, revealing that the parent's own experiential avoidance is positively correlated with increased child anxiety. Therefore, an individual might not always realize how their early-life experiences within the family paradigm shaped their desires to escape and avoid confrontation with certain negative feelings.

Additionally, the interplay between experiential avoidance and distress tolerance, two similar, yet distinct concepts, was investigated (Shorey et al., 2017). Distress tolerance, as opposed to experiential avoidance, is defined by the ability to manage perceived or actual stress triggers. Subjects with substance use disorders were evaluated using questionnaires specific to the aforementioned parameters and it was found that lower experiential avoidance and consequently higher distress tolerance led to lower alcohol consumption. It was then further speculated that distress tolerance might be viewed as a subcomponent to experiential avoidance as they appear to be interconnected when substance use predisposition is discussed. Therefore, individuals that are prone to experience more anxiety when challenged with stressful situations, will most likely have a higher tendency to engage in addictive behaviors as a preferred way to cope.

## **The Neurological Basis of Escapism Behaviors, Defined by Early-Life Emotional Trauma and Subsequent Substance Use Pathologies – The SEEKING System, Dopamine and HPA**

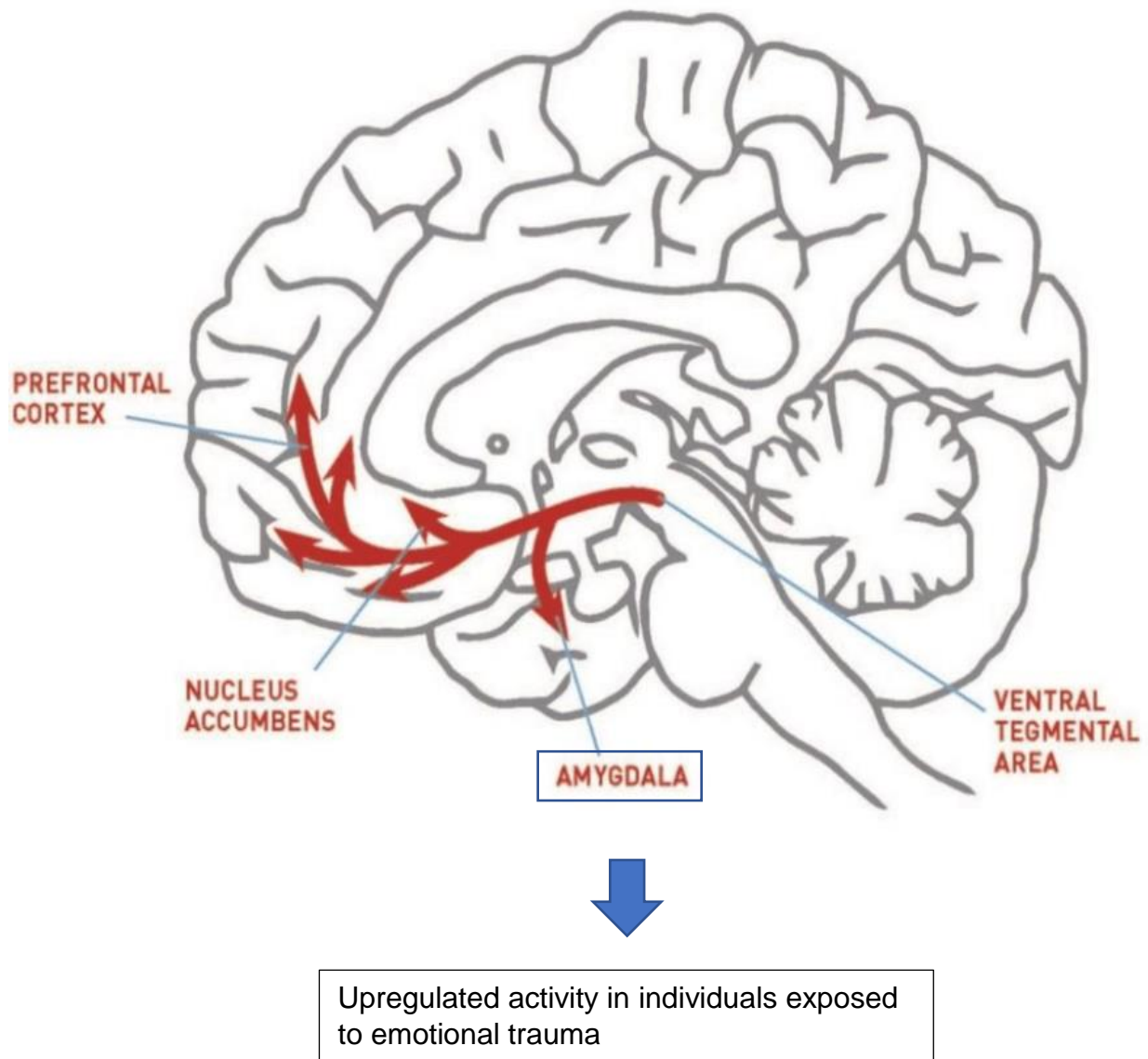
To further define escapism in the form of addictive behaviours, I would like to consider the neurobiological link between emotional trauma and substance use disorder. Teicher & Samson (2016) suggested that childhood trauma influences a variety of structural changes in the brain, specifically involving emotional modulation. These regions included the anterior cingulate, dorsal lateral prefrontal and orbitofrontal cortex, in addition to the corpus callosum hippocampus. Furthermore, early-life trauma corresponded to increased amygdala activity when receiving emotional triggers and reduced striatal response to anticipated rewards (Pechtel et al., 2011).

However, most research focuses on the important role of dopamine. Predisposition to substance use disorder was linked to hypoactivity of the MesoLimbic Dopaminergic system (ML-DA), which is a part of the so-defined SEEKING system, comprising a complex network between the dorsal periaqueductal gray (PAG), Ventral Tegmental Area (VTA), lateral hypothalamus, nucleus accumbens (NAcc) (which projects towards the amygdala), frontal cortex areas, and the Anterior Cingulate Cortex (ACC) (**Figure 1**, Panksepp et al., 1998, Panksepp et al., 2011). Neurochemically, the SEEKING system is modulated largely by dopamine projected by the VTA, but also by descending Gamma-AminoButyric Acid (GABA) and glutamate systems in addition to other ascending catecholamine systems (like norepinephrine and serotonin) as well as neuropeptides projected from source neurons within the lateral hypothalamus (Johnson, 2008; Wright &

Panksepp, 2012). Individuals with low basal levels of dopamine and depressed SEEKING system exhibit a compromised ability to seek rewards in the external world. Therefore, these people quickly realize (either consciously or unconsciously), that dopamine influx can be artificially achieved through addictive drugs. This observation stipulates a theory that the individual actually learns to expect biological, social or sexual benefits as a result of the drug effects, rather than just seeking the addictive nature of the drug itself.

Additionally, research demonstrated that signal transmission involving dopamine constitutes the driving force of alcohol consumption (Soderpalm et al., 2009). Studies in rats revealed that alcohol use increases dopamine signaling in the NAc (Weiss et al., 1996). Conversely, dopaminergic neurotransmission in the NAc and VTA is reduced during withdrawal of rats treated chronically with ethanol (Diana et al., 1993).

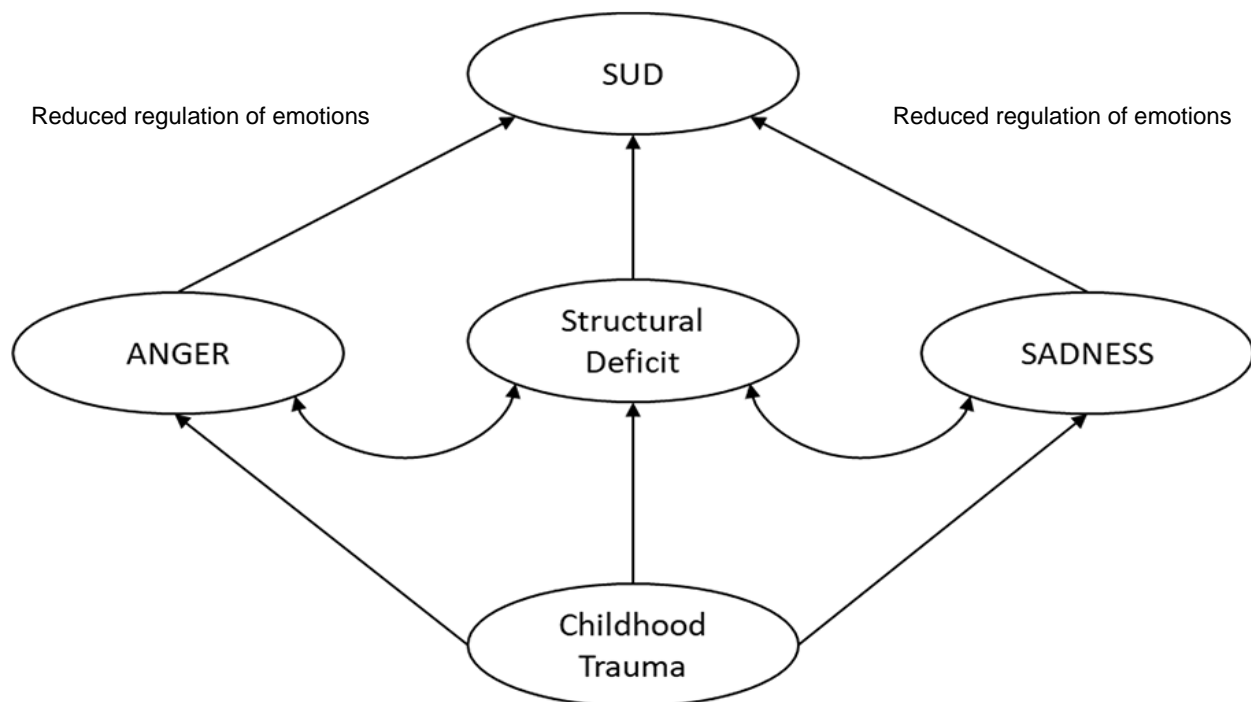
Furthermore, the hypothalamic–pituitary–adrenal (HPA) axis was also identified to play a critical role in individual’s response to stress and is involved in the pathophysiology of addictive disorders. Early-life stressful situations induce long-term surges in cortisol as well as increased expression of corticotropin-releasing factor in the hypothalamus, both of which may contribute to dysregulation of the HPA axis (Ladd et al., 1996). Higley et al., (1991) found that adult rhesus monkeys raised in peer groups without maternal care exhibited increased HPA response and elevated alcohol consumption during periods of stress. Therefore, parental involvement appears to play a critical role in neural signalling modulation.



**Figure 1:** The SEEKING system stimulating dopaminergic and epinephrinergic signalling, primarily responsible for fundamental emotional processing. Adapted from Ellis and Bloch, 2021, amended accordingly, based on concepts from Panksepp, 1998.

## **Early-Life/Subconscious Trauma and Mental Illness – Reviewing Mental Diseases in Detail and Identifying Their Role as a Precursor/Co-factor to Escapist Behaviors**

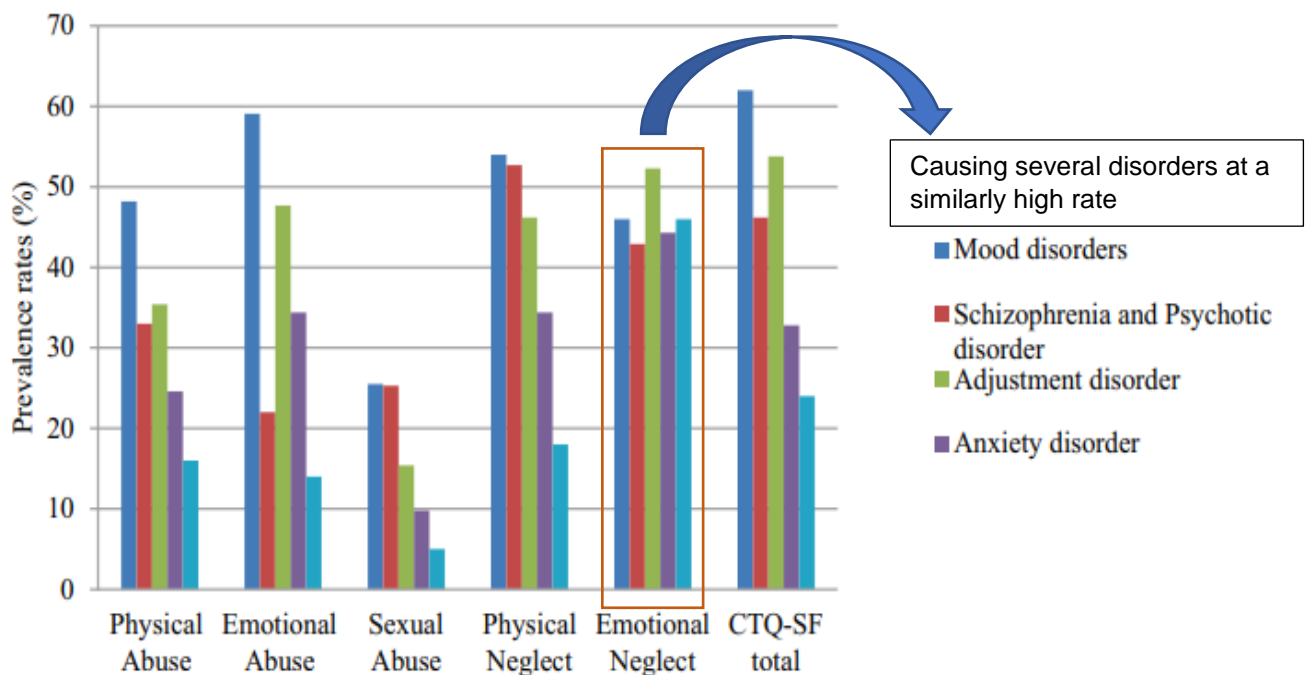
Substance use disorders appear to be more prevalent among individuals with mental health issues. Incessant emotional distress during childhood might unveil itself later in life as extreme behavioral changes (**Figure 2**). These shifts may arise as pathological jealousy, development of personality disorders such as bipolar or borderline, or even complete dissociation patterns such as acquiring schizophrenic tendencies (Regier et al., 2013; Carpenter et al., 2009). Consequently, a precursor to substance use affinity is the presence of a clinically proven mental disease, such as borderline personality disorder (BPD), which is characterized by impulsivity, unstable sense of self and fear of abandonment (Regier et al., 2013). BPD development was linked to early-life traumatic events such as unsupportive home environment, where the child was unable to express emotions or concerns. This factor affects later-life processing of emotions with the individuals either suppressing or overemphasizing their feelings. In a study by Widom et al., (2009), 500 children from abusive environment (physical and sexual misconduct, neglect) were compared to 396 controls for meeting the criteria of BPD. Significantly higher percentage of abused children exhibited BPD-associated behaviors. Particularly, BPD was additionally associated with abnormal stress responses, involving the HPA axis and cortisol. In subjects suffering maltreatment during early-life, a suppressed cortisol response was observed (Carpenter et al., 2009).



**Figure 2:** Interplay between childhood trauma and the development of substance use disorder, adapted from Fuchshuber and Unterrainer (2020).

Saleh et al., (2019) found that emotional abuse and severe family conflict were significantly associated with adult major depressive disorder or the so termed MDD (**Figures 3 and 4**). Exposure to these childhood stressors was positively correlated with compromised cognitive performance and changes in brain morphology. In addition, early life stressors triggered smaller hippocampal volumes, but only seen in depressed individuals. Modified HPA axis regulation and secondary regional brain structure alterations in children, subject to emotional abuse, sexual abuse and aggressive families were discovered. Emotional abuse significantly affects self-esteem, interpersonal skills and personal autonomy (Vietze et al., 1980). Experiencing family conflict also impedes normal development and predisposes the individual to maladjustment issues and

internalizing personal problems (Luebbe & Bell, 2014). In addition to the stressors mentioned above, which specifically predicted adulthood MDD, many find that any significant childhood stress may elevate the risk of depression (Brown & Harris, 1978). Such effects may depend on stressor severity and chronicity, age of exposure and positive support. Logically, children in high stress environments and little emotional support are more likely to experience mental health issues.



**Figure 3:** The prevalence of psychiatric disorders based on different types of childhood trauma, with a dominant theme of emotional neglect (adapted from Devi et al., 2019).

Bozatello et al., (2021) further explored the hypothesis that early traumatic life experiences predispose to the development of BPD. Concretely, childhood stressors induce the evolution of several BPD characteristics, such as affect instability, emotion dysregulation, and self-destructive behaviors. Trauma hinders the ability of processing

and expressing emotions, especially in early phases of life. Recent studies suggested that the adverse childhood experiences (ACEs) involving emotional and physical trauma, parental mental instability, and poverty conditions in early stages of life were the strongest associative factors of BPD symptoms in subjects, 14 – 19 years of age (**Figure 4**). Particularly, childhood trauma during preschool age was strongly correlated with early development of borderline personality features. In conjunction with diathesis–stress theories of borderline etiology (Battle et al., 2004), childhood traumatic experiences such as abuse and neglect in addition to inherited predisposition (specific temperamental traits and genetic polymorphisms) act synergistically to cultivate borderline personality features. Moreover, there is a cumulative effect of emotional trauma – children, who had experienced more than one type of abuse and maltreatment exhibited significantly higher intensity of borderline personality features.

Environmental factors that have been identified as predisposing factors for early BPD included familial maltreatments such as abuse and neglect in addition to psychopathology of family members and parent-child adverse relationship. It has been suggested that cognitive processes including the art of managing thoughts and emotions, the ability to discern and cope with emotional states, are perturbed by early trauma with consequent post-traumatic reactions, dissociative patterns, and alexithymia (Farmer & Sundberg, 1986). Children who suffer maltreatments may adopt a negative view of themselves and others and conclude that they are intrinsically unacceptable, and ultimately deserve mistreatment. This presumption may result in the individual seeing themselves as helpless, not worthy of love or weak and to view other people as dangerous, strict, rejecting, or unavailable. Therefore, abused children may internalize a



pessimistic perception about themselves, others, which ultimately significantly affects their relationship with others (Godbout et al., 2014). Furthermore, childhood trauma may manifest BPD through insecure attachment. Abused children appear to blame themselves when they are maltreated by a bonding figure (Barker-Collo, 2001). Consequently, chronic exposure to maltreatment results in a negative image of oneself with the pathological expectation to be abandoned (i.e., attachment anxiety) and a parallel perception of others as unworthy of being trusted (i.e., attachment avoidance) (Godbout et al., 2014). Some studies revealed that primarily attachment anxiety as opposed to avoidance (more related to father's maltreatment), connects to the relation between child maltreatment and the development of precocious BPD symptoms.

Findings from a maternal psychopathology aspect focus on the importance of BPD diagnoses in mother as a predisposing factor of BPD onset in adolescent subjects (around 15 years of age) (Barnow et al., 2013). Maternal incapacities, defined by poor impulse-control and aggressive behavior were significantly correlated with early BPD in offspring (Conway et al., 2015). Maternal anxiety and depression during pregnancy potentially foster early BPD in sons or daughters (Stepp et al., 2014).

Undefined parental roles and chaotic behaviors in parent-child relationship resulted in abnormal demeanor in patients with early BPD symptoms, in particular self-injuries in adolescence (Lyons-Ruth et al., 2015). Additionally, dysfunctional familial relationships marked by enforcement of guilt, psychological control, and triangulation (assigning children the role of mediator in the parental marital conflicts), were observed in large

samples of adolescents with significant behavioral and emotional disorders who had already exhibited BPD symptoms in childhood (Vanwoerden et al., 2017).

In a review by Trull et al. (2018), analysis of 70 studies revealed that BPD frequently coincided with substance use disorders (SUDs), and these findings are relevant in both clinical and general populations.

Many theories propose that emotion dysregulation in addition to impulsivity act synergistically in the development of both disorders (Conrod & Nikolaou, 2016; Crowell et al., 2009; Gunderson et al., 2018). There is some data from twin studies demonstrating that BPD and SUDs may share genetic parameters. For example, studies have shown significant genetic links between borderline personality traits (BPTs) and substance use among adolescents and young adults (Bornovalova et al., 2013), BPTs and nicotine/cannabis use (Distel et al., 2012), BPTs and alcohol, nicotine, and alcohol dependence (Few et al., 2014), and between BPD symptoms and alcohol and cannabis use as well as alcohol and cannabis use disorders (Long et al. 2017; Gillespie et al., 2018). Importantly, Few et al., (2014) suggested that the genetic similarity between BPD and SUDs may be rooted in common personality traits such as neuroticism/affective instability.

Type of traumatization	BPD (N = 80)	Depressed (N = 73)	Healthy (N = 51)	Analysis					
				All Groups		BPD vs. Healthy		BPD vs. Depressed	
				$\chi^2$ (df = 2)	P	$\chi^2$ (df = 2)	P	$\chi^2$ (df = 1)	P
<b>Neglect</b>									
Early childhood (0-6 years)	50 (62.5%)	27 (37.0%)	10 (19.6%)	24.92	<0.001	23.08	<0.001	9.94	0.002
Latency (7-12 years)	56 (70.0%)	34 (46.6%)	13 (25.5%)	25.38	<0.001	24.75	<0.001	8.65	0.003
Adolescence (13-18 years)	68 (85.0%)	34 (46.6%)	20 (39.2%)	35.43	<0.001	29.61	<0.001	25.36	<0.001
<b>Separation</b>									
Early childhood (0-6 years)	32 (40.0%)	18 (24.7%)	19 (37.3%)	4.37	0.112	0.09	0.753	4.08	0.043
Latency (7-12 years)	48 (60.0%)	29 (39.7%)	29 (56.9%)	6.94	0.031	0.13	0.722	6.28	0.012
Adolescence (13-18 years)	61 (76.3%)	43 (58.9%)	32 (62.7%)	5.64	0.06	2.76	0.097	5.28	0.022
<b>Emotional abuse</b>									
Early childhood (0-6 years)	48 (60.0%)	20 (27.4%)	7 (13.7%)	32.98	<0.001	27.38	<0.001	16.43	<0.001
Latency (7-12 years)	59 (73.8%)	37 (50.7%)	13 (25.5%)	29.49	<0.001	29.30	<0.001	8.69	0.003
Adolescence (13-18 years)	68 (85.0%)	34 (46.6%)	20 (39.2%)	35.43	<0.001	29.61	<0.001	25.36	<0.001
<b>Physical abuse</b>									
Early childhood (0-6 years)	34 (42.5%)	6 (8.2%)	0 (0.0%)	45.04	<0.001	29.27	<0.001	23.23	<0.001
Latency (7-12 years)	40 (50.0%)	10 (13.7%)	2 (3.9%)	43.14	<0.001	30.36	<0.001	22.86	<0.001
Adolescence (13-18 years)	47 (58.8%)	10 (13.7%)	6 (11.8%)	47.94	<0.001	28.54	<0.001	33.14	<0.001
<b>Sexual abuse</b>									
Early childhood (0-6 years)	17 (21.3%)	4 (5.5%)	0 (0.0%)	18.08	<0.001	12.45	<.0001	8.02	0.005
Latency (7-12 years)	28 (35.0%)	7 (9.6%)	0 (0.0%)	31.42	<0.001	22.70	<0.001	13.97	<0.001
Adolescence (13-18 years)	42 (52.5%)	6 (8.2%)	2 (3.9%)	56.03	<0.001	32.95	<0.001	34.76	<0.001
<b>Witnessing</b>									
Early childhood (0-6 years)	45 (56.3%)	16 (21.9%)	3 (5.9%)	41.42	<0.001	34.03	<0.001	18.77	<0.001
Latency (7-12 years)	50 (62.5%)	22 (30.1%)	5 (9.8%)	39.61	<0.001	35.51	<0.001	16.05	<0.001
Adolescence (13-18 years)	55 (68.8%)	34 (46.6%)	8 (15.7%)	35.21	<0.001	35.13	<0.001	7.71	0.005

**Figure 4:** Variables according to different types of trauma affecting individuals, experiencing BPD and depression vs. healthy (control group), adapted from Merza et al., 2015. BPD symptoms seemed to be the most prevalent during adolescence after neglect, some type of separation and emotional abuse.

## **Perceived Trauma - Adulthood Adversity and Substance Use Affinity**

In addition to early-life turmoil, incidence of adulthood psychological trauma is linked to elevated risk of substance use disorders. Such experiences induce higher levels of affect lability, including increased activation in the amygdala associated with greater emotional reactivity and changes to the prefrontal cortex central in the development of strategies for emotional modulation (van Harmelen et al., 2012, Weiss et al., 2018).

Thus, trauma-exposed individuals may be both overly responsive to emotional stimuli and impaired in regulating consequent emotional experiences, a combination that may lead to increased affect lability. Weiss et al., (2018) found that negative emotional lability was associated with increased alcohol and drug use in individuals with PTSD.

Adulthood posttraumatic stress disorder (PTSD) and alcohol use disorders (AUDs) frequently coincide (Kessler et al., 1995; Berenz et al., 2016), with approximately 50% of individuals seeking treatment for AUDs reflecting current PTSD criteria (Brown et al., 1999). Individuals, subject to interpersonal trauma (e.g., physical/sexual assault), in comparison to accidental trauma (e.g., natural disasters, motor vehicle accidents) seem to be at greatest risk for PTSD and comorbid psychopathology (Kessler et al., 1995). Experiencing interpersonal trauma is correlated with greater predisposition to alcohol use issues, and vice versa. For instance, women, who suffered violence, leading to the development of alcohol abuse are more prone to revictimization compared to those not abusing alcohol (Messman-Moore & Long, 2003). Individuals with PTSD juxtaposed to individuals without PTSD also have a worse AUD treatment prognosis. Subsequently, PTSD is associated with faster relapse post treatment (Brown et al., 1999), potentially

due to their reported experience of cravings being more severe than those of patients without PTSD (Coffey et al., 2002; Drapkin et al., 2011).

Shared familial liability such as shared environment and genetic factors constitutes a portion of PTSD-AUD comorbidity (Stein et al., 2002; True et al., 1993; Xian et al., 2000); however, the self-medication theory is the primary explanatory model in the PTSD-AUD literature. This model argues that individuals with PTSD are at increased risk for AUDs due to inclination to use alcohol as a method of coping with undesired negative affect (Khantzian, 1999). A significant body of literature supports this stipulation. Individuals with PTSD are more likely to utilise alcohol as a coping strategy (Waldrop et al., 2007) in comparison to controls without PTSD. Individuals with co-existing PTSD and alcohol dependence also exhibit elevated subjective and physiological craving in reaction to personalized trauma triggers, even in the absence of an alcohol cue (Coffey et al., 2002; Coffey et al., 2010), which may suggest an acquired association between trauma memories and alcohol use. It has been established that specifically the coping motives for alcohol consumption mediate a link between childhood trauma exposure and alcohol issues (Grayson & Nolen-Hoeksema, 2005) in addition to similar correlation between PTSD symptoms and alcohol use among individuals with a history of interpersonal trauma (Kaysen et al., 2007). Scientific data of a daily monitoring study have also confirmed prospective interconnection between elevated PTSD symptom severity and same- and next-day increases in alcohol consumption, particularly among those demonstrating high levels of coping motives and low levels of enhancement motives (Simpson et al., 2014).

For trauma-exposed persons, including individuals with and without PTSD, drinking may be the preferred coping strategy for controlling stress and undesired emotions, particularly in the moments immediately following an acute stressor (Danielson et al., 2011; Kaysen et al., 2014; Simpson et al., 2014). Parallel to emotional distress, trauma exposure significantly adds to allostatic load (Danese & McEwen, 2012), which is the cumulative “wear and tear” on our biological stress response systems, which can be seen through measurement of functioning and alterations in physiological processing when stressors are present (McEwen, 1998; McEwen & Seeman, 1999). Individuals, who experience interpersonal trauma, may be more prone to the effects of acute stressors in their daily lives (e.g., arguments with family members), which consequently can have accruing impact on their overall level of distress and risk of acquiring psychopathology (Marshall et al., 2010; McEwen, 2004; Rogosch, Dackis, & Cicchetti, 2011). The individuals experience actual or perceived relief from undesired feelings when they use alcohol, further reinforcing alcohol consumption behavior, and resulting in relying more heavily on drinking as a coping strategy to reduce or avoid distress altogether (Sheerin et al., 2016). Over time, this compounding behavior might result in alcohol use disorder (AUD). Empirical research pertaining to self-medication theory suggests that individuals who have experienced interpersonal trauma may be less likely to trust others or exhibit a compromised ability to rely on interpersonal relationships to cope, which may enhance the risk of using maladaptive coping strategies, including drinking (Cisler et al., 2012; Epstein et al., 1998; Ullman et al., 2013).

## **From Psychoanalytic Standpoint**

As recently reviewed by Koob et al., (2020), unwanted physiological and psychological symptoms are aggravated rather than eliminated by continuous substance use due to physical and mental withdrawal in addition to negative emotional feedback (termed “hyperkatifeia”) (Feingold & Bitan, 2022) (**Figure 5**). According to the Ego psychology, addiction is strongly associated with impaired psychological strength to cope with external environmental demands and/or intrinsic urges. Therefore, emotions are actively negated as they are not endurable by the self, utilising the psychoactive effect of various substances (Bazire & Proia-Lelouey, 2016).

## **Acting Out**

The concept of “acting out” was first established by Sigmund Freud, who detected an intricate form of defense/coping-oriented mechanism, in which an inner dispute is expressed through behavior (e.g., substance use) to divert its negative emotional meaning (Freud, 1971). According to Freud and his successors, the essence of ‘acting out’ is constituted of a conflictual thought (e.g., sexual desire, etc.), which is replaced with a more bearable action. However, enacted mental battles often persist being unresolved and are consequently repeated compulsively. Therefore, acting out should be addressed and treated in therapy accordingly (Freud, 1971).

Reviewing Melanie Klein's elaboration of Freud's theory, object-relation theory has highlighted the role of psychoactive substances in acting out of confrontational impulses toward the self and others. According to Klein, innate aggression, which is subdued by

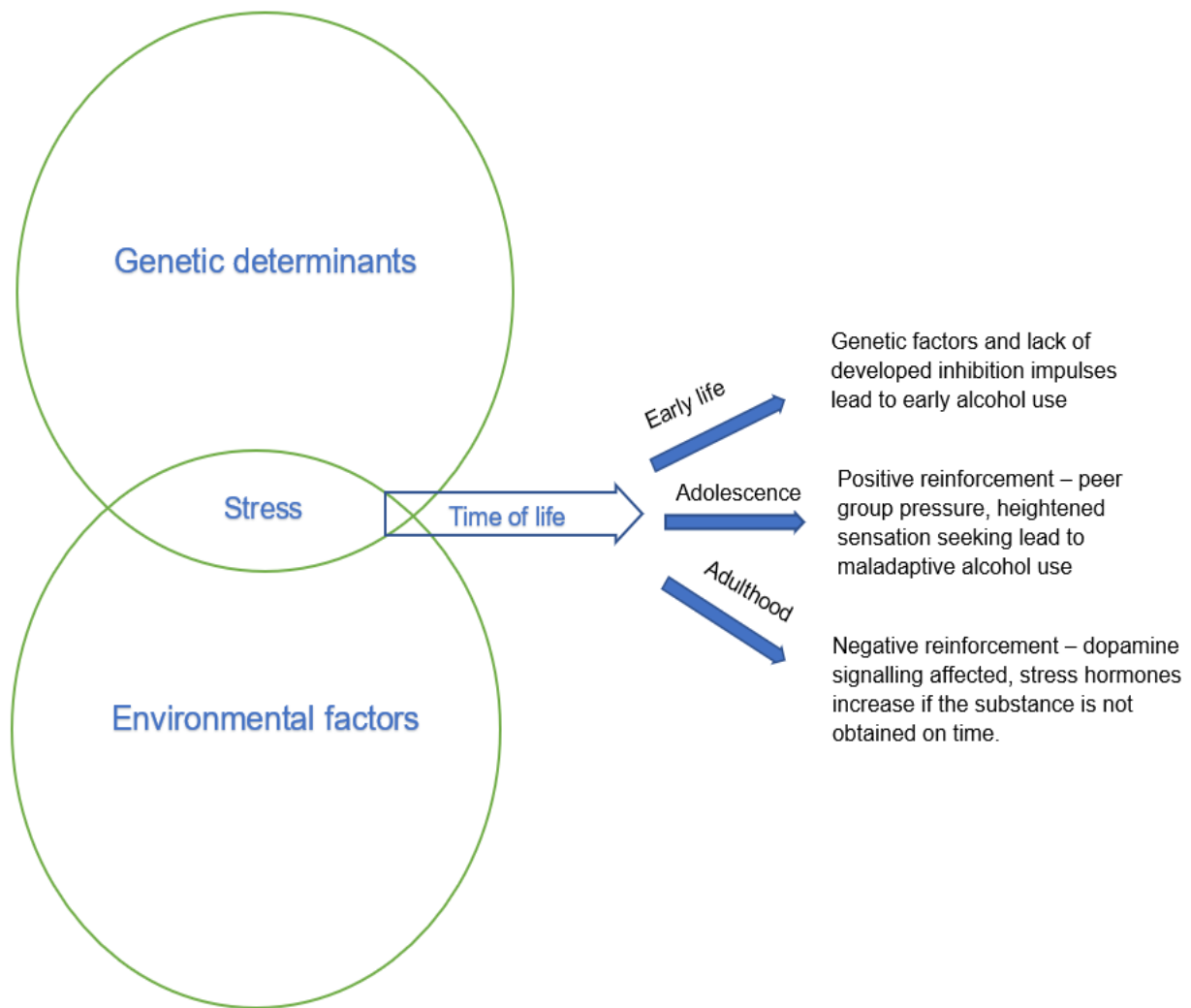
the expression of “good self” due to social expectations of prohibiting explicit aggressive behavior, eventually results in an emotional imbalance. To re-acquire emotional stability, the individual utilises adaptive defense approaches such as “sublimation” (transforming undesired emotions into socially acceptable demeanor) or “reaction formation” (turning unconscious emotions into their opposite correspondents). However, in cases where such defense mechanisms are unfeasible due to lack of ego resources, individuals may use maladaptive defense approaches (Kernberg, 1966). In such cases, psychoactive agents may aid in the execution of the suppressed aggression, either via unconstrained and direct aggression towards others, or via self-destructive behaviors, which is the case of addiction (Sweet, 2012). Paradoxically, in both cases, substance use does not assist in obtaining solace or enforcing equilibrium, but rather maintains a vicious cycle, in which insobriety is the origin of, and the “solution” to, all suffering (Rosenfield, 1960).

### **Attachment Trauma, Concealed Emotions and the Effect on Interpersonal Relationships**

Interpersonal relationships are significantly affected when an individual has experienced psychological maltreatment early in life. Childhood trauma constitutes a greater chance of exhibiting increased emotional dependence on a partner (Sullivan et al., 2005). This emotional dependence might manifest itself in the form of violent tendencies. Adults with compromised stress coping mechanisms due to parental violence and neglect during childhood might demonstrate aggressive behaviors towards partners in a relationship, the so-termed intimate partner violence (IPV). This violence might be in the form of physical, sexual or verbal abuse to exert control over the partner. This is an attempt to



coerce the partner into performing certain tasks or is simply an exaggerated behavior due to fear of abandonment (Swan & Snow, 2003).



**Figure 5:** Adapted from Clarke et al, 2012 and amended with additional parameters: Genetic and Environmental Determinants of Stress Responding

In a study by Drapeau and Perry (2004), subjects reporting childhood physical abuse had a higher prevalence of desiring to be hurt and viewed others as strict and stern. Physical neglect led to higher prevalence of the need to be comforted. Subjects, who experienced significant separations during childhood, felt less self-confident and secure in interpersonal situations. Conversely, results also showed that subjects, who had access to a caretaker/confidant, expressed less need for love.

When delving into the essence of IPV, it is useful to consider two distinct concepts: complex trauma (Speranza et al., 2022; Cook et al., 2005) and attachment disorganization (Bowlby, 1969; Solomon & George, 2011). Complex trauma is defined by the aggregated interpersonal traumatising experiences at an early age, often within primary caregiving relationships. Therefore, it is termed “attachment trauma”, which leads to chaotic, paradoxical and segregated innate working models (Bowlby, 1980; Blizard, 2003). Experiencing these afflictions results in the development of problematic, abnormal and rapidly changing representations of both self and others, in which violence and aggression might be viewed as love, possession and control with intimacy. For instance, it has been demonstrated that attachment trauma could form the implicit conviction to deserve to be maltreated in intimate adult relationship, since such abuse somehow resonates with one’s experiences within primary care systems, or since the abuser is viewed as someone that provides (even if in an abnormal form of behavior) the attention and care absent during childhood (Knox, 2016).

Cognitive models, focusing on the impact of trauma, propose a method for dissecting negative reactions (Massa et al., 2019; Berkowitz, 1993; Ehlers & Clark, 2000). One

theory states that individual perceptions in the understanding of trauma and its consequences result in elevated expectations of threat (Ehlers & Clark, 2000). Trauma processing can lead to distorted sense of threat, which causes the individual to view normal activities as being dangerous, adopting an amplified feeling of the possibility of future traumatic events, and overall negative images about others and the world (e.g., perceiving others as having disrespected one's rules and treating them unfairly). The perception of threat subsequently prompts a variety of cognitive and emotional repercussions, including re-living symptoms such as anxiety, and arousal. To decrease the perceived threat and its accompanying distress, a combination of behavioral, affective, and cognitive reactions may be launched. However, these responses are often dysfunctional and help continue the cycle of threat supposition and maladaptive reactions.

As noted above, viewing the world in a negative light is a major aversive consequence of trauma experience (Ehlers & Clark, 2000). Such negative perceptions appear as seeing the world as unsafe, convincing oneself that people cannot be trusted, and feeling that one must always be cautious. These beliefs often result in dysfunctional emotions and elevated anger and hostility, which in turn increase the chance of a perceived threat response in an aggressive demeanor (Beck, 1999; Berkowitz, 1993; Huesmann, 1998). This behavior may occur in response to a perceived threat from an intimate partner. One study directly examined the link between posttraumatic negative views about the world and intimate partner abuse (IPA) infliction (A. D. Marshall et al., 2011). This study, observing a sample of university students, found that negative

perceptions about the world were directly correlated with both physical and psychological IPA perpetration and that these relationships were arbitrated by anger mishandle and emotional imbalance.

Hostility on its own may not negatively affect others, but when combined with the closely related distressful state of anger, it can increase the risk of aggression (e.g., IPA; Buss, 1961), therefore pointing towards a dichotomous relationship between anger and hostility. Research reveals that a history of a potentially traumatic event is linked to increased levels of hostility and violence (Jakupcak & Tull, 2005). Other studies have further discovered that maritally violent men score higher on hostility tests than non-violent or less violent men (Maiuro et al., 1988) Together, these findings propose that trauma exposure elevate the risk of becoming more hostile, which in turn may lead to a greater possibility of perpetrating IPA.

Rumination, or neurotic self-reflection, motivated by perceived threats, losses, or unjust treatment to the self (Trapnell & Campbell, 1999), is another dysfunctional cognitive process that may help understand the association between posttraumatic negative perceptions about the world and IPA. Rumination has been viewed as a maladaptive analytical processing that has the potential to further aggravate problematic assessments of traumatic events and to trigger re-living unpleasant symptoms (Ehlers & Clark, 2000). Therefore, rumination may completely engage one's attention on perceived injustices, potentially stimulating the detrimental effects of their negative cognitions about the world. This increased focus likely will result in elevated hostility and anger towards others, which could subsequently enhance one's risk of IPA perpetration.

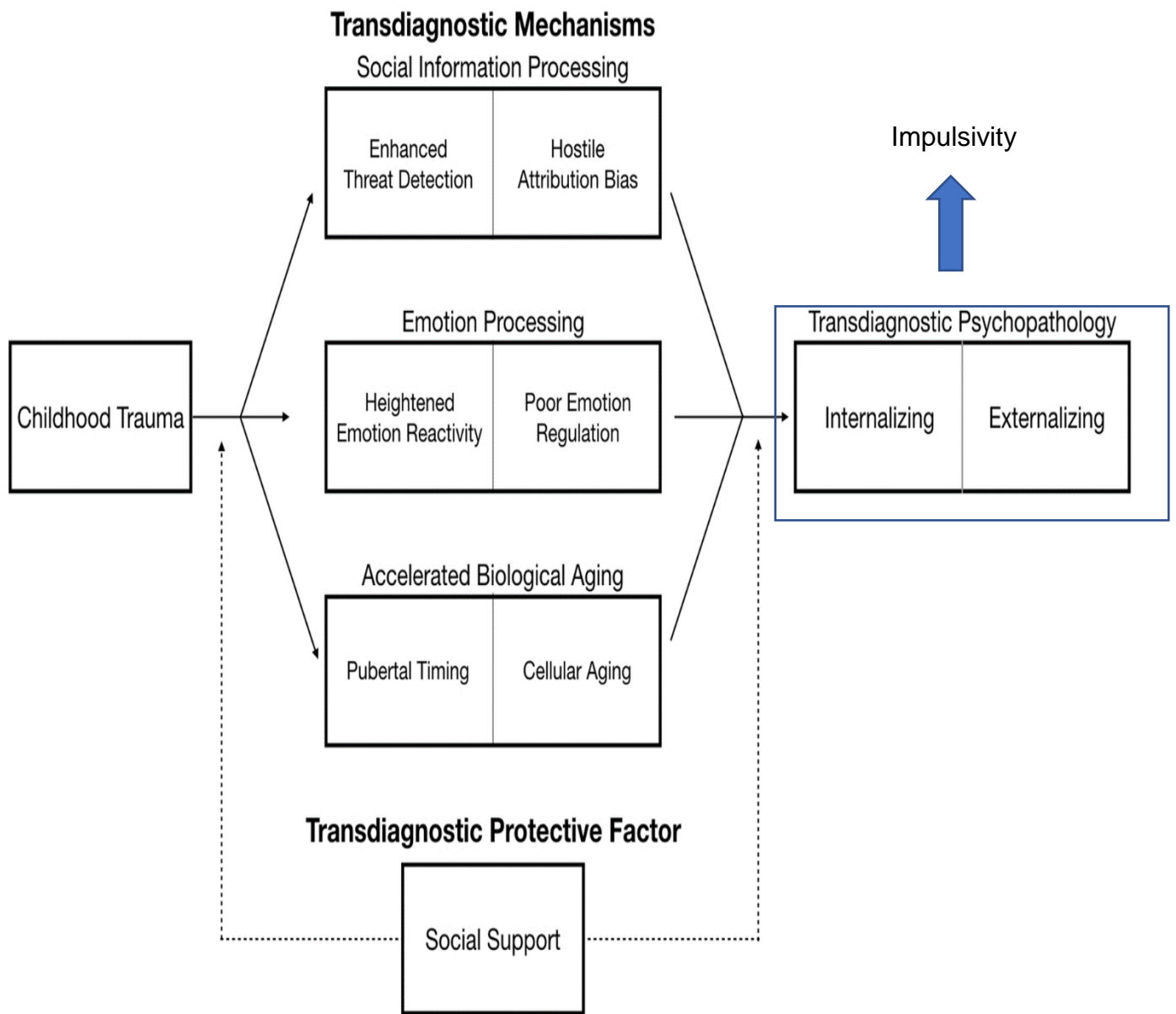
In a laboratory-based study of undergraduate students, self-focused rumination was linked to elevated aggressive behavior, with this relationship mediated by angry affect and self-critical negative affect (Pederson et al., 2011). Studies also indicate that the combined interaction of rumination and heavy alcohol consumption further potentiate particularly high levels of aggression (Borders et al., 2007; Borders & Giancola, 2011). Together, these studies endorse the deduction that dispositional rumination, or the tendency to ponder and re-visit past events or regrets, facilitates aggression by focusing attention onto angry affect and hostile thoughts. Consistent with this inference, rumination may elevate the risk for IPA perpetration among individuals with previous trauma experiences by centering their attention onto abnormally negative cognitions about the world, which in turn results in increased anger and hostility. Consequently, they are more likely to respond aggressively toward presumed threats from their partners.

### **Another Precursor to Escapism Behaviours - Impulsivity and Sensation Seeking**

Impulsivity is a well-known risk factor for pathological behaviours such as substance use. Previous studies have revealed a greater frequency of impulsive behaviours in individuals with a history of childhood trauma (CT) (Kim & Choi, 2020) (**Figure 6**). These impulsive behaviors included features of borderline personality disorder (Bornovalova et al., 2006), eating disorders (Corstorphine et al., 2007), pathological gambling (Kausch et al., 2006), self-harm behaviours (Arens et al., 2012), and substance abuse (Zlotnick et al., 1997). Emotion dysregulation may underlie such an association between CT and impulsive behaviours (Dvir et al., 2014; Mandavia et al., 2016). Childhood trauma not

only impacts the existing ability to control emotions, but it also diminishes the overall development of emotion regulation over time (Schäfer et al., 2017; Swogger et al., 2011; Van Der Kolk et al., 2005). The results of both prospective and retrospective studies have aligned to demonstrate that emotion regulation plays a crucial role in impulsive behaviours of individuals who experience childhood trauma (Kim & Cicchetti, 2010; Weiss et al., 2013). Therefore, CT may elicit the use of dysfunctional strategies to handle challenging emotions, thereby casing individuals with CT to be highly susceptible to impulsive behaviours.

Impairment of emotional regulation is reflective of post-traumatic stress disorder (PTSD) symptomatology, which is defined by the suppression and avoidance of stimuli, which can be associated with previously experienced trauma (American Psychiatric Association, 2013). Impulsive behaviours then serve as a temporary relief from unwanted emotions. Consequently, the association between negative feelings and impulsive behaviour is fortified over time. The individual then feels relief only when engaging in rash actions. The suppression of emotions, termed as internalizing behavior, expresses itself as the externalizing act of impulsivity (**Figure 6**). This behavior is due to accumulation of several important components, beginning with problematic childhood, resulting in poor emotional regulation and ultimately culminating in uninhibited conduct. A protective factor appears to be social support in the form of family and friends, which can provide the individual with a sense of being understood and valued, and therefore alleviate their suppression of feelings and impulsive tendencies to flee from reality.



**Figure 6:** Transdiagnostic model of CT impact on overall emotional processing, resulting in impulsive behaviors. Adapted from McLaughlin et al., 2020.

High sensation seeking in individuals with PTSD may exhaust their regulatory mechanisms, thereby making it difficult for them to control other behaviours (Baumeister, 2003). A growing body of empirical literature suggests that individuals with PTSD show elevated levels of impulsivity. For example, patients with PTSD have been known to show a variety of impulsive behaviours such as substance abuse (Brady et al., 2004), antisocial behaviour (Weiss et al., 2012), eating disorders (Holzer et al., 2008), deliberate self-harm (Sacks et al., 2008), and risky sexual behaviour (Weiss et al., 2019). Specifically, chronic PTSD symptoms are associated with the development of emotion dysregulation, which can trigger severe and complex patterns of disordered behavior (Messman-Moore & Bhuptani, 2017, Dvir et al., 2014).

Furthermore, emotional abuse and negative urgency aggravate PTSD symptoms, resulting in substance-related problems (Mirhashem et al., 2017). These findings suggest that childhood trauma and the consequent chronic negative feelings may impact the emotion-related dimensions of impulsivity and namely positive and negative urgency. Several studies have researched the connection that impulsivity shares with CT and PTSD (Bøen et al., 2014). However, a few studies have synchronously explored the relationship between CT, PTSD, and impulsivity (Mirhashem et al., 2017; Price et al., 2017), both of which only focused on the specifics of urgency. It is unclear whether PTSD symptomatology arbitrates the relationship between CT and the different dimensions of impulsivity. More research is needed involving a clinical sample of individuals with psychiatric disorders to understand the mediative effect between CT and impulsivity (Moeller et al., 2001).



Impulsivity is also investigated as another parameter for binge drinking alongside alexithymia (Herman et al., 2020). Alexithymia influenced trait impulsivity supporting the hypothesis that the incapacity to effectively recognize and describe feelings contributes to disinhibited behaviours. It was established that both alexithymia and trait impulsivity surge with increased binge drinking. Upon further analysis of the relationships between these three parameters, impulsivity was categorized as an arbitrating factor in the link between alexithymic traits and alcohol binge drinking, albeit only partially moderating their relationship. These findings are in concordance with previous research and can be observed in both clinical as well as general populations (Garofalo & Velotti, 2015; Shishido et al., 2013). Therefore, this research suggests that compromised emotional processing leads to elevated alcohol use, including student binge drinking, at least partially through an impulsive trait that causes behavioural disinhibition. These findings emphasize the potential applicability of targeting emotion processing and self-control mechanisms in parallel to decrease alcohol misuse in general as well as in student populations. In reaction to acute emotional distress, hasty action can provide an immediate diversion from the emotional discomfort (Cyders & Smith, 2008). Individuals are, therefore, more predisposed to exhibiting impulsive behaviours – such as alcohol consumption – in the case of presence of emotional torment, aiming to improve their mood (Tice, Bratslavsky, & Baumeister, 2001). This may happen more frequently in alexithymic subjects, who state that they are experiencing difficulties in identifying their own feelings in addition to discerning between non-affective feelings and bodily sensations of emotional arousal (Brewer, Cook, & Bird, 2016). The alcohol use, especially the inconsistent drinking pattern observed in binge drinking, may then further

aggravate emotion deficits, giving rise to a negative feedback loop of dependence (Kober, 2014).

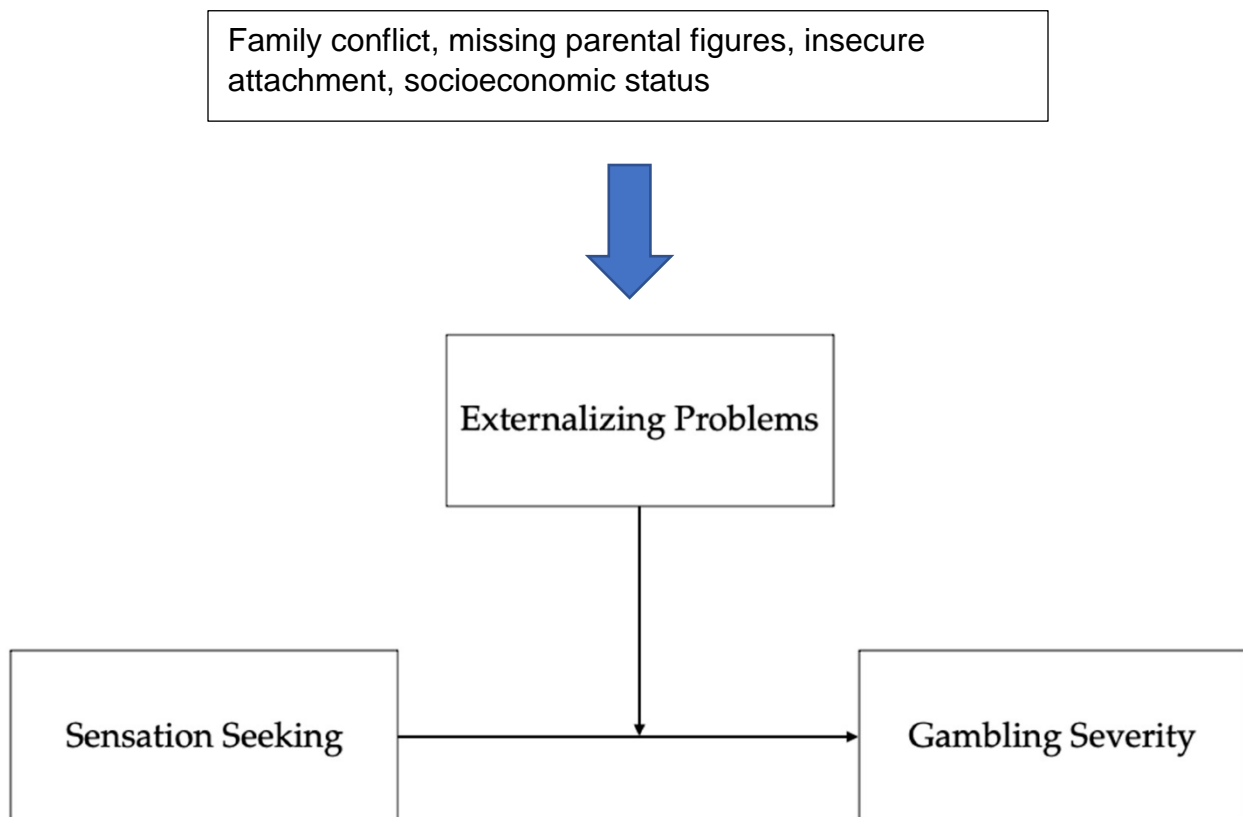
In a study of 200 men by Evren et al., (2015), interdependence between alexithymia, anger, hostility and aggression has also been demonstrated. Features of alexithymia, anger, hostility and aggression coincide in SUDs and this joint interaction is part of a broader disruption across multiple psychological domains. Alexithymic men may unconsciously experience difficulties in controlling unfavorable feelings such as anger, hostility, and related chronic anxiety to balance their inner emotions. In addition, considering that high-level alexithymic people are unable to interpret their feelings correctly, they may inaccurately refer temporarily increased feelings of anger and hostility to self-perceptions of aggressiveness.

Escapism is often associated with sensation-seeking (SS) tendencies, which then lead to substance use disorders and behavioral addictions in general, as the individual constantly seeks novelty (Martin et al., 2002; Ersche et al., 2010; Kosten et al., 1994). For instance, gambling has long-term consequences relating to compromised mental health and social status of the individual (**Figure 7**).

However, sensation-seeking might not always result in negative consequences. In some cases, higher SS status has been perceived as active adaptation to chronic stress exposure (Norbury & Husain, 2015; Keltikangas-Järvinen, 2009). In conjunction with the belief of higher SS in coping with extreme stress in humans, several studies have reported that ex-prisoners of war with SS tendencies report fewer symptoms of post-traumatic stress disorder (PTSD), and less severe psychiatric symptomatology in

general (Neria, 2000). This increase in stress tolerance may be explained by differences in midbrain dopamine and D2/D4 receptor function.

The several different parameters discussed above will be investigated in detail and assessed for potential interconnectedness in escapism motivation. This supports my theory of multifactorial explanation for the need to escape. This theoretical stipulation of possible interplay between different factors will account for the perceived and innate/subconscious predisposition to developing substance use disorders and general abnormal behaviors.



**Figure 7:** Representation of sensation-seeking dynamics, influenced by early-life stress. Adapted from Tani et al., 2020.

## **Perceived Emotional Trauma – Societal Pressure to Be Happy and Fulfilled, and How Societal Incompliance Can Be Viewed as Detrimental to One’s Cognitive Functioning**

My overall observation of human behavior has ultimately led me to conclude that humans often have the need to follow certain societal pre-determined standards to feel accomplished and accepted. Happiness is beneficial and desired by the individual, because it expresses accomplishment and optimal demeanor to others (Dejonckheere et al., 2022). For humans, high subjective well-being is associated with personal success in various life domains (e.g., work, social relations, physical health (Steptoe, 2019; Ramsey & Gentzler, 2015; Fisher, 2010). Exploration of social indicators consistently reveals that happy inhabitants indicate societal flourishing pertaining to economic, social, and political norms (Veenhoven, 1988). Logically, these positive outcomes demonstrate people’s natural tendency to value happiness, for both themselves and their fellow man. However, recent research also emphasized the risks of overly aggrandizing positive emotion, which can result in a felt social pressure to be happy (Bastian et al., 2015; Bastian et al., 2014; Mauss et al., 2012). This is demonstrated in a variety of societal dimensions and research reveals that people readily assimilate and internalize these emotion standards (Carver & Scheier, 1990; Rojas & Veenhoven, 2011; Tsai, 2007). On a macro level, for instance, the promotion of happiness can be proven by numerous well-being coaches, campaigns and self-development books that provide us with tips and tricks to attain and cultivate the most optimistic mindset (Seligman, 2002). More intricately, the human outlook is also

impacted by the apparently perfect lives of influencers on social media (De Lenne et al., 2018) and constant happiness insinuation in commercials and magazines (Dzuhrina, 2020; Mogilner et al., 2012).

On a micro-level, individuals often feel pressurized by their family and closed ones to appear and conduct themselves in an overly optimistic light, because these same social contacts directly or indirectly stimulate and reinforce them to feel happy (Abraham-Smith & Keville, 2015; Linzbach & Suojanen, 2020). This further leads to this overly positive image being regularly presented without an objective reason for it. This one-sided social focal point on happiness also elevates the risk of simultaneously promoting the perception that there should be no negativity. Accordingly, in many modern societies and social entities, the natural experience of negative feelings is easily condemned and perceived as maladaptive for our mental well-being (Wahl, 1999; Horwitz & Wakefield, 2009), and as something rather concerning that immediately needs attention and cure (Conrad, 1992; Touburg & Veenhoven, 2014). Therefore, these social expectations shape the conclusion that negativity is unwanted (Carver & Scheier, 1990; Rojas & Veenhoven, 2011). Nevertheless, periodic feelings of stress, sadness or anxiety are an inevitable part of life for every human being, rendering it almost impossible to constantly obey the societal stringent norm to be joyful (Dejonckheere et al., 2017). This unrealistic standard readily demonstrates a discord between our actual emotional life and the emotions valued by the society, therefore the subjective failure to comply to these social expectations is known to initiate negative meta-emotions, pessimistic self-attitudes and ruminative responding (McGuirk et al., 2018; Dejonckheere & Bastian, 2020; Bailen et al., 2019; Pool et al., 1998), with a consequent paradoxical aggravation of these

unwanted emotional states (Moberly & Watkins, 2008; Nolen-Hoeksema, 1991). The induction of happiness, as achieved by several experiments involving joy-promoting societal parameters such as verbal communication and positive-image articles, ironically evokes weakened positive emotional response to enjoyable events (Mauss et al., 2011), elevated pondering over negative emotions (McGuirk et al., 2018), and intensified feelings of loneliness (Mauss et al., 2012). Conversely, experiencing societal pressure to avert pessimism (e.g., as induced via research with mock articles that focus the social price of negative emotion) promotes increased negative feelings (including both intensity and duration (Bastian et al., 2012)) and equally causes loneliness (Bastian et al., 2015). Cognitively, the societal praise of positive emotions (and the perceived depreciation of negative ones) relates to reduced life satisfaction judgments for individuals, who periodically feel negative (Bastian et al., 2012; Bastian et al., 2014). Pertaining to the clinical perspective, overly appraising positivity has been connected to more depressive symptoms in both adolescent (Gentzler et al., 2019) and adult cohorts (Ford et al., 2014), and compared to healthy controls, depressed patients exhibit stronger beliefs that they should feel more positive and less negative (Thompson et al., 2016). Within individuals, assimilating social pressure not to experience negative emotions confoundingly predicts increases in depressive symptomatology over time (Dejonckheere et al., 2017).

### **The Need to Belong**

Unquestionably, most motives to escape reality stem out from the perception of self and namely, the need to belong through love and understanding.

People optimally thrive in social environments where they feel understood by others. According to self-verification theory, individuals prefer to interact with others who agree with their views, even when those views are negative (Swann et al., 2003). People also feel more satisfied and remain in relationships longer when they and their partners exhibit analogous affective responses to life events (Anderson et al., 2003; Oishi & Sullivan, 2006) or similar interpersonal goals (Sanderson & Evans, 2001). These findings suggest that people pursue and enjoy social interactions with others who comprehend their subjective thoughts and feelings. Current research demonstrates an evolving perspective that feeling understood or misunderstood is an integral experience of our social lives. Although studies have successfully shown the role of felt understanding in sustaining social relationships (Reis et al., 2004), knowledge regarding its effect on other important parameters such as daily well-being is limited. Research on close relationships and social support establishes that people should feel happier and healthier when their social circle is appreciative of their needs and values. For instance, people experience increased positive affect when they feel that their partner understands their views (Oishi et al., 2008) and shares their joy for positive life events (Gable et al., 2004). Perceiving family and friends to be responsive and understanding of a stressful situation alleviates its negative impact on one's health and subjective well-being (Sarason et al., 2001). These findings suggest that people's sense of daily well-being may vary as a function of how much they feel understood by others in their social interactions. The intrinsic need to be understood can also be observed in terms of brain region activation. Feeling understood is linked with neural regions previously associated with reward and social connection such as the middle insula and the ventral striatum

(VS) (Morelli et al., 2014). In contrast, not feeling understood and supported affects regions related to negative affect and social pain (i.e. the primary auditory complex. Behavioral ratings mirrored the neural findings: feeling more understood positively correlated with elevated interpersonal closeness, while not feeling understood was linked with withdrawing from others. Further, when receiving negative feedback perceived as lack of understanding, rejection-labile individuals exhibited amplified neural responses in the regions related to negative affect (i.e. primary auditory cortex (AI)) (Morelli et al., 2014).

Undoubtedly, feeling appreciated is essential for an individual to healthily cope with trauma, as the person can sense being supported and feels that they matter. Appreciation is sought not only in romantic relationships, but almost in all aspects of individual's every day life (Lambert, 2008). Quality time together and appreciation for each other were positively correlated with family strengths in a study of 40 parents (36-52 years old) and 20 adolescents (mean age of 15.8 years) (Greeff & Le Roux, 1999). Experiencing a grandparent's appreciation was determined as one important parameter pertaining to emotional closeness reported by 212 female and 179 male young adult grandchildren (85% Caucasian) (Kennedy, 1993). In another study, appreciation was disclosed as one of the four most important factors of family strengths (Billingsley et al., 2005). Feeling appreciated in the workplace is also an important function of motivation. For example, among 251 employed Jordanian women with children, one of the primary reported reasons to continue working was feeling appreciated (Al-Farhan, 1992).



Research focuses on the importance of interdependence within relationships, across the life course of an individual (P.A. Thomas et al., 2017; Elder et al., 2003). Family members and their involvement throughout the different stages of individual's life constitute a significant impact on their ability to function socially (Umberson et al., 2010). Family connections can contribute to a greater sense of purpose and positively influence well-being (Hartwell & Benson, 2007; Kawachi & Berkman, 2001). The quality of family functions, including social support (e.g., giving love, advice, and care) and strain (e.g., conflict, being overly critical, making too many demands), can affect well-being in a multifactorial manner through psychosocial, behavioral, and physiological pathways. Stressors and social support are the main constituents of stress process theory (Pearlin, 1999), which argues that stress can aggravate mental health while social support may be seen as a protective resource. Prior studies demonstrate that stress negatively impacts health and well-being (Thoits, 2010), and problematic relationships with family members are an especially prominent type of stress. Social support may render an individual to be more psychologically resilient (Thoits, 2010), and also promote increased self-esteem, which is characterized by more positive views of oneself (Fukukawa et al., 2000; Symister & Friend, 2003). Family members may also moderate each other's behaviors (i.e., social control) by providing information and encouragement to act in healthier ways and therefore, help them cope with stress better (Cohen, 2004; Reczek et al., 2014), but problems in relationships may also lead to the opposite – decreased ability to handle stressful situations and relying on abnormal behaviours to cope (Ng & Jeffery, 2003). Issues in interpersonal relationships can manifest physiologically by impairing immune function, negatively impacting the cardiovascular

system, and elevating the risk for depression (Graham et al., 2006; Kiecolt-Glaser & Newton, 2001), whereas positive relationships are linked to lower allostatic load (i.e., “wear and tear” on the body accumulating from stress) (Seeman et al., 2002). Therefore, the quality of family relationships are a quite substantial factor in understanding the behavior of the individual.

### **Self-Love – How Our Own Perception (Self-Esteem and Shame) Influences Our World**

To connect and further assimilate the concepts of belonging and felt pressure by society and how this might result in abnormal escapist behaviors, I would like to introduce perhaps the most important parameter - self-worth. Although escapism is multifactorial in nature, it can be argued that the basis of pathological behavior first arises within the self. Self-esteem, a positive or negative image about the self as worthy or unworthy accordingly (Lamberson & Wester, 2018; Baumeister, 1998; Rosenberg, 1965), has been identified as one important parameter that explains feelings of inferiority (Dreikurs, 1990). A dissonance between who one believes himself to be (self-concept) and what he believes he should be (self-ideal) can result in feelings of low self-esteem that translate in thoughts related to one’s self-worth (Alexander, 1938; Mosak & Maniacci, 2013). This discord often stems from social comparisons. Individuals who experience a sense of inadequacy may search for a temporary relief from this feeling (Abramson, 2015), which may lead to substance use as a method of avoiding these unpleasant thoughts and simultaneously creating artificial feelings of adequacy and worth. However, the use of substances as a coping mechanism can further aggravate feelings of

inferiority by increasing subsequent feelings of envy toward those who do not need substances to cope with stressful situations (Appel et al., 2015) or shame with oneself for doing so (Alexander, 1938). This finding reveals that self-esteem may only partially account for the extensive concept of feeling inferior, as shame may also play a role. Shame feelings of inferiority are defined by the notion of not being accepted by others (Dreikurs, 1990) and experiencing a low sense of belongingness (Abramson, 2015). Additionally, shame is often associated with feelings of rejection, which in turn leads to lower self-esteem (Gausel et al., 2012). Like self-esteem, shame is often a consequence of the contradiction between the self-concept and the self-ideal (Tangney & Dearing, 2002), which has been shown to negatively affect self-efficacy by increasing feelings of incompetence (del Rosario & White, 2006). Shame is described as a persistent, chronic sense of inferiority, inadequacy, or deficiency that has been internalized as part of one's identity (Tangney & Dearing, 2002). Individuals, experiencing substance-use problems were found to exhibit higher levels of shame than individuals with other mental health problems and the general population (O'Connor et al., 1994). Individuals with negative evaluations about the self may utilise substances as a divergence from the turmoil of their feelings (Cook, 1988) but, in turn, may experience elevated feelings of shame with themselves for doing so (Cook, 1988; Wiechelt, 2007). This observation signifies the asynchronous relationship of shame and substance abuse, which supports a vicious cycle of trying to escape the negative feelings, but in reality increasing their intensity.

## Escapism and Potential Advantages

Is escapism in moderate doses beneficial? Listening to a favorite song or reading an enjoyable book classify as an outlet from everyday reality and temporary stress relief. Blood and Zatorre (2001) found that pleasurable music stimulates changes in the amygdala and ventral striatum, consequently resulting in dopamine and serotonin release. Other similar activities such as watching a movie or exercising have synonymous impact. Physical activity can induce favourable shifts in mental health, reduce anxiety and bring a general sense of well-being (Eime et al., 2013; Valois et al., 2004). This is mostly achieved through increases of dopamine, which were also analogously observed in substance use (Boekhoudt et al., 2016). However, in extremes, physical activity was found to cause misbalance in several neural processes, particularly the HPA axis (Clark & Mach, 2016). Nearly every individual in this world regularly engages in such activities and reports feeling more positively inclined afterwards. Therefore, I cannot help but feel, outlets from reality are essential for the ultimate survival of the human species. However, my aim is to understand when a positive activity becomes pathological and detrimental to human's ability to handle stressful situations (**Figure 8**). Specifically, the desensitization to external stimuli to the point of obtaining no pleasure from escaping and namely finding the root cause of needing to escape from reality altogether.



**Figure 8:** When does a pleasurable activity to reduce stress gain control over who we are? Why do we need to escape at the first place? What does it take to simply live in the present, not run away from it? The picture has been adapted from Kalia, 2021 and amended accordingly.

## **CHAPTER 2: Materials and Methods**

This thesis is based on extensive online research, primarily exploring the journal databases, PubMed, PsycINFO and Britannica. Before attempting to browse proposition-related concepts, I carefully dissected the research title to allocate focal points. This was necessary as the topic is expansive in nature and can be analyzed from different perspectives. I aimed to investigate neurobiological aspects in addition to strictly behavioral ones as I strived to obtain a comprehensive picture of the complex essence of escapism.

### **Participants**

This thesis involves a defined cohort of participants, 18 individuals in total, sharing several common characteristics. There are 7 females and 11 males. The subjects are of Eastern-European origins, with one individual also having Western-European roots. I have personally met them and communicated thoroughly with them. I have observed their addictive tendencies repetitively and have discussed their behavior in detail. Formal questionnaires were not conducted, as most of the individuals were unwilling to complete such type of a structured document due to having no time or feeling some type of pressure. Instead, they verbally confirmed to me that they were comfortable with having a conversation and this is the approach I utilised. The concepts to examine have been selected based on my real-life observation of these individuals, who are coping with psychological trauma by exhibiting addictive behaviours. I have a certain conviction of the importance to deduce explanations for human demeanor based on behavioral cues. This comprehensive examination of escapism constituents will help all of us, the

society, attain a greater understanding of our individual life path and treat everyone with kindness and compassion.

### **Defining the Term ‘Experiential Avoidance’**

I had formed an initial hypothesis that escapism in the form of addictive tendencies is in fact, in its essence, an avoidance behavior. I then searched for specific articles to support or revise my theory. Consequential to my search, I came across the already existing term of ‘experiential avoidance’. I then further researched the topic by reading several journals and connecting the dots pertaining to the role of experiential avoidance in escapism and ultimately addictive disorders.

### **Neurobiology**

I did expect an underlying neurobiological component when painting a thorough picture of the motivational drive behind addictive behaviors due to psychological trauma. Specifically, I envisioned that a neurotransmitter, such as dopamine, would be primarily associated with substance cravings. My research culminated in finding strictly evolutionary in addition to environmental factors affecting the dopamine signalling pathways. The specific brain parts involved in emotion processing were also investigated to provide additional context of neural circuit complexity. However, I did not conduct any practical experiments to measure the neural activity of the subjects. I strictly inferred a potential, causal relationship between dopamine signalling and addictive behaviors based on the subjects’ reports of physical/ mental cues when escaping reality and then I simultaneously referred to the available literature to support the findings. Due

to my observations that increased stress led to aggravated prognosis of addiction, I also included the role of cortisol.

### **Childhood vs. Adulthood Trauma**

Early-life trauma is often associated with later-life abnormal behavioural patterns, which are not easily recognized by the individual. This is precisely the reason why I included the point of coping with 'subconscious' psychological trauma. I believe that people are not easily aware of how childhood maltreatment translates into who we they are today. Therefore, I postulate that our behaviour and actions are often innately driven by an emotional gap unbeknown to us. This is not the case when individuals experience psychological trauma in their adulthood, as they have a greater understanding of self and most of the time are fully aware of the reason why they develop substance addictions and namely, a certain situation that has caused them grief of some kind. I researched the available journals on these two points, as I believe an important distinction should be made in behaviors of the unconscious and conscious, as this affects the therapeutic approach to help these individuals.

### **Mental Illness**

According to my observations throughout the years, mental illness predisposes an individual to the development of substance use disorders. I aimed to explore mental disease as an intermediary between childhood/adulthood trauma and addiction. Particularly, childhood trauma such as experiencing an unloving home environment assists in repressing emotions, which acts as a precursor to vanishing psychological



resilience. Unstable sense of self, such as in borderline personality disorder, is indicative of chaotic thought patterns and ultimately abnormal self-conduct and decision making. This condition potentiates an increased chance of developing addictions to subdue the intrusive thoughts.

### **Behavioral Addictions**

Many addictive behaviours do not include ingesting a substance to stimulate desired effects. Individuals compensate traumatic events with other compulsory behaviours such as gambling, internet or the relationship/love addictions. Love addiction is quite complex in nature and since the individuals often become consumed by their strong feelings towards their love interest, they begin exhibiting pathological behaviours such as morbid jealousy, violence and control tendencies. My impression throughout the years was that these patterns are reflective of early-life, abnormal child-parent dynamics and I hypothesized it will be a crucial point to explore throughout this thesis. I also discussed examples of gambling and internet addictions. I then proceeded to gather associated data.

### **Sensation Seeking**

Individuals with addictive personalities are inclined to exhibit sensation-seeking behaviors. This often results in pursuing new experiences, which might lead to the development of substance use disorders over time. Novelty constitutes an unequivocal escape from every-day reality and therefore is often preferred as a method to avoid confronting undesirable emotions. However, since individuals with high SS tendencies

often engage in novel experiences, they appear to be more resilient and adaptable in unexpected situations. Therefore, I decided to explore this point in more detail, as it exemplifies a trait, which can have negative as well as positive consequences for individual's behavior.

### **Societal Pressure Not to Feel**

In our days, social media has imposed a distorted image of what we are supposed to do and feel. We are required to hold certain standards of well-being and general life thriving, so we can be accepted in the society as a functional member. I believe, however, that this homogenization of society deprives an individual of the essential right to feel and act according to their own will. This, in turn, leads to repressing fundamental feelings and desires, which consequently results in the individuals portraying false happiness. However, pretending does not thrive without an expense, and this is one of the reasons why I am convinced that many people suffer from depression and other mental incapacities. Therefore, I explored this point in detail.

### **Compromised Self-Image and Insecure Attachment**

According to my personal views, using substances to escape is essentially an inability to live peacefully with one's own thoughts. Escapism is therefore a run away from feelings of inadequacy, an inability to accept one's true self. I delved deeper in the concepts of self-esteem as a function of childhood trauma, as the role of the family unit is significant for shaping the feeling of worthiness within the growing child. I believe that unstable family environments would induce pathological behaviors later in life for an affected

individual. Feeling unloved or underappreciated will therefore elicit an emotional pain within the subjects, which they will subdue by escaping via substances or becoming overly attached to a partner to compensate for missing love and affection during childhood.

### **Escapism and Its Advantages**

Lastly, I had to consider that escapist activities are not always detrimental to individual's well-being. Quite the opposite, behaviors such as travelling to a different country or increased physical activity seemed to positively influence one's outlook on life. When not in extremes, these practices lead to attainment of a fresh perspective and elevated motivation to cope with everyday tasks. I searched for articles pertaining to that theory and interviewed the subjects included in this dissertation. However, I also remained under the impression that even a positive behavior, when conducted in extremes, could turn fast into detrimental occupation.

## CHAPTER 3: Results

The subjects, who I observed during the years, exhibited escapist behaviours primarily through addictive substances such as alcohol and nicotine. Some of them developed non-substance addictions such as internet, gambling and relationship addictions. All those behaviours manifested as coping mechanisms to trauma, both childhood and adulthood in nature as reported by the subjects. Some of the individuals verbally confirmed their addictions actively helped them escape from their undesirable reality, as they could not imagine any other viable option to deviate from unwanted emotions.

**Table 1** summarizes the nature of the addictive behavior along with its associated cause.

Person Specifics Gender/Age	Type and Length of Addictive Behavior	Type of Associated Trauma
<b>Male, 65 years old</b>	Alcohol (1+ drinks, every day), lasting 30+ years	Post-traumatic stress disorder from a high-risk, high-responsibility occupation, societal expectations
<b>Female, 33 years of age</b>	Alcohol (1+ drinks every day) and nicotine (1-2 packs of cigarettes every day), relationship co-dependency, lasting 15+ years	Childhood neglect by emotional unavailability of parents, overly strict and criticizing household, conflict within the family, relationship failures in adulthood

<p><b>Male, 32 years of age</b></p>	<p>Various drugs, primarily marijuana every day, sometimes more severe psychedelics such as ecstasy and meth, alcohol (1+ drinks) every day or every other day, relationship co-dependency, lasting 18+ years</p>	<p>Unsupportive alcoholic father, conflict in the household, low self-esteem, adulthood relationship failure</p>
<p><b>Male, 23 years of age</b></p>	<p>Alcohol (1+ drinks) and nicotine (1-2 packs of cigarettes) every day, lasting 8+ years, relationship co-dependency, aggressive tendencies in form of emotional abuse towards partners, clinical symptoms of borderline personality disorder</p>	<p>Loss of mother, overly disapproving alcoholic father, physical and emotional neglect during childhood</p>
<p><b>Female, 29 years of age</b></p>	<p>Relationship addiction (constantly seeking multiple partners), alcohol abuse, lasting 10+ years</p>	<p>Absent mother figure, unsupportive father figure, emotional neglect, lack of control and guidance</p>
<p><b>Male, 24 years of age</b></p>	<p>Nicotine (1-2 packs of cigarettes every day),</p>	<p>Dominant mother, passive father, controlling and</p>

	extreme relationship co-dependency, lasting 5+ years	demanding household, insecure image of oneself
<b>Female, 53 years of age</b>	Extreme caffeine (3+ caffeinated drinks every day) and sugar consumption (binge-eating of sweets/pastries every day), lasting 30+ years recent clinical manifestation of paranoid schizophrenia and general psychosis	Overly strict and controlling household, parental figures undermining achievements by comparison to siblings, i.e. lack of support and understanding, alcoholic paternal figure exhibiting aggression
<b>Male, 25 years of age</b>	Internet and gaming, (8+ hours every day), social anxiety, lasting 10+ years	Missing father figure, overly bearing mother figure, witnessing turmoil and conflicts within the family
<b>Female, 69 years of age</b>	Nicotine (2-3 packs of cigarettes), lasting 50+ years	Unsupportive environment during childhood, overly critical maternal figure, relationship turmoil during adulthood
<b>Male, 32 years of age</b>	Excessive shopping, chronic distrust in people, lasting 10+ years	Neglect during childhood, missing mother figure, poor living conditions
<b>Male, 18 years of age</b>	Physical exercise, going to the gym every day for	Exposure to conflict within the family, emotional and

	several hours, relationship co-dependence	physical abuse from mentally-ill parent
<b>Female, 39 years of age</b>	Alcohol addiction, 1+ drinks every day Plastic surgery addiction – whole body augmentation, relationship co-dependency	Multiple failed relationships in adulthood, low self-esteem, insecure image due to societal expectations
<b>Male, 24 years of age</b>	Nicotine + alcohol addictions – 1+ pack/drink a day, Gambling addiction	Unsupportive home environment, missing parental figures, lost paternal figure early in life, sensation seeking and constantly trying to attract attention
<b>Male, 59 years of age</b>	Alcohol, 1+ drinks every day	Adulthood relationship turmoil, divorce, lack of understanding with his children
<b>Male, 32 years of age</b>	Marijuana every day, relationship co-dependency	Childhood trauma, missing parental figures, neglect, dysfunctional adulthood relationships
<b>Female, 20 years of age</b>	Cigarettes, plastic surgery enhancements, marijuana, relationship co-dependency	Missing paternal figure, constant need to conform to societal expectations

<b>Male, 35 years of age</b>	Excessive gaming and binge eating	Absent paternal figure, emotionally neglecting maternal figure, hostile behavior from step-father
<b>Female, 56 years of age</b>	Consuming alcohol every day, perfectionism	Overly strict parents, stressful occupation, adulthood interpersonal trauma, divorce

**Table 1:** Results of participants based on trauma and length of addiction

The results from my observations exhibit several common tendencies. A repetitive theme of associated trauma is neglect during childhood, predominantly defined by missing or controlling parental figures. Conflict within the family appeared particularly traumatizing for the growing child.

Early-life turmoil triggered addictive behaviors sooner in life, most pronounced in teenage years. The addiction seemed to often last indefinitely for individuals, who started their addictive tendencies early in life. Adulthood trauma exacerbated present addictions or marked the beginning of new ones. Depending on the nature and severity of stressful occurrences later in life, the individuals either maintained or increased the intensity of their addictive behaviors.

A common adulthood trauma appeared to be relationship failures. The seriousness of the relationship was positively correlated with the severity of addiction - the greater the



grief for the lost partner, the more increased the substance use as a way to cope and consequently more severe the addiction.

Upon questioning the subjects regarding the reason as to why they exhibit a particular addictive behavior, most reported they wished to escape reminiscing about certain memories/traumatic events. Most of them stated that the drug agent of choice brought them both physical and mental pleasure, specifically describing it as literally 'satiated' a type of 'hunger'. They claimed feeling calmer and happier while on the substance. Furthermore, the individuals reported feeling more optimistic when under the influence. Conversely, they stated feeling extremely unhappy and stressed when sober. Most of them exhibited aggressive inclinations if not being able to obtain the addictive agent on time. For some, a complete shift in personality traits was observed. They became withdrawn, overly sensitive and confrontational. Physical signs were also present such as tremors, sweating and palpitations.

Some of the subjects experienced mental instability, which only seemed to aggravate their crave of substances. They often reacted impulsively and experienced a diminished ability to withstand the desire to use drug substances.

Some of the individuals realized that they have an addiction problem, however, they reported being unable to stop. They perceived their emotions to be stronger than their feeling of self-control and some of them explained their craving as a strong physical sensation, which was quite persistent and increasing in intensity if the substance was not consumed on time. Some of the addictions were so advanced that they were preventing the individuals from normally functioning again, both physically and socially.

## **Experiential Avoidance**

Most subjects confirmed that their addictions helped them avoid or numb certain negative feelings, mostly triggered by childhood stress. Some of the individuals seemed unaware of the underlying reason for their craving and their need to escape through addiction. However, upon further discussing with them, they admitted that their addictive behavior alleviated the stress of coping with traumatic emotions. They further reported that they were unwilling to engage in new interpersonal relationships or any type of novel situations in that matter out of fear of being hurt and unable to control any new intrusive feelings. They reported that even every day situations, which induced some type of stress for them, were sufficient to predispose them to consuming the drug of choice to feel relaxed again.

## **Alexithymia**

All individuals reported some level of alexithymia, the inability to express or correctly cope with arising emotions. Males experienced a greater difficulty to express their feelings and exhibited a higher severity of impulsive behaviors based on suppressed emotions.

## **Neurobiology**

As this research does not involve quantitative measurements of neural activity, the results pertaining to the neurobiological component of addiction are purely based on associative cues from the cohort. An associated dopaminergic cause can be considered. All individuals reported experiencing a physical need/craving to do the addictive action.

They reported feeling more content and at ease once they obtained the substance/performed the associated pathological behavior. The feeling of being overly stressed when not consuming the drug of choice can suggest a cortisol role.

### **Childhood vs. Adulthood Trauma**

Both childhood and adulthood emotional stress triggered addictive behaviors. It appeared that early life trauma was more unrealized by the subjects in comparison to adulthood post-traumatic emotions. The addictive behaviors of the individuals suffering from childhood trauma were rather intrinsic. Suppression of adulthood emotions seemed to be a conscious process. The subjects were discussing their adulthood trauma more openly and justifying their addictions based on these experiences. Speaking of their childhood traumas, the subjects appeared unaware of the impact on their adulthood decisions, however upon discussing family dynamics more closely, they seemed to become enlightened and attribute some of their behaviors as compensatory for something they were lacking during their early-life development. It appeared that emotional trauma had an accumulative effect, with increasing intensity of addiction when an individual had experienced emotional stress throughout their lifespan.

### **Mental Illness**

Two of the subjects exhibited clinical symptoms of mental disease – BPD and psychosis. Their symptoms first began in childhood and were further exacerbated by addiction. Chaotic thought patterns and highly reduced ability to handle negative emotions led to seeking substances to cope. These individuals were least likely to

terminate addictive patterns. The male participant reported severe maltreatment from a male parental figure, both emotionally and physically. He further added that he grew up in poor conditions and witnessed constant conflict between his parents. The other participant revealed an inability to self-control and reported having overly strict parents, comprising an emotionally unsupportive environment. Distorted self-image appeared to be the basis of all subjects' craving tendencies. Other subjects also exhibited mental disease symptoms, however, much milder than these two, clinically-diagnosed subjects.

### **Behavioral Addictions**

Most subjects exhibited behavioral addictions, some of whom had a supporting substance one. Most of the individuals with early life trauma of experiencing unsupportive home environments revealed relationship co-dependency issues. The participants encountered regular conflict within the family, emotional neglect from the parents or missing parental figures overall.

### **Dopamine and Positive Behaviours**

Some of the individuals channeled their stressful life experiences into positive habits such as increased physical activity. They admittedly confirmed these behaviors helped them avoid facing their traumas by providing an immediate emotional relief. However, the subject admitted that these activities became excessive and upon further self-reflection they reported the behavior being an outlet to processing emotions. The subject reported chronic exhaustion and restlessness due to the high intensity of the behavior but reported having a desire to repeat it just as the substance users.

Most of the subjects added that although addictions help them escape, the underlying processing of the negative emotions remains unfulfilled.

### **Sensation Seeking**

One of the subjects showed distinctive sensation-seeking behavior and namely gambling tendencies, which later resulted in addiction. The other participants were rather routine-oriented, with their addiction being a part of their daily lives.

### **Societal Pressure to Do Great**

Most of the participants reported feeling societal pressure to do certain activities and hide their true emotions. The majority of the subjects experienced a significant number of expectations predominantly originating from their relatives, including succeeding in parameters such as education, relationship status and general positive standing pertaining to common societal norms. All participants used common social media platforms and reported some form of pressure coming from influencers with half of the subjects confirming that they have felt a significant coercion to comply with the current social media standards of happiness. They further added that they have regularly felt inadequate and suffered shame from this perceived lack of enough achievements.

### **Insecure Attachment and Compromised Self-Image**

All subjects, experiencing some type of neglect and abuse in childhood, mostly emotional in nature, reported feeling insecure about themselves and particularly when being in romantic relationships. They had doubts regarding their worthiness as a person and constantly feared that they are never good enough. Some observations were

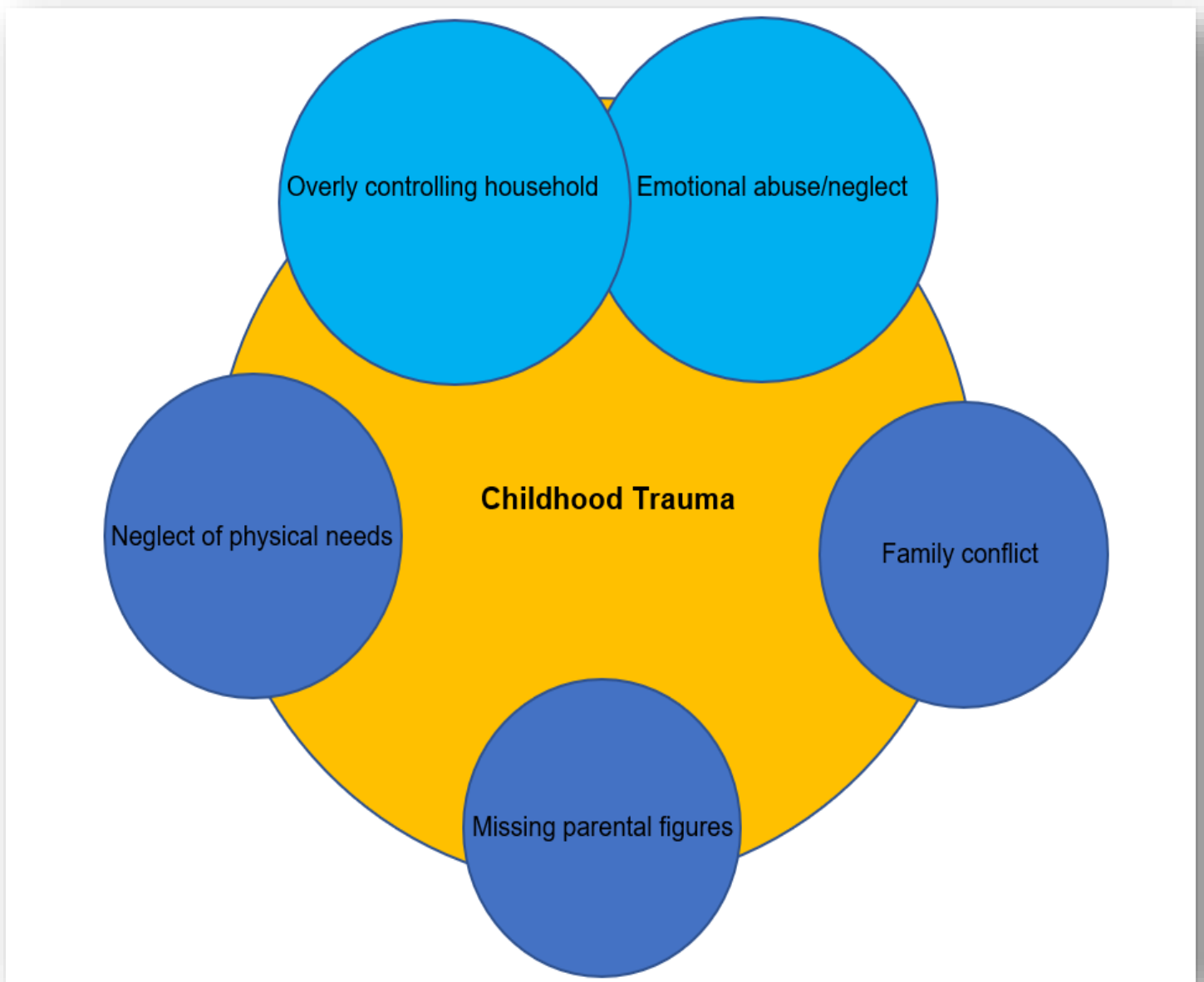
present for individuals, who grew up in overly strict household. Most subjects reported feeling misunderstood from either the society or their partner, which often made them feel lonely, leading to substance use to cope. Some subjects were readily aware that they have issues with self-esteem, inflicted by childhood traumatic dynamics. However, some of them did not readily recognise that their insecurities were an important factor when it came to their pathological behaviors.

### **Escapism – From an Advantage to Burden**

All subjects reported that initially their addictive behavior deviated their attention from the daily struggles of life and helped them obtain a better outlook on the circumstances. However, with the time advancing and their escape becoming an addiction, more than half of them admitted that they are burdened by the constant need to feed their addiction. They all advised me that they would not recommend to anybody to initiate using the specific substance and they would personally warn them that such behavior would be detrimental to that particular new user.

### **Participant Discussion Remarks**

Almost all participants were initially unwilling to share their true feelings to me as they explained that this confession causes them to feel and appear weak in the eyes of others. Some of the subjects added that they currently have no specific person, whom they feel comfortable to profess due to the fear of being judged and appearing incompetent to handle their own problems and emotions. However, once they shared what burdened them, they reported feeling relieved and more optimistic.



**Figure 9:** Representation of the type of childhood trauma, affecting the participants, with a dominant theme of overly controlling household and emotional abuse/neglect, which interconnect.

## CHAPTER 4: Discussion

The results of my observations confirm the multifactorial nature of escapism.

Neurobiological, environmental and conscience-subjective components ally to form an approach to flee from unwanted feelings, specific to each individual.

Common adulthood trauma tendencies included post-traumatic symptoms resulting from distressing events related to a high-risk/high responsibility occupation or failed relationships. All individuals had the common theme of experiential avoidance – with their specific addictive behaviors they were trying to deter unsettling thoughts and emotions resulting from either early and/or later-life trauma, reflecting our initial exploration of the origins of escapism. Almost all individuals exhibited some type of insecure attachment issues, stemming from their problematic relationship with their family or past partners, which resulted in afflicted self-image and reduced self-esteem, leading to compromised psychological sturdiness. Their view of self was further affected by societal expectations, which pressurized the individuals to comply in one way or another. Individuals, who experienced severe childhood trauma and had a more pronounced addiction seemed to be more predisposed to listening to others and feeling the need to conform.

I would like to discuss each participant in detail to fully examine and understand the nature of their behavior. The order of the subjects will be followed according to **Table 1**.

The 65-year-old male used alcohol and nicotine to numb recurrent flashbacks from what he had witnessed throughout his lifetime during his high responsibility/risk occupation.



He admitted that some scenes remained in his memory forever and haunted him constantly, as he also witnessed death. His alcohol consumption at the beginning was more to do to with a social expectation from his colleagues and peers at the time. However, with the increase of traumatic events at his job, alcohol became a tool to cope with the sadness he experienced when observing human suffering. His behavior can be explained by the self-medication theory, as well as 'acting out' – he used alcohol and cigarettes to cope with the negative feelings. He also reported intrusive thinking, i.e. recalling and pondering on the traumatic events constantly, further aggravating his need for substances. With the time being, he noticed that alcohol had become a physical need and when he did not obtain it on time, he reported becoming morose and aggressive. This supports our negative reinforcement theory that withdrawal symptoms stimulate alcohol consumption for the individual to feel normal again. Logically, dopamine signalling is affected, with the organism adapting to dopamine release, only when alcohol is consumed. Without this drug, the individual reported feeling dull and unable to experience happiness. Another factor, inducing his addictions, was the presence of specific societal norms at the time. The familial structure was expected to be a definition of perfection in terms of great communication between family members and the absence of any type of addiction or conflict. This placed additional stress to always act in a socially acceptable manner, not expressing any type of aversive emotions, as this signaled an unstable and unfavorable family unit. Therefore, the subject was forced to conceal unpleasant emotions, also particularly due to the fact that he was a male, which then led him to use substances to cope with the stressful

aftermath of not being able to show emotions due to the fear of him and his family being judged.

The next subject, female of 33 years of age, had several traumatic experiences during her childhood, resulting in a highly addictive personality involving multiple substances. The greatest impact was caused by the conflict within the family, parental divorce and emotional neglect. She was often labeled as the 'black sheep' in the family because of her eccentric and chaotic behavior, while her sibling was constantly praised due to his obedient tendencies. Her parents clearly exhibited a preference towards her brother, which left her feeling unloved and unworthy of affection. She then transferred this need for appreciation to her adulthood relationships and numbed feelings by engaging in addictive behaviors. The parameters mentioned above support a multifactorial explanation of this subject's behavior. Mostly due to her distressing and judgmental family environment, she developed an inferiority complex, often feeling shame for not resembling her sibling, which led to exaggerated people-pleasing tendencies to feel seen and appreciated. There was dissonance between who she truly was as a person and what the society expected of her. She often confided that she feels unworthy and deserves aversive treatment. This confirms her lack of self-esteem due to a constant critical appraisal from the family and society. In interpersonal relationships, the subject exhibited an increased co-dependency with elevated tolerance of partner's unacceptable behavior or treatment towards her out of fear of abandonment. In adverse outcomes of the relationship, the subject seemed to lose herself and fall into leaps of severe depression, medicating her intrusive negative thoughts with large amounts of alcohol

and cigarettes. However, her self-medication approach only resulted in further aggravation of self-image, increased the thread of poor decisions and maintained a vicious cycle of avoiding the root cause of her behavior and namely the need of healing her inner self first.

As we reviewed in the introduction section, strong parental figures play a central role in the child personality development. Family members set an example of behavior, which becomes a staple for the growing individual. Therefore, a child seeks comfort and support from their parents first. The substantial negative effect of problematic family environments can be observed with our next subjects. In the case of the male subject, 32 years of age, suffering from drug and alcohol addiction, an abusive paternal figure significantly shaped his perception of self and his surroundings. His father suffered from an alcohol addiction and was constantly aggressive and verbally abusive towards him and his mother. The subject then suffered from disorganized thinking, his self-worth was diminished, and he acquired masochistic tendencies by internalizing his father's disapproval and believing he is undeserving of affection. In his interpersonal relationships, he became obsessed with the idea of love and mutual appreciation. His childhood need to be appreciated and worthy, he transferred to his adulthood life, and in cases of rejection, he fell into a deeper depressive state and a craving for dissociation from the harsh reality with the help of addictive substances. In accordance with most of the subjects, he constantly exhibited ruminative thinking, exhibiting a pessimistic view towards the future and recalling his personal failures over and over again. He could not cope with the negative feelings on his own terms, therefore he self-medicated to forget

and enter a state of delirium. However, his recurring self-destructive behavior only has aggravated his already low self-esteem and further decreased his wish to repair his inner world by having a sober reflection on his current problematic situation. A similar, yet more severe picture can be observed in the case of the 23-year-old male, suffering from nicotine and alcohol addiction, exhibiting borderline personality disorder features. He experienced significant adversity in his early life, with conflict within the family leading to him and his siblings being transferred to foster homes. He lost his mother at an early age, which significantly impacted his self-esteem. His father had to take care of him and his siblings, however, he was drinking heavily and was often aggressive and disapproving towards all of them. However, his father favored his siblings and clearly exhibited lack of affection towards him by constantly criticizing him and telling him that he is unworthy of being his son. The subject therefore became quite insecure, which was further aggravated by the sorrow from his mother's loss, who was his primary nurturer and support system. This situation had dire consequences on his mentality and perception of the world. He became a people pleaser to receive the much-needed affection and approval, missing during his childhood. At the same time, he had moments, when he was completely distanced from everyone, due to fear of rejection or judgment. His moods became unstable, with no predictability at any given moment. The combination of poor living conditions, his physical and emotional needs not being met due to the unsupportive family environment, he created a fantasy world, where he perceived himself as stronger, more likeable, and superior. This included pathological lying, as he perceived that telling a lie would receive a better response and more tolerable action in comparison to saying the truth. This behavior most likely constitutes a

defence mechanism of not wanting to be hurt, misunderstood or rejected. This is a pristine example of what could happen when a child grows in an emotionally unavailable and generally unsupportive environment. Every child needs to feel loved, supported and well nurtured, otherwise a completely skewed image of self and the world is being developed to withstand the harsh reality.

When it comes to a parenting approach, emotional neglect towards the child might also look like too much freedom and lack of interest. A growing individual needs guidance to make appropriate decisions. If there is a deficit in control and support, the child might become chaotic and unable to establish healthy boundaries. This is the case with the 29-year-old female subject. She grew up with a problematic paternal figure and absence of maternal one. She assumed the role of a carer for her father because of his compromised health. The subject began fulfilling this duty very early in her development. She was deprived of a normal childhood because she had to quickly become responsible. However, her duty towards her father was burdensome and she often felt helpless and in need of love and appreciation. Her father was not really fulfilling his role of emotional support and proper guidance as he was also dealing with his own issues of alcohol abuse and anger outbursts. Due to a lack of proper life advice and absence of love and understanding, she relied on multiple relationships with men and women to gain appreciation and understanding. Due to her father being verbally abusive towards her, she subconsciously perceived this treatment as expression of love and care and therefore endured toxic relationships and craved them. She also found solace in alcohol, however, her primary addiction was only finding her self-worth in interpersonal

relationships. Again, this is a representation of what might occur when the child's early life environment is unstable and no proper guidance has been provided. When an individual experiences absence of parental love in childhood, they usually compensate with an exaggerated behavior later in life in search of that missing parameter.

However, as previously discussed, another extreme in parenting styles, such as overly strict conduct, can also be detrimental to the child's development. In a controlling environment, the growing individual often feels unsafe to express vulnerability because this behavior is viewed as weak by his parents. Due to the restrictive nature of this parental approach, the child learns to subdue their thoughts and feelings, led by fear of disappointing their caregivers. This is the case of the 24-year-old male, who grew up in an overly controlling environment. His mother was quite demanding, always expecting from him to perform outstandingly. She reduced his exposure to all types of social interactions and accompanying behaviors such as befriending certain ethnic groups, completely forbidding him to try alcohol or cigarettes and generally holding him accountable when not complying to certain societal norms. However, this repression of his need to experience and experiment as every growing individual wishes, unlocked a substantial act of rebellion. Once the male became independent and started living on his own, he radically compensated this void of experiences with surrendering to all previously forbidden actions and ultimately to addiction. He previously was against all types of drug consumption, also judging other individuals for using, but all this internalised negativity transformed into his own nemesis and namely, he became what he criticized the most. Although he realized his mother was controlling and overly

demanding, he entered a relationship with an individual, substantially resembling his mother. This can be explained by a dichotomous approach of attachment – the individual either fully seeks or fully rejects a problematic behavior, associated with their caregivers. In this case, the maternal imprint is realized as inappropriate, however, subconsciously it is sought as a staple of care. This might appear paradoxical but can be explained by the essence of the extensively researched mother-child bond. Additionally, since his father always listened to his mother without having a firm opinion, the subject is constantly exposed to this maternally dominated environment, which he unconsciously then replicates in his personal life. Another explanation is the presence of guilt. The male chose a partner from the ethnic group, of which his mother disapproves. He might have subconsciously then compensated this perceived failure, by finding a mate, who has his mother characteristics to reduce the negative remarks, which immediately ensue from his mother. His self-confidence is compromised because he pathologically inflicts on himself that he has not met his mother's expectations of finding an appropriate partner. He then medicates with cigarettes to calm his anxiety and feel that he, not his mother, is in control of his life.

The next subject, a female of 53 years, was raised in a similar, if not more authoritarian, environment. Due to her being a female and growing up in a time of stern social norms, her upbringing was even more restrictive and demanding. Additionally, she had a female sibling, to whom she was constantly compared in terms of behavior. Her family environment was not supportive when it came to freely expressing emotions and asking for help. Academic achievements were in the center of her parents' expectations, with

little to no emphasis on her personal concerns or emotions. She also faced conflict growing up, with her father having an alcohol addiction, and her mother being overly authoritative to enforce an obedient behaviour to reflect a positive family image. However, as we reviewed, this lack of appreciation and warmth from the parental figures, led to issues with self-confidence, which were ironically masked by narcissistic tendencies by the subject. As it was constantly expected that the individual should be a high achiever and perform better than anybody else, a false sense of arrogance was created, with internalized anxiety of failure, as lack of success will be interpreted by the society as detrimental to the family and individual's status. In this way, an insecure person emerged, who defined their worth by constantly comparing herself to others and striving to perform better than anybody else in all aspects. In order to achieve the expected outstanding results, she began consuming caffeine at an early age. She also discovered the short-term mental benefits of sugar consumption. She started with having one cup of coffee and ultimately increasing the amount to 3-4 cups a day. She suffered the negative reinforcement consequences of caffeine and sugar withdrawal – she could not function properly without these substances. She reported feeling positive and determined when on the substances and groggy, unmotivated when the effect diminished. The individual also stated she felt dysfunctional and 'not like herself' when not consuming. She was under the affliction that she cannot perform and is essentially useless in her daily activities if she does not consume caffeine or sugar. The subject stated that she needs energy to be a productive individual, which she has always done throughout her life as that was constantly required from her when she was growing up. This is an example of familial expectations being deeply imprinted onto individual's



outlook on life. Her constant consumption of caffeine and sugar in addition to her internalised unstable view of self, induced from years of performance anxiety, led to exaggerated feelings of grandeur in an attempt to heal her inner wounded child. Therefore, she suffered episodes of clinically diagnosed psychosis, where she completely dissociated from the reality.

The addiction agent to escape reality is not always a physical substance, it can be in a modern-life form such as internet. The web space provides a wide variety of activities such as gaming, which simulates favourable situations, where an individual might feel superior, appreciated and loved, something a person might often need in their real life. However, unknowingly, this escape only masks certain deep-rooted issues, which the subject avoids confronting. This is the case with the 25-year-old male, who utilised gaming as a way to cope with negative thoughts, provoked by unstable family environment. His mother was overprotective and often inflicted an insecure image on him by constantly stating that he is frail, emotional and different from the other children, so he would be safer if he is always under her watch. This talk has caused him to intrinsically feel threatened from the outer world and view his mother as the only protective force. Additionally, the mother reassured him that she is the only person he can trust, because she blamed his father for being often absent due to work commitments. Therefore, the subject began to falsely believe, his father was away from the family willingly. Due to the conflict-driven nature of the mother, the individual often witnessed arguments and could only find solace in retreating to his room and entering the world of gaming where he felt at peace and obtained a sense of contentment.

However, due to all factors mentioned above, he became quite antisocial and withdrawn, due to fear of other people rejecting him or causing him any other type of emotional turmoil, as he believed he was different and might be despised for that. As it was early imposed on him by his mother, he continued innately believing she is the only one who understood him, although with the time he slowly realised that she is rather toxic and manipulative in her parental methods. She was scared of him becoming too independent and not needing her anymore, which was her own selfish need to fulfill her emotional needs of always having her offspring around. However, the subject remained oblivious to his mother's methods as his mentality at this point was rather weak to stimulate him to face reality and work on his insecurities inflicted by his maternal figure.

An example of combined early-life and adulthood trauma is prominent in the next subject, a 69-year-old female with severe nicotine addiction of 50+ years. A set of factors are affecting her behavior, both biological and emotional. Beginning with her childhood, she experienced more restrictive measures than her sibling and was overall criticized extensively for her actions. Favoritism was exhibited, with her brother being more tolerated and enhanced positively by her mother. The subject then felt unloved and misunderstood, and once she grew up, she experienced a dire need to take control over her life. She was often recalling her mother's disapproval, which caused her to self-medicate with cigarettes. Her mother's criticism was further aggravated, when the individual was involved with unacceptable partners, who she chose in need of validation – something, she was not receiving from her mother. Her disappointments with turbulent relationships further solidified her need to escape from unwanted thoughts by subduing

to nicotine. Due to her father being rather timid, a strong paternal figure was missing to properly guide her regarding finding appropriate partners. Due to the persistence of her addiction, she experienced negative reinforcement symptoms, when she would not consume nicotine for extended period, therefore her addiction became an inevitable routine over the years.

Neglect during the early years of life can often result in overcompensatory behaviors later in adulthood. Our next subject, a 32-year-old male with shopping addiction and problematic mother figure, experienced poor living conditions during his childhood. He stated that he often lacked basic resources and grew up in complete poverty in comparison to his peers. Once he became financially independent in adulthood, he began compulsively buying materialistic possessions in large quantities. He seemed to purchase a certain item multiple times. This exemplifies his mostly internalized need to acquire something, which was absent during his childhood. This is often an innate desire. The subject felt in control when he could provide material objects for himself and this is how he approached gaining confidence. His need to validate his worth to himself and others does not end with materialistic possessions only. His mother was quite strict and overly critical woman, who showed him little affection and appreciation. She had arguments with his father, which led to his father speaking negatively about her and generalizing this pessimistic notion regarding all women in general. This affected the subject in several ways – firstly, he subconsciously sought attention from women to compensate for his need of motherly love and affection, however, unknowingly he also feared becoming emotionally close to women, as he had a negative image of them

being unreliable and conflict-driven. This paradoxical mixture of feelings and needs leads to the subject being rather emotionally unavailable, but still searching for strong connection, which essentially are mutually exclusive approaches to forming a meaningful relationship. However, all these factors are largely misunderstood by the individual, who continued to succumb to the addictive behavior of shopping. His reparative approach would be to accept his childhood as something he was not able to control and was not his fault. Then, he would be able to focus on the individual he is currently, not what his early years formed him to be. This approach would help him see his worth and restore faith in women, and human beings in general.

The next subject, characterized by excessively repeating positive behavior at the age of 18 years, experienced some severe early-life psychological trauma, with some nuances of physical abuse. At the age of 9-10 years, he was regularly witnessing his mentally ill mother being verbally and physically aggressive towards his father. There was almost a constant conflict within the family and this individual found himself in the position of intermediary of the situation. He was suffering emotionally, observing his parents fighting and he was constantly trying to somehow create peace between them. However, since the fighting was quite disturbing to him, he also reported having flashbacks and nightmares to this day, although the situation was now under control and his parents were living separately. During this turbulent time, his mother was speaking incoherently due to her mental disease and she was constantly controlling and mistreating him by not giving him enough or forcing him to eat too much in addition to telling him that the outside world is hostile by restricting him from seeing his friends and

playing outside. She constantly spoke negatively of his father, hoping to induce unpleasant feelings and gain him on her side. The unhealthy eating habits and the lack of physical activity led to the subject gaining weight and feeling insecure. The individual was often going to bed in fear, as he never knew what to expect from his unstable mother. Once the situation between his parents resolved, he decided to take life into his own hands, although he was only 13-14 at the time, and started eating healthy and going to the fitness every day. Although this behavior seemed healthy at first, it has now turned into obsession as the subject reports feeling inadequate and experiencing body dysmorphia when not going to the gym although he appears in perfect physical shape. He stated that he still regularly suffers negative associative thinking with the past and feels anxiety towards the future, and only fitness helps him escape and calm his thoughts. This is a sign of rumination tendencies and a distinct example of how early-life trauma can persist for a significant duration of time, if not indefinitely in person's life, even if the problematic situation is now resolved. Additionally, the trauma of repeatedly forced eating habits and inability to escape that emotional torture, has emerged as the body insecurity this person experiences to this day. As his mother has not inflicted any positive image during his childhood years, he now feels obliged to meet all societal standards of physical beauty in order to feel validated, acknowledged and appreciated. He will most likely undertake a long-life journey of accepting and loving himself, as he did not feel this important approval and support from his mother.

Adulthood trauma can have a similar impact on psychological well-being just as much as early turmoil can. A variety of self-esteem issues stem from a lack of meaningful

interpersonal relationships. Our next subject, the 39-year-old female subject, experienced a validation deficit, which she compensated with increased use of plastic surgery to compensate for that need. Her highly demanding job further reinforced her stress intolerance and predisposed her to elevated alcohol consumption. Her insecurities pertaining to physical appearance were the mixed product of societal expectations and her intimate partners' overemphasis on certain outer beauty standards. She felt the need to comply with these expectations in order to feel worthy and appreciated. Her choice of partners was closely related to an innate void, which she felt during childhood due to an unloving family environment. Her self-esteem was not properly cultivated during early childhood and therefore she felt the need to constantly prove herself later in life, with everything she did from occupational achievements to her own value in an interpersonal relationship.

Our next subject is an instance of exaggerated behavior to attract attention due to lack of appreciation from relatives in the early years of his development. The 24-year old male was associated with vandalism, foul language and increased affinity for gambling. He enjoyed being center of attention and often engaged himself in various adrenaline-rich activities. Looking back at his childhood, he was often labeled as the less able of his siblings. He was described as unruly and uncontrollable, and further criticized as unable to perform in school. This comparison created a deeply routed, subconscious insecurity within him of not being enough and potentially becoming rejected by his peers. Therefore, he compensated this inner fear with magnified responses to every-day life situations to attract attention from others. This way, this individual feels appreciated,

seen and valuable, all components, which were lacking during his childhood.

Additionally, his overemphasized actions are connected with an innate anger of having lost his father quite early. His behavior is an act of rebellion and suppressed hurt of not having his parent with him. His father was also rebellious and aggressive in nature, who the male subject intentionally or unintentionally copies in attempt to keep him alive in his memory. Additionally, the maternal figure was rarely present in his life, which contributed to his feelings of absence. Therefore, there are several constituents to this person's behavior. However, the root cause is his feeling of inferiority, which drives his overly-exaggerated actions. Gambling is another behavior, which gives him a rush of adrenaline and when the outcome is positive, makes him feel superior and validated. Therefore, it became his escapist route to feeling successful and content.

The majority of person's positive self-image stems from a feeling of being understood and supported. Drug addictions are often a representation of turbulent interactions and the lack of peace within everyday interactions. The drug of choice is then used to subdue chaotic thoughts and stress-induced anxiety. The next subject, a 59-years old male, acquired an alcohol addiction mostly due to his adulthood long-term relationship. He experienced a constant hostile environment, with his partner being overly demanding and conflict-driven. His children regularly witnessed the daily hostile environment and started experiencing internalised anger. This anger was additionally propagated by his wife, who was constantly speaking negatively of him in front of the children and mostly when he was at work. This led to his children being withdrawn from him, as they viewed him as responsible for the conflict within the family. He then left the hostile environment,

but his children also regularly refused to visit him and remained with the mother. Alcohol helped him feel less lonely, however simultaneously increased his feelings of desolation, as the company of his children could not be replaced. However, he also did not realise that his personality was also affecting his relationship with the children and the mother. He was rather over critical and sometimes made remarks, which were hurtful and inappropriate. This caused his children to retreat and avoid regular communication with him. This is an example of unfortunate family environment circumstances, accompanied with lack of self-understanding and proper conduct when it comes to being sensitive towards other people's feelings and thoughts. This combination is often detrimental to interpersonal relationship, but can be partially mended if the subject gains more self-awareness and becomes appreciative and accommodating of people's personalities, without executing unwarranted judgment. His behavior of addiction exemplifies the dire need of the human kind to feel appreciated and understood, especially by the family.

The role of parental figures is indispensable during the early development of the child. Loving environment is crucial for establishing core values for the growing individual and maternal care plays an essential role in forming their character and identity. Therefore, a missing or dysfunctional maternal figure has a tremendous impact on the developing male. Our next subject, a 32-year-old male, consuming marijuana every day, perceives this drug as an escape from intrusive thoughts about his unpleasant childhood. Although well respected in his occupation and having enough means to live a peaceful life, he appeared unfulfilled and lonely. His mother was rarely present in his life and had a negative reputation among his peers. He was ashamed of her, however, found himself



seeking older women for relationships. This might be a conscious or unconscious need to compensate for the absent motherly care during his early years. His disposition was further aggravated by his relationship with an overly dominant older woman, who was constantly criticizing him and was not supportive of his endeavours. He tried to compensate for the neglect during his early years by entering a presumably loving partnership, however he is now unable to leave this relationship out of intrinsic, most likely unrealised fear that he will be alone and neglected again. This is often the case of individuals, who have experienced emotional and physical neglect during their early years of development. They would rather stay in problematic partnership than be on their own, as the perceived feeling of emptiness and loneliness is overwhelming for such individuals. He wished to have a family out of hope to be a better parent than what he experienced during early life, but his new partner was not agreeing. All these factors caused him to feel misunderstood and lonely. Marijuana gave him the much-needed escape from the dire reality of his situation. Upon discussing different topics with him, he often seemed to be creating false scenarios regarding different situations. These bursts of imagination are a protective mechanism against the unsettling state of matters in his life. However, this is only a temporary solution to a persistent problem. Due to consistently using the drug, the individual now experiences negative reinforcement symptoms of constantly craving the drug.

As previously discussed, the perception of what a perfect life constitutes is often a reflection of societal expectations. Individuals regularly refer to the opinion of others to feel accomplished and validated. There is a constant pressure to be successful, good-

looking and display overall positivity towards life. These expectations often imprint on individual's psyche and guide the person towards decisions, which are almost never concordant with his own needs and values. Ironically, most individuals believe that complying to societal pressure will bring them the life satisfaction they most dearly seek, however, they often find themselves crumbled under the weight of the incessant need to perfect themselves. The endeavour of always adapting to growing societal expectations has a detrimental effect on individual's identity as it eliminates their unique personality traits at the expense of what the norm is within the paradigm of the community. This is the case of our next subject, a 20-year-old female, who obeys collective rules as opposed to her own inner voice. This case is a combination of early childhood trauma and a strong need to conform to others. This subject experienced a problematic family environment, where she observed a patriarchal model with her father being dominant and her mother submissive to all he had to say. The subject grew up seeking similar partnerships and perceived being humiliated by men to be a normal part of a functional relationship. Since her family environment was void of proper communication, she could not learn to express her emotions and needs in a relationship. She was seeking superficial connections, where topics of depth and importance were highly avoided. Due to her toxic relationship encounters, her self-esteem was crumbled multiple times, and she internalized the notion that she is not good enough. She found her worth only in partnerships, additionally reporting that she cannot bear the thought of being alone. This signifies existing abandonment issues, which formed in her childhood. Her father was not emotionally present in her life and she is subconsciously seeking a partner to replace this unrealized need for paternal care and guidance.

Parental neglect can be defined in several ways. It can be physical – not meeting a growing child’s physical needs of basic necessities like food, water and shelter. It can also take the form of not being emotionally supportive towards the individual – not paying attention to their accomplishments, not spending enough time with them, showing preference towards other dependents or simply dismissing/not acknowledging their struggles or concerns. This lack of emotional availability of the parents seems to be a re-occurring theme across our subjects, particularly affecting the next individual, a 35 year-old male with gaming and binge eating addictions. He did not know his biological father and his mother re-married, having two more children with her partner. She exhibited a clear preference towards her other children as she wanted her marriage to work and the subject felt like a burden and potential threat to the home idyll. His mother’s partner exhibited a clear discontent of the subject living with them, as he could not handle the fact that he was not his biological child. He also wanted to have a son on his own, but instead had only daughters, which further aggravated his animosity towards the subject. The mother noticed this situation and tried to interfere by appeasing to her husband’s every demand and consequently consciously or unconsciously neglecting her son’s concerns. The individual therefore felt unwanted and saw himself as a problem to the successful relationship that his mother desired. He isolated himself by playing video games, which activity uncovered a completely new world for him, free of disappointment and judgment. He mentioned that the virtual reality helped him escape the harshness of his every-day life and allowed him to be himself, without feeling guilty or unworthy of love. He created fictional characters, mostly females, and imagine them as him. This behavior might indicate a subconscious impulse to feel like his sisters, as they received

much more appraisal and attention than he did. This further exemplifies the innate desire of individuals to feel loved and appreciated and if this need is not fulfilled, they will most certainly search for different ways to satisfy this strong drive. Another compulsive behavior is binge eating, which emphasises overconsumption to compensate for a diminishing sense of self-worth. Over-indulging with food offers a temporary satisfaction of the senses, which releases the desired amount of dopamine and offers a quick surge of serotonin. However, these reserves are quickly depleted and a new binge cycle is initiated. Essentially, feeling inadequate in some area of life arises continuously and the individual attempts to numb this unpleasant self-view with his addictive behaviors constantly. However, this vicious cycle only aggravates the feeling of vanishing self-worth. The subject needs to acknowledge his feelings and understand their origins. Once he assimilates, from where they arise, he can initiate therapy to concur them.

As previously discussed, overly strict households have their repercussions on the growing child. Authoritarian parents often lack the emotional component, needed for a proper development of the child. They are often demanding and showing sensitivity is labeled as weakness. Therefore, a child might grow up suppressing their feelings to avoid causing potential disappointment to their parents. This is the case of the last subject, a 56 year-old female. Growing up, she was not only expected to be diligent and outstanding in her studies and overall behavior, but she also witnessed conflict within the family daily. She grew up being addicted to performing well in her workplace, however, also acquired quite confrontational character due to suppressed emotional needs. This is an example of how the family dynamics early in life completely influence

the behavior of the individual later. Here, it is quite easy to predict that this subject adopted almost exclusively the manner of her parents. She continued to have high expectations of herself, which, however, led to anxious tendencies and the development of perfectionism, reflective of symptomology of obsessive-compulsive disorder. She is unable to relax, as there is a subconscious component of constant need to achieve more and more in order to feel successful and appreciated. This is a rudimentary feeling, originating from the need to constantly perform in her childhood in order to please her parents. However, this behavior remains unrealized by her. She later had interpersonal turmoil when experiencing divorce, which further added to her feelings of inadequacy, resulting in consuming alcohol to cope with daily stresses and unpleasant memories. Although confrontational in nature, her character revolves around pleasing others, which is logical, considering this was expected from her during her early childhood. However, even her perfectionism and constant need to work and achieve most likely mask a pressing need to express her true emotions. Her anxious nature is presumably a coping mechanism to alleviate raging feelings of wanting love, affection and support.

### **Reflection on Key Points**

Perhaps the most important parameter when delving into the essence of a person's behavior is self-awareness. Most of the subjects here are likely oblivious to the fundamental reasons of why they act in a certain way. The first and most crucial step to recovery is realizing the reason for performing a self-destructive behavior. My observation is that most individuals willingly choose not to explore the exact causes of

their pathological demeanor because it recalls negative memories, and this reflection is highly distressing for them. This is again another supportive argument for the compromised psychological resilience, which individuals experience when suffering from addictions. It is also further reinforced by the statement from some of the subjects and namely that they would rather medicate themselves constantly, although that can cause them severe physical issues, than endure emotional distress caused by intrusive thoughts. And here is the caveat – I would like to argue that in order for an individual to become emotionally resilient, they need to first allow themselves to feel all unpleasant memories and in that way they can learn to concur them. Running away from undesirable emotions only exacerbates their impact on individual's psyche, promoting a vicious cycle of addiction that maintains the subject's negative view of themselves and the world.

### **Relationship Co-Dependency – Partner Obsession**

A recurring theme appears to be a certain behavioral addiction and namely relationship co-dependency, parallel to already existing substance addictions. I would like to elaborate on this observation again, as it is essential for the proper understanding of the self-image concept and compensatory needs. When reviewing the reasons for an increased desire to be in a relationship, to constantly receive approval and support from a partner to a point of obsession, it all appears to be interconnected with the early childhood repetitive finding of missing parental figure and/or emotional neglect. Therefore, these subjects most likely subconsciously fixate on their relationships constantly as their partners provide them with the support and understanding, which

they did not receive during their childhood. If the relationship fails for any reason, the subject returns to a state of void and the feelings of emptiness they experienced as children return. Therefore, many individuals feel completely devastated when ending a relationship, as they rely on the other person to feel worthy and loved. However, this is a faulty thinking process, as these subjects need to focus on building their self-esteem and becoming a self-sufficient, emotionally sturdy individual. These individuals need to find the so desired approval within themselves first and then find a partner, with whom they only share life moments, not depend on them to feel worthy and fulfilled. From these observations, it does appear that the need to be loved, understood and supported is one of the greatest needs of humankind and if this is missed, especially during childhood, and often not realized by the individual, it is then subconsciously desired and constantly chased in the form of interpersonal relationships.

### **Important Themes of Self-Esteem, Insecure Attachment and Longing for Appreciation**

Almost all of our subjects experienced issues with self-esteem, induced from unfavourable family environments, as reviewed in the literature review section. Strict households accounted for emotionally unavailable parents, who restrained their children from freely expressing their thoughts and concerns. This led to the children suppressing their emotions and constantly feeling anxious to perform out of fear for not being enough. This stress resulted in consuming substances to find relief. In households with missing or weak parental figures, subjects grew up feeling a sense of void due to lack of support and love. They were subconsciously looking for partners to replace the missing

parental figure since they exhibited a strong fear of abandonment. Substance use helped them subdue their feelings of void and bring them temporary relief from unpleasant feelings. In physically and emotionally abusive environments, subjects became quite insecure, believing they are intrinsically unworthy of love. They grew with pessimistic views of life by experiencing ruminative thinking and found it difficult to self-control. Substance use provided them with the escape from distressing memories from the past events. At the end, all subjects sought appreciation and understanding, as they often reported feeling misunderstood and unloved, as we explored during our literature review.

### **Societal Expectations of Being Successful – An Important Factor in Understanding Aversive Behavior**

As previously reviewed, established societal roles can be daunting on a person's psyche due to felt pressure to perform and the lingering expectation of successful in all endeavours. Fear of failure is exacerbated and the individual becomes unsettled, which actually induces an opposite effect and the person becomes rather unmotivated to produce positive outcomes. All subjects in this thesis reported feeling pressured to perform, either by their personal comparison to other people or coerced by their own relatives. The concept of feeling inadequate is quite relevant here and defines the driving force behind using substances to cope. The subjects reported that their escapist behavior helped them relax in addition to giving them a more positive, or rather neutral, outlook on problems. This relief, however, was only temporary and the feelings of incompetency returned soon thereafter. This is an example of how perceived



compulsion from others can have a detrimental effect on individual's actions. Therefore, a person needs to decide on their own, what causes them true happiness and not conform to pre-determined societal standards.

### **Cortisol and Dopamine**

Substance addiction affects the release of cortisol and dopamine in a similar fashion. The important role of dopamine can be inferred as the subjects reported physically and mentally craving the drug. Once they obtained it, they felt elated and content. The same can be discussed for cortisol, which is rather defined by a negative reinforcement mechanism. In times of high stress, large amounts of cortisol are released, which feels like extreme anxiety to the individual and therefore they need to consume substances to feel at ease again. Cortisol and dopamine act in a similar manner as well as synergistically to maintain a vicious cycle of unpleasant withdrawal symptoms and pleasurable highs, depleting the individual's willpower to diminish their self-destructive behavior.

### **Mental Disease – Discussion of Genetic Predisposition and the Important Role of Family Dynamics**

Although there is no concrete quantitative proof of genetic inheritance, such link can be potentially inferred when taking a closer look at the family members of the 23-year-old male, experiencing borderline personality disorder symptoms. He grew up in poor conditions and lost his mother very early. He reported that she seemed depressed and was experiencing some anxious tendencies, which refers back to our literature review,

that children of depressed and/or anxious mothers are more predisposed to borderline personality disorder. This subject also exhibited disorganised thinking and regular impulsive tendencies, which also reflects our points, explored during the literature review. A genetic component for substance use affinity can be deduced here as well as both of his parents were using alcohol and cigarettes regularly. Additionally, his father was quite emotionally abusive to him, always bullying him by stating that he is incapable of doing anything correctly. This led to the expected internalized feeling of not being good enough, which remained with the subject to this day. Similarly, the 53-year-old female, characterized by clinical diagnosis of psychosis, endured harsh criticism from her parents when growing up, which also included comparison to her older sister being superior to her due to her better obedience to the rules. These remarks brewed some intrinsic insecurity within the subject of being unworthy and enforced an internalized despise towards her parents. She felt like she was robbed of her childhood due to the constant criticism and performance expectations that her parents had of her from an early age, but still tried to please them in one way or another. She exhibited psychotic symptoms along with some narcissistic tendencies of feeling grandeur and claiming she is better than everyone else, which can be interpreted as a compensatory mechanism of feeling inadequate. This feeling of not being good enough can be further explained by her addictions to caffeine and sugar, two substances, that she, herself, claims to be essential for high performance. When not obtaining them, she felt like she could not fulfill any tasks and this feeling she consequently interpreted as inadequacy. However, she was unable to look within herself and therefore masked her low self-esteem with overexaggerating her achievements and discrediting the actions of others. Her father

also suffered from alcohol addiction and narcissistic tendencies, which could be viewed as a potential genetic link.

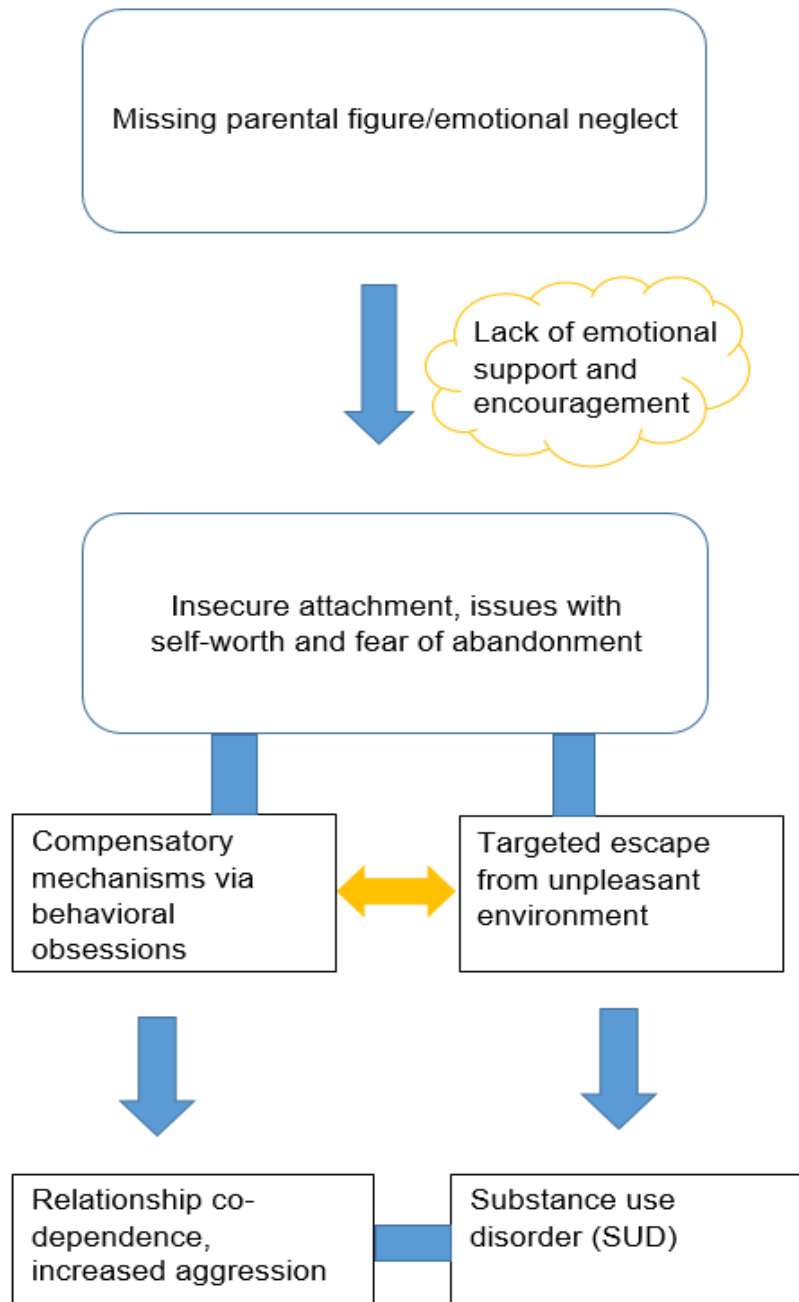
### **Aggression in Interpersonal Relationships**

As discussed previously, most of the subjects experienced some kind of relationship co-dependency in addition to their drug substance abuse. Analysing more closely the parameters, potentially leading to perturbed interpersonal connections, I have deduced a common theme. Close to all individuals experienced some type of early-life separations with primary caregivers. Additionally, most subjects either experienced overly critical or overly aggressive parental figures, which had a significant impact on their behaviors within interpersonal relationships. This observation touches upon our point of intimate partner violence (IPV). Most of the subjects internalized the pathological behavior of their parents and namely, they reproduced that behavior towards their partners later in life. Subjects, who observed aggression between their parents, tended to exhibit aggression towards their partners, or depending whether it was a maternal or paternal figure, were more likely to assume an overly submissive, close to masochistic behavior. Therefore, males observing their fathers to be aggressive towards their mothers, were more likely to show aggression towards their female partners later in life. As we discussed in the beginning, this is most likely due to the abnormally internalized perception that aggression is a reflection of love. Similarly, females noticing their mothers being overly submissive and enduring their male counterparts' aggressive tendencies resulted in assimilating this behavior as normal and accepted in relationships. However, reversed dynamics apply here as well and namely, sons of

overly critical and aggressive mothers, but submissive fathers, became submissive to their counterparts, while females of such household, became overly dominant and were likely to exhibit aggression towards their male partners. Therefore, it appears that there is a strong component of mother-daughter, father-son as well as mother-son, father-daughter relationships and the importance of setting an example of balance in the form of a violence-free environment for the growing child. However, some of the individuals were able to reflect on what they experienced during childhood and admit that they disagree with the aggression and will never inflict such pain on their partners. Ironically, however, they did exhibit aggressive tendencies or overly tolerated the same from their partners. This again further exemplifies an unconscious perception that aggression and criticism constitute love, but is also a sign of insecure attachment and extreme fear of abandonment.

### **Alexithymia, Impulsivity and Unrealistic Societal Expectations**

Undoubtedly, a substance use disorder can be further described as one's inability to control impulses, regardless of the realization that this substance might be detrimental to their health in the short or long-term. Therefore, it appears what individuals lack in this moment is self-awareness and particularly, the understanding of the driving force behind the need to self-medicate. A deficit in expressing emotions explains the overwhelming desire to deter them through impulsive behaviors such as drug addiction or as recently discussed, increased aggression.



**Flowchart 1:** Evolution of substance use disorders based on several observed parameters

The behavior of elevated aggression or finding solace in substances most probably encapsulates the inability to understand or simply acknowledge poignant emotions; therefore, a temporary relief in substance use or general impulsive behaviors is sought. As it appears from the findings, individuals, growing up in overly critical households or simply never encouraged to express their emotions in their early-life development, are more prone to find such behavioral outlets to cope.

In Eastern-European countries, a greater emphasis is placed on traditional gender roles. To this day, men are perceived as the breadwinners, who need to fulfill the image of a hard-working provider, who is devoid of emotions. Feeling emotions is viewed as a female characteristic. Therefore, men learn from an early age to suppress any conflicting emotion as expressing it might present them as weak and helpless. Therefore, combined with the biological effect of the potent male hormones, men are more prone to engage in behaviors of impulsivity and aggression in order to subdue their feelings. This is quite problematic and can be aided by diminishing old-fashioned notions and establishing a safe space for every person to freely express their feelings.

### **Limitations**

The subjects are predominantly from an Eastern-European background, growing up in Eastern European countries, which decreases the accuracy of in-depth intercultural analysis of behaviors. Socioeconomic status has also not been extensively discussed, which is also an important factor, influencing human behavior. The subjects are also strictly observed on a behavioral level, a lab analysis of biochemical parameters and affected neurological signalling pathways was not performed. The impact of dopamine

and cortisol was inferred based on associated literature and the observation of accompanying pathological behaviors. A comparative/control cohort was not included, which excludes the possibility of juxtaposed analysis. The age range of the subjects is quite broad, which adds confounding factors such as generational gap, meaning that values and views vary depending on the age of the individual. Another limiting factor is the stigma around mental health issues in Eastern-European countries. Mental health awareness is still not widely promoted, therefore the people are often expected to cope with their emotional problems alone and seeking professional help is viewed as something shameful, with the individual being labeled as weak, unstable and generally unfavourable according to the societal standards.

### **Additional Confounding Factors, which Might Explain Escapism and Substance Use Disorders**

Unlike the cohort discussed in this dissertation, not all individuals, suffering from substance use disorders, have history of early or later life adverse events. There are other factors that might influence one's desire to escape via substances such as something as simple as enjoying the taste of the drug or purely craving its effect thereafter. For individuals, not suffering from any particular childhood trauma, there might be an interference of another extreme parental behavior such as overpampering, leading to the child being overstimulated and easily becoming bored. This leads to acquired curiosity to try substances to achieve a sense of novelty, which consequently might result in addiction. There might be an additional genetic component, which should

be further investigated in future research within families with no history of intergenerational trauma.

### **Changing Mindset – A Deeper Look into Eliminating the Stigma around Negative vs. Positive Emotions**

I cannot help but wonder why emotions are so discriminated based on their nature of either being positive or negative and I would like to undertake an explorative approach to better evaluate this observation. It appears that individuals most often try to escape emotions that are associated with sadness, disappointment, melancholy. But why? Avoiding negative emotions has been emphasized as the correct approach to experience life, therefore it has established itself as a strictly followed social construct. In many households, children are taught from an early age that succumbing to negative emotions such as anger, sadness and fear, is indicative of a weak mindset and vanishing ambition. However, this restriction in expressing feelings only leads to further suppression and ultimately results in addictive behaviours to mask a raging need to be heard and understood. Therefore, an irrational fear of negative emotions is developed and every encounter with a trigger, potentiating a further undesired emotion, is immediately denied and internalized. But a few understand that psychological pain in the form of anger and sadness, as humankind identifies it, is just another expressed emotion, which can only help us discover our true nature. Sadness helps us understand loss, value what we once had and motivate us to continue forward. It is essentially a beautiful feeling and one that is highly constructive to our character development. Negative feelings trigger dopamine and serotonin signalling just as positive emotions do.



Then why are individuals afraid of them and hysterically trying to avoid them at all costs? Maybe because as certain individuals describe it, it literally hurts to experience emotional pain. But why? It is promoted everywhere to be happy, to be smiling as the happiness is the desired feeling a staple of success. Therefore, it appears that we are unwilling to experience negative emotions as we again associate them with some type of failure. Most likely a failure as an individual and/or failure as a society. But what if both of these notions are not true as they are not true reflections of who we are? Is sadness not indicative of longing towards something that once brought us immense happiness? It is indicative. Sadness is therefore actually reflective of something of much greater value, whereas happiness can often be superficial in nature. Additionally, precisely sadness and associated pessimistic feelings help us on our journey to psychological resilience. Allowing ourselves to feel despair equips us with the emotional sturdiness to overcome any consequent unpleasant feeling. And additionally, disregarding societal expectations of being always presentable and portraying perfect life would be quite helpful to the individual's development, as every person has a different path that they follow.

### **Next Steps**

Pertaining to any additional measures, these findings can be further supported by conducting a quantitative research, measuring neural activity before, during and after using different substances. Similarly, dopamine signalling and activation of different brain regions can be observed and related more closely to current findings. Additionally, a formal survey can be conducted to further support behavioral cues and draw

associated conclusions. Subjects from more diverse backgrounds should be included to obtain a more comprehensive picture of behavior across different ethnicities.

Additionally, well-defined age groups can be helpful to see differences in early adulthood vs. late adulthood behaviors.

As for the strictly cognitive aspect of the research, the subjects will benefit from a personalized therapy to gain more self-awareness and learn to express emotions. The longer the addiction has persisted, the more difficult an individual can find the strength to quit and break the vicious cycle. However, it is not impossible to obtain a fresh perspective at any point during individual's life, as long as the person is willing to make lifestyle changes.

## CHAPTER 5: Conclusion

Escaping reality in the form of using different substances has become one of the most common approaches to suppress unwanted feelings associated with childhood and/or adulthood trauma. Often, emotional pain arising from distressing events cannot be tolerated by the individual and has to be replaced by a pathological behavior such as drug abuse to find relief. Dealing with the aftermath of substance use appears to be more manageable than any recalling of past traumatic events, especially the ones that have occurred during childhood. Additional research is needed to understand the complicated parent-child bond, which unleashes a series of lifestyle decisions affecting an individual's entire lifespan. Preventative measures would include educating the prospective parents on proper upbringing methods when having children, but first and foremost, healing of person's own emotional wounds before raising any children. Often the hurt and insecure image a parent experiences is transferred knowingly or unknowingly to the child, which then induces the child's own self-esteem issues. Additionally, emotional trauma is carried over generations and solidifies abnormal responses to stressful stimuli. The occurrence of later life addictions can be reduced if the parents create a safe environment for the children to be heard and understood. Therefore, self-awareness and providing a stable home environment are essential parameters for encouraging proper child development. In later life relationships, again self-awareness of each partner is of utmost importance for creating a stress-free partnership. Maintaining mutual understanding and support is a commitment each partner has to make. Reflecting individual's insecurities on their partner only reinstates

any past traumatic memories during childhood or introduces new challenges in sustaining the relationship. Open communication is therefore essential to identify any underlying issues with self-esteem an individual might have and find a solution together to secure a healthy partnership. Overall, individuals using different methods of escaping unpleasant memories based on emotional trauma should focus on acknowledging their feelings, not suppressing them. Initiating the journey to self-discovery is often the first step in conquering one's unresolved trauma. My research presented evidence that specifically the fear of feeling or recalling certain memories due to the perceived emotional distress that they might cause is the driving force of escaping through substances. Self-awareness and accepting that certain circumstances are out of our control are the key to finding the emotional resilience to withstand every challenge that life poses. The several themes we discussed in this thesis will be useful for identifying the cognitive tools needed to comprehensively help affected individuals gain control over their impulses and enjoy lives, devoid of doubt, ruminative self-talk and addiction.

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