

## 4<sup>th</sup> International Conference and Exhibition on **Addiction Research & Therapy**

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### **Trauma dissociations: A psychoanalytic view of alcohol and other substance use**

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**E**xplore the resilient factor and its relation to addictions and dissociations (healthy & unhealthy) in people who endured trauma. Understanding trauma and treatment of trauma will be considered from a relational perspective, with the view that childhood trauma as a dual narration. The main question is “What are the traits in the unconscious of the personality which enable some people to be resilient to the experience and lead fulfilling lives and others collapse psychologically?”

Addressing three main issues:

- Characteristics commonly associated with trauma
- Creation of an intra-psychic and secure state of mind with reference to specifically object relation theory
- Relevance between being resilient and its lack

Clinical vignettes and case studies will be used to illustrate the key points and the theoretical conceptualization in close conjunction with clinical data. The importance of patient's early experiences and the developmental processes is considered important factors creating resilient qualities

**Results:** In the case observation the author aimed to identify causal factors associated with the pragmatic phenomenon in a flexible, but rigorous manner – the author systematically documented any changes and the pattern of change made in patients, i.e.: The change that comes immediately after an interpretation or in the form of a dream in the following session/s.

Four main key factors were identified:

- Sense of Self
- Psychic Space
- Listening Other
- Two types of Dissociations

And how the connections between these may or may not make the person resilient. For example, the notion of having a L.O., is connected with having P.S. to let someone in, and with P.S. come a S of S.

**Conclusions:** Dissociative activity involves the de-construction of otherwise symbolically integrated self/other constellations, that is evoked independently or in response to, but always, in interaction with persons own unique organization of multiple centers of conscious and unconscious accessibility.

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