



Trauma, substance use and psychiatric disorders

Guest: Dr Nzinga Harrison

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[00:00:10] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, co-host of the Trauma Super Conference. Today I'm speaking with Dr Nzinga Harrison, a well respected physician and educator.

Dr Harrison is the chief medical officer and cofounder of Eleanor Health, an innovative company built on equity and justice that develops mental health medical homes for individuals affected by the opioid and other substance use disorders. She's an expert on the medical aspects of addiction and other psychiatric disorders. As co-founder and vice chair of the Board of Physicians for Criminal Justice Reform, she leads advocacy at the intersection of health and criminal justice.

I came across Dr Harrison several years ago while listening to her speak so well on the subject of substance use disorder on a Lemonada Media podcast called *Last Day*. Now she has her own podcast called *In Recovery* where she engages a large audience on topics related to addiction.

Dr Harrison, thank you so much for being with us today.

Dr Nzinga Harrison

Thank you, so happy to be here.

Meagen Gibson

So I would love it if you could start by talking about the connection that you've seen in your work between early childhood stress, trauma and addiction.

Dr Nzinga Harrison

Yeah, absolutely. It's not even strong enough to call it a connection. They are inextricably woven. And so there's this concept of the ACEs, Adverse Childhood Experiences, which is a big study done by Kaiser a couple of decades ago that predicts if you have these experiences in childhood that are traumatic, your risk for developing all chronic medical conditions, substance use disorder, depression, anxiety, diabetes, obesity, smoking, heart attack, premature labor is predicted by what happened to you in childhood, really, regardless of what happened in the middle. And so that's, like abuse, neglect, parents who were divorced or separated, losing a family member to incarceration. There are 10 different adverse childhood experiences.

[00:02:14]

And those are not even necessarily... I mean, abuse and neglect, people would probably think of as traumatic, but we have this such a narrow concept of what trauma is that people look at their life experiences and say, I don't have the right to say I've been traumatized. Even though those experiences are continuing to predict your life experience today and your health today, depression, anxiety, substance use disorders, those others that I mentioned. And so it is super well characterized in the health literature the impact of those traumatic life experiences, especially in childhood, have on us every day as adults.

Meagen Gibson

I want to talk about Eleanor Health and why you opened Eleanor Health, but when you're seeing people and you're treating people for substance use disorders or psychiatric problems, I have found that sometimes you're having to educate them about their trauma experiences. They haven't acknowledged the role that their trauma had in their substance use problems.

Dr Nzinga Harrison

Yeah, for sure. And sometimes they haven't acknowledged, I know that I had this trauma and I haven't acknowledged that this is contributing to my risky alcohol and other drug use. Sometimes it is, I didn't even realize that was a trauma. Like that was the experience of where I grew up and how people grew up, and so I just thought that's just how it is and I didn't realize that that set me up to be dealing with what I'm dealing with today.

And then other times it's like, I knew I was traumatized, and I know I have trouble with alcohol and drugs today, but I didn't know there's a connection. Or I know I have trouble with depression and anxiety, but I didn't know there's a connection. And so we do all three of those levels of education and support for people.

And it's remarkable because it can be scary, as humans, I think in general, if I can make a big, broad statement, definitely, as Americans, you're taught you have ultimate choice over your behaviors and what you do with your life. And that comes with a big burden of responsibility and judgment, especially when it's just not true. It's just not true. We are the product of all of this that's going on externally and then physiologically, all of this that's going on internally.

And so sometimes when you just give people the compassion and understanding that this that you experienced, even though you were 5 years old, yes, is having a huge impact on you today at 32 years old. Because the message they've been getting since then is, you're an adult now, just get it together. It makes a huge difference for people.

Meagen Gibson

And I'm assuming that Eleanor Health, and please tell me about it. What was the inspiration behind starting Eleanor Health?

Dr Nzinga Harrison

So I'm the co-founder and chief medical officer of Eleanor Health. This is definitely the most exciting, one of the most important things I've done professionally in my life. The most important things I've

done in my life are those kids, 14 and 16 years old, who are amazing. My husband as well, I guess marrying him led to the kids.

[00:05:45] Meagen Gibson

I'm glad to know that counts.

Dr Nzinga Harrison

Yes, Babe. You are also amazing, thank you.

Eleanor Health we actually started because, as everyone knows, addiction treatment in this country is broken. And it's broken for a few reasons. One, lack of understanding that addiction and substance use disorder specifically are chronic medical illnesses. So you can't cure it with a 3 day detox. You can't cure it with a 30 day residential rehab stay.

It's like if you had diabetes and you went to the hospital for a 5 day stay and then they sent you out with no insulin, no diet education, no nutrition support, no primary care doctor. Dropped you off in front of a donut shop and said, good luck living. Like it would never happen. And this is pretty much what's happening in addiction treatment.

And so there's a lot of evidence base for how we can treat these illnesses that the medical community and general community at large is not being held to. And on the other side, the way we pay for healthcare in this country is, you see a doctor, you get a bill, you pay it, incentivizes the quantity of care but it doesn't matter whether people are getting better. Where's the accountability to quality of care?

And so we founded Eleanor Health, one, to practice whole person care, people with addictions, which means you have to have psychiatry, you have to have therapy, you have to have support for social drivers of health, housing, life meaning, purpose, stress, financial stability, dream casting. You have to support all of that if you're going to get any chronic medical illness in order, addiction especially. But you also have to be accountable to outcomes.

And so we founded Eleanor Health to say, let's do a different payment, let's negotiate a different payment structure. Let's provide a compassionate, whole person longitudinal experience that's actually caring about people. And let's see if we can make a difference. And we are, it's remarkable. It's remarkable.

Meagen Gibson

That's amazing.

And you mentioned a little bit earlier about the normalization of, especially ACEs. And it occurs to me that, whether it was the family system that you grew up in or your neighborhood or your state or your country, that there's all of these familial and societal and cultural factors that play into someone's risk for childhood adversity and also for trauma.

So I would love it if you could talk about what you've seen through your lens about unpacking all of that and all of those aspects as you're educating people at Eleanor Health, and that you see in other capacities, around substance use disorder.

[00:08:49] Dr Nzinga Harrison

Yeah. And so it's so funny, we take this very narrow view of health care, like it's just what happens in the hospital or it's just what happens in the doctor's office.

And I have this good friend, David, who's a health care economist. He's been on the show in recovery. And he said, we have to stop thinking about health care services and we have to start thinking about health. Because if you think about health, all of your health happens outside of that doctor's visit, happens outside of that hospital. And what we know is when you grow up in a war torn town, when you grow up in poverty, when you grow up with adults who generationally have been traumatized, when you grow up marginalized, when you grow up with racism as part of your everyday experience, when you grow up with identity threats because you're LGBTQ and people telling you that who you are is wrong, all of this physiologically is setting us up for the stress axis abnormalities, the development of the brain, the development of coping systems, coping skills, the ability to weather the adversity of just that normal life brings us a pandemic. COVID, don't let me drop that into normal by any means.

But when you've been raised by generationally traumatized adults who can't help you with that, and the environment is continuing to beat you down rather than nourish you, then you have to be able to wrap your arms around all of that and help people wrap their arms around all of that in a way that empowers them to say... Because one, so much stigma, you can't even say, I feel traumatized. You can't even say, I think I'm depressed. You can't even say, I think I might be drinking too much. You can now, you can say, I think I want to stop smoking. It took us two decades to even give people permission to want to stop smoking cigarettes.

And so in this environment that we have, it's so interesting because the studies are showing us that there are positive childhood experiences that can mitigate adverse childhood experiences. We're not even talking about the power we have to practice prevention. So you can't help if you were born into poverty, but even in neighborhoods that are impoverished, a sense of community undermines the effect of that poverty on the individuals in it. And so it's like when you live in a neighborhood that's impoverished but 1 mile up the street is an affluent neighborhood, that's where poverty has the most impact on the people in that neighborhood. It's disparity. It's lack of connection, which is biological, we're pack animals. It's a lack of future vision, meaning and purpose.

And so if we could be, one, trying to reduce those things that drive trauma, obviously, but that takes a long time. And I like to approach that very systematically. So when my people come in we do an ACEs score, I told you there are 10 items. If you score 4 or more, high risk. If you score 4 or more that definitely has something to do with what we're talking about today.

And so, no, you can't go back and change that but we can address your score, and also, if you have kids, if you're part of other people's lives, we can start working on trying to minimize what their score is individually. Systemically we should be trying to figure out how do we minimize the scores of the next generation of kids. And when you do that you connect people, you leave with compassion, all of these physiologically change us to help us get healthier.

Meagen Gibson

You said so many things that I want to follow up.

[00:13:12] Dr Nzinga Harrison

I know. I'm sorry. My media coach is like, shorten your answers. I'm like, sorry, I can't.

Meagen Gibson

No, you're doing fantastic. That's not it. I was just like, oh, I want to talk more about that. I want to talk more about that. No, you're doing fantastic.

First, you hit upon the reason that trauma work is so important to me, which is breaking those intergenerational cycles. You can't fix what you're not aware of. You can't change a behavior or a pattern or a coping mechanism that you know does not serve your children or the next generation.

And also in that systemic way, and the neighborhood way, the importance of post traumatic growth. And why I want this work to come out in the world, and for people to understand more is because the science is saying that if you have one secure attached adult, just one, your entire... And it doesn't matter who it is. It could be a teacher, it could be a shop owner, it could be a librarian, it could be a close family friend or somebody in the neighborhood, it could be anyone that has this capacity to hold and break that cycle, then those ACEs have much less impact on that person.

Dr Nzinga Harrison

Yeah. You can change the trajectory. And I mentioned my kids are 14 and 16, and they get health data every day of their lives. They're like, okay. And I'm like, you know, for adolescents who are members of LGBTQ community, one supportive adult reduces their risk of suicide attempt by 44%. I said, you and all of your friends, you let them know if they don't have that adult, I will be that adult for them. It's a small thing with a massive positive impact.

Meagen Gibson

Absolutely.

You said something earlier, a term I hadn't heard before, so I would love it if you could explain for me, but the stress axis abnormalities?

Dr Nzinga Harrison

Oh, yeah, So our stress axis, now you're going to turn me into a nerd. So you have your hypothalamus, your pituitary gland, and then that goes to your adrenal glands, your HPA axis. We call that your stress axis. Probably the main hormone that people have heard of is cortisol.

And so what we know is that under periods of stress our bodies respond with cortisol to prepare us physiologically for survival. And so that survival is, dump glucose into your bloodstream. So when you have a constantly elevated stress axis, you can draw the direct line to diabetes. That stress axis narrows your blood vessels so you can get your blood pressure up, so that you can be on aware, your fight or flight. Norepinephrine and adrenaline mixed in there. You can draw a direct line to heart attacks, high blood pressure. When we look at that cortisol axis we can draw a direct line to the brain, to your amygdala, which is anxiety and depression, and your limbic system.

And so what we know is when people say nature or nurture, I'm like, yes. And then I always threaten to fight people that don't believe me. I'm like, if you want to take it into the street and fight, we can

fight. Because it's like our bodies physiologically are constantly, every nanosecond adapting to this environment. And when there's constant stress, that stress axis, that HPA axis, that cortisol is constantly elevated, and that's actually changing us physiologically in ways that we pass on to the next generation. Physiologically, it's changing us in ways, psychologically that makes us less resilient.

[00:17:14]

And so we tend to prepare people in recovery and substance use disorder treatment for the big events. Like if somebody dies, how are you going to keep yourself safe? If the pandemic comes how are you going to prevent a relapse? If you get fired from your job, how are you going to not fall prey to the cravings that will come? But the literature shows us that it's the cumulative everyday stressors, not having enough time, not feeling good enough, not quite knowing how the kids are going to get to school. Those chronic cumulative stressors are actually what chip away at our health even more than the big events.

Meagen Gibson

You mentioned marginalized communities earlier. And if you have multiples of that Venn diagram overlapping, you're a person of color and your LGBTQ, and maybe you don't speak English as a first language. There's so many. You're also in an impoverished neighborhood, all of those factors, just getting to the bus stop and getting to work, figuring out where you're going to eat next, what's safe? Who's safe? Where am I going to encounter microaggressions or major aggressions? That constant hum of anticipatory stress leads to trauma, right?

Dr Nzinga Harrison

Yes. That's exactly right. And you're describing this concept of cumulative burden. And it's accumulative psychological burden, it's accumulative physiological burden. Like our health disparities show us that the more number of, and I don't use the word minority, I stopped using the word minority in medical school because language is extremely important, and our concept of the minority in this country is that your voice doesn't matter, the majority wins. And so I do not use the word minority. But this concept was originally developed as cumulative minority burden. Woman, person of color, English is not your first language, living in a poor neighborhood, LGBTQ, like all of the ways that we marginalize people in this country. The more of those you layer on, the shorter your lifespan is, the more likely you are to have a chronic medical condition, the more likely you are to have a high ACEs score, the more likely you are to have a low PCEs score, even though there's not a PCEs score, I made that up, Positive Childhood Experiences. You're less likely to have those and more likely to have the adverse ones.

And so to what you were saying earlier, it's like if we can just empower ourselves with this information we actually have the ability to change the trajectory, but it starts with connection. First and foremost we are pack animals, and all of that marginalization are ways that we're kicking people out of the pack. And when an animal gets kicked out of a pack, what does it do? It slinks away and it dies. And that's what we see happening. That's what trauma is. And it slinks away and it dies and nobody remembers that that animal was even ever part of the pack.

And so that's what we're doing is kicking people out of the pack, traumatizing them along the way, pushing them to a slow death. Whether that's death while you're alive or whether that's death death.

[00:20:43] Meagen Gibson

I'm so glad that you spoke to the cumulative physiological stress that is incorporated into all this, because I feel like so many people see traumatic experiences as something that you can cognitively decide through positive thinking to not burden yourself with or to move beyond. It's a judgment of, if I were strong enough, if you were strong enough, it's normally if you were strong enough this would not as deeply affect you.

And I can tell you that I can't positively think my way into my amygdala and my hypothalamus, adrenal glands function, that's not how it works. I can't just positively think my way. It might contribute beneficially to my system, but that's out of my control.

Dr Nzinga Harrison

That's exactly right. Yeah. And I always drop it into physical health conditions because it's easier for people to draw that line. Can you positively think yourself into a cancer remission? It absolutely contributes but it's the expectation that you just positively think yourself into your breast cancer going into remission, that would be an unfair expectation. Can you just positively think yourself into controlled blood sugar for diabetes? It contributes, let's not undermine the contribution for sure, but that would be an unfair expectation.

The same is true here, we are physiological animals and our thoughts, our emotions, our behaviors start as physiology and experience. Just like cancer and diabetes start as physiology and experience. So let's apply the same level of accountability and compassion and expectation. Let's be fair about it. Let's give ourselves a chance.

Meagen Gibson

Absolutely. And you were talking about the stigma and the shame earlier, and I think that so much of that comes from this othering that we do, like when people get divorced the first question that most people ask is, what happened? Because they want to somehow learn some knowledge that will prevent that from happening to them. And with mental health disorders, with substance use disorders, it feels like once someone knows that that's happening in your family or in your immediate circle, it's like it's catching and they don't want to hear anything about it.

But now we've had this shared traumatic experience with COVID. And even though all of our experiences have been different, we've all been impacted. And so things like drinking or using prescription drugs to cope with stress or using our phones or devices as distractions are all fine in moderate use, but can progressively grow. Like somebody doesn't wake up one day and all of a sudden they're dealing with a substance use addiction. These are progressive diseases.

And so for people who at home are unfamiliar with substance use disorders, addiction, psychiatric disorders and they haven't been touched by that yet in their family systems or in their social circles, what would you tell them now about this shared trauma experience that we've all had and paying attention to the way that you're using substances or using avoidance tactics in your life now to cope with that stress?

Dr Nzinga Harrison

I would say, number one, find me the person that hasn't been touched. So my number one message is that you have been touched. Somebody in your life is dealing with depression, anxiety, risky

substance use, substance use disorder, addiction to technology, sex, porn, gambling. Somebody in your life, possibly you, is dealing with it. And so that's the first thing to recognize, is that these experiences are universal.

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To your comment about othering, there's no other. It is us. All of us are in this, too. So if we can just start there, that's my number one stigma busting strategy. It's like, it is all of us. And so if we take it out, I'm going to answer your question I promise, if we take it out of addiction for just a second. When you think about addiction, the broad definition that we use on the podcast, *In Recovery*, is, something you keep doing despite negative consequences. Something you want to change that has been difficult for you to change, even though you've tried.

And so when you drop it into that framework, everybody can say like, oh, man, yeah. I wanted to work less. I've tried really hard to work less. I go through periods where I'm working less, and then I relapse to periods where my working is out of control. And we don't judge that the same way we judge alcohol or cocaine or heroin, but it's the exact same neurobiological pathway in your brain.

Meagen Gibson

Because something like working too much has positive external consequences, so it's less stigmatized. But internally it has the same toxic consequences.

Dr Nzinga Harrison

That's exactly right. That's exactly right.

And so I think the first step is recognizing that it's all of us. What this pandemic has done for us from a mental health perspective is made it okay to say, I'm not okay. And I think that's the second thing for people who are starting to see in themselves, I feel like I'm not okay. I feel like I'm languishing. I feel like I'm depressed. I feel like I'm anxious. I'm definitely drinking more. I had stopped smoking cigarettes, I'm smoking again. Marijuana just became legal. I didn't think I'd be eating edibles every day, but I am. I'm concerned about this person in my life. I don't know how to bring it up. The pandemic has made it okay, one, to say I'm not okay. I think the next step we have to take is being able to make it okay to say to somebody we're concerned about, are you okay? Because I think I see you not being okay.

And so just to give some very concrete, how people can possibly know if you're not okay. It is thoughts, it's emotions, its behaviors, and it's really noticing a difference in yourself and your ability to function without this sense of struggle. So you may still be functioning at an acceptable level but if you're struggling, like you feel a struggle to function there, whether that's spending time with your family, getting your work done, being able to find things that bring you joy, not biting people's heads off, being able to sleep at night, having body aches and headaches, feeling anxious. Like you see how I mixed in thoughts, feelings, behaviors? That's where you're going to see it. Other people are going to see you struggling before you see you struggling.

Because this is coming from the brain and we use our brains to know when we're struggling. So it's like asking the brain to know that it's struggling. Other people will see that for you first. And so make sure you have a trusted set of people that you said to, if you see me struggling please ask me if I'm okay. And if I'm struggling can I please say to you I'm not okay. Like, back to that conversation we

were having before, one trusted person. Just one trusted person that you can say to, I'm not okay, this is what I'm seeing myself.

[00:28:53]

So if you used to drink a couple of times a week out with your friends, and now you're drinking a glass every night, you're like one glass every night is not a big deal, that's a big increase. You don't want to wait for it to be a big deal. If you used to smoke weed when you went to Vegas with your friends, and now you find somebody to bring you weed and you're smoking a couple of times a week. No. In the big scheme of things, weed a couple of times a week is not a big deal. That's a big increase for you. That's your brain giving you a warning symptom, we're struggling, we need to intervene now.

And so where we messed up in physical health care and mental health care in this country, is that we wait until it's a real problem, and then it's hard to intervene. And that's because it's not okay to say, I think I might not be okay.

Meagen Gibson

Absolutely. And I'm imagining several scenarios. First, I want to speak to the person who is having trouble with accessibility, whether it be affordability, whether it be a geographical problem. There's many, many areas in this country where access to the kind of healthcare that you're talking about is inaccessible, whether it's an ability problem. So let's say we recognize that we've got an issue and we don't have that person in our lives that we can ask for support. What would you say to that person?

Dr Nzinga Harrison

The internet has connected us in beautiful ways. And COVID has forced us to use the internet in ways that we have not used it before. And so there are so many communities where people just do not have access to a trusted person to support. There's an app for that. That used to be a phrase, there's an app for that. There is an app for that. If you Google there is an online support system. And I know it is not the same as being in the same space and putting your arms around someone, but this concept of harm reduction is like, take what you can get. A little bit is better than nothing.

So even at Eleanor Health we have free, and we did this during the Pandemic, free online support groups that you can come to for people who think, I don't know, I might be struggling, I'm not sure. For people who know for sure, I'm struggling with substances, I want some support. For people who have a family member or loved one that they're concerned about. We have specific groups for LGBTQ+ community members. We have specific groups for black community members to create spaces of safety. Free. No obligation. Just come.

And people from all around the world are connecting in those virtual settings just to have a safe space to come and say, I think I might not be okay. And to get support around that. And so, use the internet, find an app. I have this app that I love. They should pay me for this endorsement. They don't even know that I insist. They don't even know that I am one of their users, called Woebot. It's so cute, and it's literally just out of the blue, Woebot will be like, hey Nzinga, how are you feeling today? And it just gives you three choices, a smiley face, a straight face or a sad face. And if I put a straight face it's like, well, let's talk about one thing you can do to turn that straight face into a smile. It is a bot. I know good and well, that is not a person, but it makes me smile a little bit because it's a cute little bot, and it made me take stock of myself. I didn't even realize I was straight faced today. So now let me go find somebody in my life or some activity in my life that can help my straight face.

[00:33:03]

So just use everything at your disposal. Use everything. Just go outside and get sunshine. Find one thing that you do that reliably makes you sigh a little sigh of relief. Do that at least 3 or 4 times a week. We have to be so creative right now. And people that don't have good access unfortunately have the burden of being even more creative. But it starts with just being able to say, I think I need something more or different. I feel myself struggling.

Meagen Gibson

I'm so glad that you named just the normalization of all of this online abundance of accessibility now, because it is all over the place. And I know I have people that I've supported through substance use disorders, and many of them were in multiple marginalized communities and a lot of, just to be frank about it, Church basements just didn't feel safe for them. It doesn't mean they weren't safe, but they didn't feel safe. And that the anticipatory stress was contributing to their inability to commit to being in recovery.

So this accessibility, these online groups where you know that you're going to have at least, not necessarily guaranteed safety, but at least knock off some of the risk factors of safety.

And when you named Woebot, what occurred to me is just we are so, sometimes detached from how we feel in our bodies and having even an AI that provides us with the script to touch in with ourselves, it's like once you get into the practice of that, then your brain starts to internalize, oh, I know what the script is. Maybe I can do this myself.

I've become a person that just in the last couple of months, because of how enthusiastic I am about my work, is forgetting to eat lunch. And if you ever knew me throughout my life, I don't forget to eat because there are people for whom that is normal but that is not who I am. Food is my ministry. Food is fuel. And so just like touching in with myself regularly these last couple of weeks and just being like, okay, how have you nourished yourself today? How does your body feel? What does it need? What would bring in energy and focus and all of the things that you need to do your job for the wonderful people at home?

Dr Nzinga Harrison

Yes. Totally. Check out Woebot. I love it. I'm going to tell them, give me an endorsement. But I actually love it.

It's funny if you listen to the podcast this last season, if you listen to the podcast the first season, you never heard me mention macaroni and cheese. If you listen to the podcast this season, I feel like almost every episode I've talked about is macaroni and cheese.

Meagen Gibson

It's like the Easter egg of every episode.

Dr Nzinga Harrison

Like the Easter Egg.

[00:35:58]

And it seems lightweight but what I recognize, as a physician, psychiatrist, and addiction expert I know that carbs actually, physiologically make emotional pain feel better, like physiologically throughout the brain and the body, they do.

And so I got a little obsessed with macaroni and cheese to the point that I'm literally searching the Uber eats app, not by restaurant name or geography or location, by the words, 'macaroni and cheese', and looking at the pictures to make sure that a good batch of mac and cheese comes. And I noticed that like, oh, when I start obsessing about mac and cheese, it's because I'm struggling. It has probably been true my whole life because I used to have nicknames associated with macaroni and cheese because people know that I love cheese. But it took this last year of really being stretched to the edge, and then Facebook friends making jokes like, oh my God, all you talk about is macaroni and cheese. And I'm like, this does seem excessive. And my kids say, mom, we had mac and cheese three days this week for dinner. It's like, something's going on here.

And so now I'm in front of that. When I start thinking about mac and cheese, then I take stock of myself. And so we'll buy people in your life self-help books, television shows, and websites can help you learn how to take stock of yourself. That's how we grab the power. What is this? Where is it coming from? Then you get to, what can I start to do about it?

Meagen Gibson

I love that you use yourself as an example because we're all subject to this. All of us do it. It's incredibly normal, it's part of the human experience.

Dr Nzinga Harrison

Yes.

Meagen Gibson

And it was also, you reflected that it was the other people in your life pointing it out, that you were not even conscious of it.

Dr Nzinga Harrison

Yeah, they're like, dude, the amount of cognitive space that mac and cheese takes up for you is just not normal. And I was like, correct. But it's mac and cheese. Nobody's going to judge me for that. What if it was cocaine?

Meagen Gibson

Exactly.

Dr Nzinga Harrison

What if it was alcohol?

[00:38:15] Meagen Gibson

Cheese is an acceptable coping mechanism externally to other people, it's not judged. And carbs are our friends. I'm not going to deem it. You're not finding a friend in me that doesn't like mac and cheese.

Dr Nzinga Harrison

Only because we're not obese. Only because I'm thin. If I had been struggling with morbid obesity, posting about mac and cheese all the time, trust me, the comments would not have been compassionate.

Meagen Gibson

That's absolutely true. Absolutely true.

So I want to talk through if you're a trusted person in somebody's life and they come to you and they say, I think I'm struggling. I have a problem. But even though you're a trusted person, you don't know what to say in that moment. And you don't know what to do. Because you can be an incredibly safe and trustable person but still not have the response ready for that situation. So what is the advice that you would give that person?

Dr Nzinga Harrison

First is that it's perfectly fine to say, I don't know what to say. I don't know what to do. So think of it exactly like if a person calls you and says, today I got diagnosed with breast cancer. You don't know how to fix it. You don't know what to tell them, where to go. You don't know what to say. What you know that they need is compassion and warm arms. And a person that says, I have no idea what to do in this situation but I will be here with you, and we will figure it out. And I'm going to be here with you.

And so that's what the, quote, "right" response is. You don't have to have the answers, you don't have to know where the resources are. If you can respond with the same level of empathy and compassion that you would if that person said, I just found out I have cancer, you would say, whatever it is. First you would just hug them and say, I'm so glad you knew you could tell me. And then you would say, tell me what you need, whatever it is, we're going to figure it out. Whether you go on remission, whether your disease stays active, whether you have periods of relapse, I'm going to be here with this compassion and this motivation to help you figure it out. That's the first thing to say.

And then from there you go about trying to figure it out. And that is unfortunately quite difficult in this system of a mess that we have. But it's just, I will continue to be that person for you. You are not on this road trip alone. That is all you have to be prepared to say.

Meagen Gibson

I love that you said that. I had someone close to me that went through recovery and was in a rehab center. And this person called and what struck me was that they said, a lot of the people that have come in at the same time that I have, don't have anyone to call. They don't know where they're going to go when they leave. When their insurance runs out, or they're not allowed to stay here anymore, when the programs run its course, they don't have anywhere to go. They don't have anywhere to go.

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And on the one hand, I have a lot of compassion for people who have been put in that position of creating healthy boundaries around how they're going to have somebody with substance abuse disorder in their lives. And on the other hand, if we created that compassion at the first stage, and some of these people that he was speaking about had been in rehab multiple times, they needed multiple steps of help, which is how recovery, we were talking before we started recording about how recovery is not a straight, linear process. So actually, maybe we should just speak for just a minute about what recovery looks like. And what our expectations might be for recovery, and then what it actually is.

Dr Nzinga Harrison

Yeah. So I'll get to recovery, which is a bigger concept. I'll start with a narrower medical concept, which is remission.

So when we talk about a chronic relapsing, remitting condition in medicine, a relapse is when your symptoms are active. Remission is when your symptoms are not active. Relapse is when your symptoms come back.

And so when we think about that for substance use disorder, the symptoms are not just using the drug, addiction to sex, porn, gambling, technology, work, food. The symptom is not just eating. The symptom is not just working. The symptom is not just gambling. There's a lot that wraps around that. There's using, there's failing to fulfill major role obligations, there's psychological consequences, physical consequences, social consequences. And so when we say a person has relapsed for addiction or substance use disorder, it's some collection of all of that.

When we get to this concept of recovery, the reason I start there is because the concept of recovery cannot be so narrow that it is just not using, or not doing whatever that thing is. The concept of recovery has to be biological, physiological recovery. It has to be psychological. So we have to address those childhood experiences, those adolescent experiences, those ongoing adult experiences. It has to be social. We have to address those cumulative everyday stressors that are chipping away at your resilience. It has to be cultural. We have to be feeding and nourishing a healthy, recovery based identity for you that feeds meaning and life purpose and future trajectory.

And so recovery is constantly being threatened by everyday factors. And I think where we mess up is that we have this very narrow concept that recovery is a straight line of just not using. When, in actuality, it's an infinite number of pathways. Because today I might be physiologically ill, I might have COVID. And yes, the psychological stress of COVID puts me at risk for a reemergence of my addiction symptoms. But also the physiological burden is literally changing my brain's ability to make a different decision when a craving comes. That's physiologically putting me at risk.

Psychologically, I've dealt with my adverse childhood experiences, and I don't think you can ever put that in the past tense. So, I'm dealing with them, I have empowered myself to recognize those strategies that work. But then I'm walking down the street and I see something that triggers me. That has to be part of the recovery. That's one of the infinite paths. I go in the store, and I go in the nail shop, I'm a man, to get my nails painted red, and they turn their nose up at me and refuse to serve me. That cultural identity and fraction has to be part of recovery.

And so when we expect people to just be able to say, I stopped using 10 years ago and I've been in recovery for 10 years. No. You have to take that broader view. And all of us play a role in that

compassion, connection. And just because the symptoms of the illness reemerged, there's a relapse, doesn't mean that person didn't want to be in recovery, doesn't mean they didn't do something right, doesn't mean their choices are bad and they're not strong enough.

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Back to cancer, when a woman has a relapse, or a man, of their breast cancer, we don't say, what did you do to cause this? We say, all right, let's look back and see all the things that contributed and try to change whatever that is. But it's not, what did you do to cause this?

And so the same is true for recovery. There are an infinite number of pathways in, there are an infinite number of forces constantly pushing on it. And so if a relapse comes, I also don't like when people say relapse is part of the disease. It's true, relapse is also part of the disease of cancer. And you don't tell people with cancer it's inevitable that you're going to relapse because that's mean. So let's not do that to people with addiction and substance use disorders either, that's mean.

So we're going to do everything we can to prevent a relapse but if it comes we're not going to say, what did you do wrong? And it's your fault. We're going to look at all of the factors, and we're going to look at what we can do differently. But it's a windy path, and it's always going to be a windy path because life is a winding path and humans are windy.

Meagen Gibson

And I know for me, personally speaking, as the support person of people in recovery, my triggers and my expectations have been a really interesting invitation for me to get curious about my own trauma related to their substance abuse. That's something that I've had to get curious about over the last few years. Is this behavior a signal of use? Or is this behavior my trauma showing that I need to investigate? Is the story I'm making up about this person's behavior, or actions or words, a harbinger of doom? Or is this my trauma? And so there's trauma on both sides of that experience and I just need to acknowledge that.

Dr Nzinga Harrison

100%. I'm so glad that you brought that out because if you're the support person for anyone with any chronic progressive illness, substance use disorders included, you need support for yourself.

So I would say this to a person who's a support person for someone with Alzheimer's disease, for someone who had a stroke, for someone with cancer, for someone with really malignant diabetes. That takes an emotional, psychological, cognitive relationship toll on you.

And so of course, when we get pushed as support people to the end of our coping, our compassion starts to degrade because you have to protect yourself. That's normal.

And so what you need is support for yourself so that protecting yourself doesn't have to turn into harming the other person. You can draw the boundaries and protect yourself and still be compassionate to that other person at the same time. It's possible to set compassionate and not punitive boundaries.

And so I use the example, we have lots of substance use disorder in my family on both sides. On my mom's side, aunts and uncles with severe cocaine, alcohol use disorders. And this particular uncle who, no shade to the rest of my uncles, is my favorite uncle, growing up had really severe cocaine

addiction, still struggles, has periods of relapse and remission. My grandmother was the boundary. You can't live here because it's not safe for us, for you to live here, but you can always come home. You can always call. You can always come visit.

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And we had a lot of safety mechanisms that we had to enact when he came to visit because his illness was super severe. But it was like, you can always call me. You can always come to visit. You can always come to Christmas. You can always come to Thanksgiving. We want you to. But that healthy boundary was for emotional and physical safety. You cannot live here. That's a hard boundary to set on your child.

Meagen Gibson

It is.

Dr Nzinga Harrison

But she had to do that to protect herself. And she did that in a way that was compassionate, not punitive. It is easier to do that when you have someone supporting you as the support person to the person with the illness.

Meagen Gibson

Absolutely.

This has been fantastic. I think that's a great place for us to finish up.

Dr Nzinga Harrison, where can people find out more about you and Eleanor Health?

Dr Nzinga Harrison

Okay, eleanorhealth.com

Please join us. We've put a lot of intention into our website to hopefully make it feel like a warm, compassionate place where you see yourself. Definitely check out the free support groups at Eleanor Health.

If I can also plug the podcast, *In Recovery*, we try to lead with compassion as well as practical advice. So definitely reach out there.

And you can find me on Twitter [@naharrisonmd](https://twitter.com/naharrisonmd) if you're a tweeting type of person.

Meagen Gibson

Thank you so much for being with us today.

Dr Nzinga Harrison

Thank you. This was great. Thank you so much for leading this conversation.