

**THE RELATION BETWEEN ABUSIVE RELATIONSHIPS
AND SUBSTANCE ABUSE**

Honors Thesis

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Abstract

Victims of abusive relationships attempt to leave seven times before officially ending the relationship (Respond, 2023). This behavior pattern characterized by leaving and returning to their abusive partner may also be seen in substance abusers, as a user terminates drug use but relapses to it three or more times. Both cases share patterns of incidence behavior representing a vicious cycle. The aim of this literature review is to study this vicious cycle of victims of abuse relationships and substance abusers to increase our knowledge on the inconsistent leaving process. The second objective is to find similarities between abusive relationships and substance abuse in neuropsychological, behavior analytical, and social aspects. Lastly, the third objective is to suggest a more effective treatment plan to eliminate the negative stigma characterizing victims of abusive relationships. It is possible to dismantle this stigma of "character flaw" by educating individuals about the vicious cycle characterizing abusive relationships and substance abuse. This study contributed to improve our understanding of abusive relationships by showing that there is a connection between abusive relationships and substance abuse proposed in the neuropsychological, behavior analytical, and social perspectives. Each view provided a rationale to understand the behaviors of victims of abusive relationships and substance abuse, showing that both cases share neurological dopamine pathways, behavior patterns, and mental health disorders. Together, the present findings demonstrated that abusive relationships and substance abuse are related to one another, and they should be treated in comparable ways. It is concluded that the productive treatment plan for victims of abusive relationships could be like that elaborated to substance abuse. This conclusion is important because it will guide future researchers to develop successful treatment plans for victims.

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1. Introduction

The present study reviewed the literature on abusive relationships to improve our knowledge about the inconsistent process of leaving an abusive relationship. Victims of abusive relationships struggle to leave, and this process is comparable to that presented by substance abusers who struggle to abandon the use of drugs. In both cases the individuals show the same pattern of behaviors representing a vicious cycle. Prior research on this vicious cycle observed in abusive relationships encouraged the present review of the literature to find similarities between abusive relationships and substance abuse. Past studies on the survivors' leaving process from abusive relationships have been focused on attachment styles, childhood trauma, addictions, and the Stockholm syndrome. Researchers claim that as children grow they internalize experiences with caretakers in such a way that early attachment relationships established a first model for later attachment relationships (Bartholomew and Horowitz, 1991). As a result, survivors of abusive relationships show predominant attachment patterns associated with anxiety and fear (Henderson and Bartholomew, 2022), the individual's attachment style contributes to an abusive relationship by strengthening the attachment between victims and aggressors (Carnes, 2019). Although the present review does not focus on attachment styles, it acknowledges their role in maintaining abusive relationships. Abusive relationships have been often analyzed through the Stockholm's syndrome, but the role that the Stockholm's syndrome has in abusive relationships between intimate partner violence and psychological distress is unknown (Ahmad, Aziz, Anjum, and Mir, 2018). Our knowledge of abusive relationships can be extended by reviewing behavior analytical and social perspectives describing them. Moreover, abusive relationships have

been successfully analyzed by comparing them to natural addictions (Fisher, Aron and Brown, 2022). For instance, love is natural addiction showing symptoms of substance abuse including euphoria, craving, tolerance, emotional and physical dependence, withdrawal symptoms, and relapse (Fisher, Aron and Brown, 2022). The present review contributed to previous studies of abusive relationships by including a neuropsychological analysis to support a biological connection between substance abuse and abusive relationships. It proposed three important perspectives to analyze addictions to drugs of abuse and abusive relationships: neuropsychological, behavior analytical, and clinical perspective.

1.2. Goal and Working Hypothesis

The goal of the present study is to improve our understanding of the leaving process in abusive relationships by comparing it to substance abuse. The working hypothesis of this study is that there is a connection between abusive relationships and substance abuse, and it is detected by analyzing neuropsychological, behavior analytical, and clinical components. A connection between abusive relationships and substance abuse will lead research to develop more effective treatment plans to eliminate the stigma characterizing victims of abusive relationships, allowing the identification of detrimental public health issues having negative stigmas attached to victims and drug addicts. It is proposed that by educating individuals about abusive relationships and substance abuse, it is possible to dismantle this stigma of "character flaw" characterizing them.

1.3. Rationale

In the present review abusive relationship (AR) was defined as a pattern of behaviors used by one partner to control the other partner in intimate relationship

(National Domestic Violence Hotline). According to this definition, the factors characterizing an abusive relationship (AR) are physical, emotional, verbal, and psychological components observed in intimate relationships. In any abusive relationship, it is possible to experience only one factor, or a combination of factors characterizing abuse relationships. Physical abuse in intimate relationships is defined by harming or threatening an individual involved in the relationship. Emotional abuse also includes verbal and psychological abuse to manipulate, degrade, isolate, or intentionally frighten a partner for power. Even though emotional abuse is not detectable because it does not leave physical marks on an individual, it impacts the victim's psychological health to the same extent as physical violence does (Follingstad, et al., 1990). Substance abuse (SA) is defined as an excessive use of a drug that damages self-esteem, physical and mental health, and social functioning (Griffin 1990).

In the present review, a connection between substance abuse and abusive relationships was revealed by analyzing both cases with the same neuropsychological, behavior analytical, and clinical views. The neuropsychological view analyzed the role of dopamine and oxytocin in areas of the brain affected by drugs of addiction and abusive relationships, showing the participation of the dopaminergic system, or reward system to control substance abuse and abusive relationships, offering a biological account of why victims of abusive relationships and drug addicts struggle to end with the vicious cycle of leaving from and returning to the relation. The behavior analytical perspective describes the contribution of environmental variables that shape the behavior of the addict, and it describes behavioral patterns characterizing addictions to substance of abuse and abusive relationships. Accordingly, this view offers theories of behavior that explain why the

victims struggle to leave addictions to drugs, as well as to leave abusive relationships. Moreover, it analyzes learned helplessness showing the effects of inescapable punishment in the behavior of the victim to suggest similarities between substance abuse and abusive relationships. Thus, the present study analyzed the role of positive and negative reinforcement accounting for addictions to substance of abuse and abusive relationships to understand behavioral patterns characterizing them. Lastly, the clinical perspective of abusive relationships and substance abuse analyzes how the behaviors of victims of abusive relationships and substance abusers are developed. This view offers clinical treatments aimed to improve the behaviors of victims of abusive relationships and substance abusers to be re-incorporated and accepted in society. It analyzes current therapy styles such as cognitive behavioral therapy (CBT), trauma focused CBT, mindfulness, and motivational interviewing to suggest effective ways to improve the behaviors of drug addicts and victims of abusive relationships.

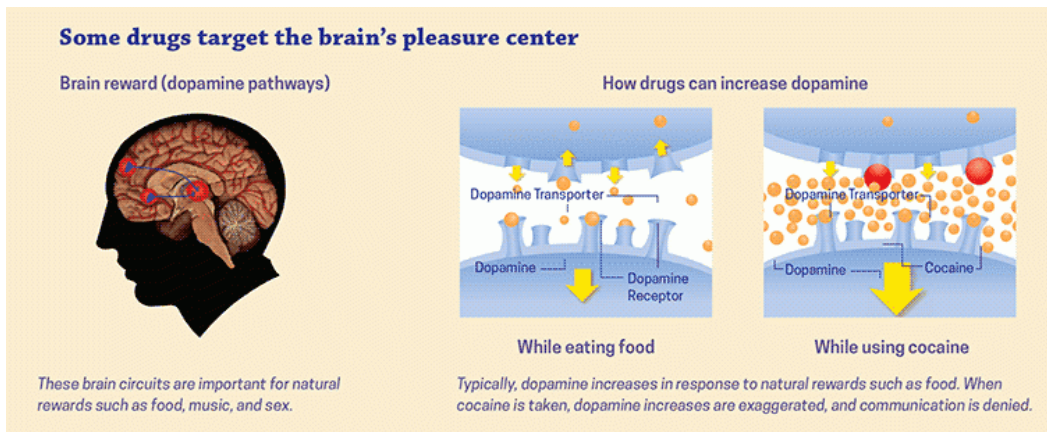
2. Neuropsychological Perspective

2.1. Substance Abuse and the Brain

Substance abuse has been viewed as a character flaw in users, but it is a chronic illness characterized by weaknesses in health, social function, and voluntary control over the substance (US Department of Public Health). Addiction to drugs share traits with diabetes, asthma, and hypertension. But like other diseases, addictions to drugs are determined by multiple factors like genetic, developmental, social, and environmental stimuli causing relapse (US Department of Health and Human Services, 2016). Despite

the harmful cycle it produces, addiction to drugs is interpreted by the brain as pleasure effect provided by reinforcing stimuli. Substance abusers still risk their lives for pleasure representing a complex reality that motivates researchers to focus on the question “What happens in the brain to cause an addicted person to lose control of drug-taking behavior even when experiencing serious drug-related harm?” (Hyman and Malenka, 2001). This question arises because substance abusers continue to use drugs even when they lack financial stability and/or hurt themselves. Also, it is observed in victims of abusive relationships who return to an unhealthy partner regardless of their physical harm and psychological trauma experienced in the relationship. It is imperative for the present literature review to analyze the psychoneurological process involved in substance abuse and abusive relationships to identify biological causes maintaining the behavior substance abusers and victims of abuse relationships.

To understand addictions to drugs, one must be familiar with the functioning of the brain. The brain is made of neurons, also known as nerve cells. It is estimated that there are eighty-six billion nerve cells (US Department of Health and Human Services, 2016). Each neuron cell has a body, made up of an axon which transmit messages to other neurons and dendrites that receive those messages. This cell body is responsible for the neuron’s actions, more specifically the communication with other neurons through neurotransmitters or chemical messengers (US Department of Health and Human Services, 2016).



The main regions of the brain involved in addiction are the basal ganglia, the extended amygdala, and the prefrontal cortex (US Department of Health and Human Services, 2016). The basal ganglia control the rewarding effects of substances and initiates the routine of usage. The extended amygdala is a region for feelings such as stress and anxiety causing withdrawal. Lastly, the prefrontal cortex is responsible for making decisions organizing thoughts and activities, and prioritizing tasks aimed to control the use of substances (US Department of Health and Human Services, 2016). Although every substance has a different effect on the brain, all addictive drugs including opioids and cocaine result in a pleasurable execution of the neurotransmitter dopamine in the basal ganglia. As substance use increases, this process reaches equilibrium decreasing an individuals' sensitivity to dopamine. When this occurs, the substance is not able to produce the same euphoria or "high" as it did before, instead it produces tolerance. Tolerance reflects the way that the brain maintains balance (US Department of Health and Human Services, 2016). Consequentially, drug users increase the amount of the substance to feel the level of euphoria they originally experienced. This cycle overpowers one's ability to enjoy basic rewards such as food, sex, and social interaction because addicts to drugs are adapted to the euphoria caused by the drug. For this reason, addicts to

drugs can feel less and less enjoyable, leading to higher drug consumption to prevent the pain caused by not using the substance. Although this process has not been confirmed to occur in victims of abusive relationships, it is possible that they may experience the pursuit of the original feeling, or dopamine increase from the beginning of the relationship. To analyze this comparison further, the psychoneurological experience of victims of abusive relationships was analyzed in the present review.

2.2. *Abusive Relationships and the Brain*

Victims of abusive relationships and addicts to drugs are impacted by elevated levels of dopamine activity in the following regions of the brain: the basal ganglia, amygdala, and the prefrontal cortex (Sharma, Gonda, Tarazi, and Dome, 2020). Brain scanning (MRI) has shown that feelings of intense romantic love impact regions of the brain innervating the reward system. It is possible that the feeling of love activates the same reward pathways that are activated by a range of addictions to drugs producing euphoria and risky behavior (Fisher, Aron, and Brown, 2022). As previously mentioned, using a substance of abuse increases the production and release of the dopamine neurotransmitter in the brain. At the beginning of an abusive relationship, the victims may have experienced an increase of dopamine activity like that observed in individual of ordinary relationships. When an abusive relationship interrupts feelings of pleasure, the victim continues to search for pleasure by learning how to receive rewards from the partner despite the psychological, physical, or verbal violence (Brookoff et al., 1981).

The victim's behavior of seeking for reward may be validation, affection, or recognition. It is important to note that behaviors increasing dopamine activity in the

brain are still interpreted as connected to reward system whether it is drug taking or survival by engaging in a submissive behavior, therefore these behaviors tend to be repeated (Hyman and Malenka, 2001). This might explain why addicts to drugs and victims of abusive relationships return to the aggressor, or why addicts to drugs return to the substance causing the harm. Another interpretation is that oxytocin or the “love hormone” maintains the behavior of returning to the aggressor or drug causing the harm. According to this idea, oxytocin is a hormone that creates social attachment, and it may be essential to keep the trauma bond intact. Aggressive individuals showing increases in oxytocin resulted more aggressive towards their loved ones to maintain the relationship (Sharma, Gonda, Dome, and Tarazi, 2020). The abusers’ desperate need to control the victim is often observed in abusive relationships. Although, the role of oxytocin might be relevant to understand abusive relationships, it is not the focus of the present study that analyzed the role of dopamine activity in abusive relationships looking for chronic and recurrent factors like those observed in addictions to substance of abuse (Pressman, 1984).

3. Behavior Analytical Perspective

Substance abuse and abusive relationships share similar regions in the brain accounting for craving caused by irregularities in dopamine activity, and these two harsh experiences are caused by similar environmental factors (Hyman and Malenka, 2001). Drug taking involves regions of the brain that contribute to addictions by shaping and consolidating drug wanting, seeking, and taking behaviors. A similar process might occur in victims of abusive relationships experiencing pleasure and feelings triggered by dopamine activity.

Cues or environmental factors associated with the consumption of the drug, can initiate drug craving and conditioned emotional responses in addicts. These environmental cues are also associated with relapse after abstinence (Hyman and Malenka, 2001). Although substance of abuse and abusive relationships do not share comparable genetic traits, they share behavioral patterns caused by environmental factors. The behavior analytical perspective identifies and analyzes the functions of behavior patterns and environmental stimuli to explain why addicts to drugs and victims of abusive relationships resist to end their vicious cycle of leaving and returning to the abused substance or to the harmful relationship.

The vicious cycle observed in substance abuse and abusive relationships involves euphoria, craving, emotional and or physical dependence, withdrawal, and relapse. These experiences are triggered by environmental stimuli associated with substance abuse and abusive relationships, and the behavior analysis perspective is a tool that serves to analyze the factors maintaining this vicious cycle. The application of behavior analytical principles to examine violent relationships helps researchers to identify environmental and behavioral factors maintaining the behavior of the victim. Current non-behavioral theories on abusive relationships provide a general approach, where researchers have a limited understanding of the factors causing violent relationships, and the techniques aimed to prevent and treat the victims have been marginally successful causing a division among researchers (Bell and Naugle, 2005). Behavior analysis covers two main factors observed in substance abuse and abusive relationships: learned helplessness and conditioning. In the following section, the behavior analysis perspective explains these key terms and identifies environmental variables providing a framework to develop

effective prevention and treatment strategies to treat victims of abusive relationships and substance abuse.

3.1. Theories Explaining Stay/Leave Decision Making

Victims of abusive relationships may repeatedly leave and return the relationship before ending it officially. Common factors that affect this decision are commitment to the relationship, length of the relationship, potential and emotional factors causing attachment to the relationship, the victim's lack of financial support, child-care needs, the level of education of the victim, and its housing resources (Gortner et al., 1997; Herbert et al., 1991). There are theories in psychology that include these factors to explain the victims' decision to stay or leave the relationship such as the psychological entrapment theory, the investment theory, and learned helplessness (Bell and Naugle 2005). In the present study the psychological entrapment and the investment model were reviewed, but the focus was on learned helplessness because it occurs in substance abuse.

3.2. Psychological Entrapment

The psychological entrapment theory is based on the victim's level of commitment in the relationship. It claims that as the commitment of victim in the abusive relationship strengthens, the amount of investment in the abusive relationship increases (Bell and Naugle, 2005). This may explain why victims who are married to their abusers feel more inclined to stay in the relationship than to leave it. Although the victim might feel unhappy in the relationship, the victim continues to invest time to justify the amount of time spent, instead of terminating with the relationship. The victims maintain the hope that they will reach their goal of stability in the relationship by continuing to invest time on it (Bell and Naugle, 2005). In abusive relationships

victims are likely to experience psychological entrapment because they perform goal-directed behaviors that are expected to be rewarded, the victims comply with their partners requests hoping that by engaging in nurturing behaviors a reduction of violence will occur. When the behavior of complying fails, it is followed by an increase investment of time because victims think that they are not trying hard enough (Bell and Naugle, 2005). Victims of abusive relationships may face a conflict between keep trying to stay or to leave the relationship, initiating a vicious cycle. As victims feel more responsible, they are more entrapped in the relationship. Those who blame themselves for the violence in abusive relationships are more likely to experience psychological entrapment.

3.3. *The Investment Theory*

The investment theory is based on a trade model (Thibaut & Kelley, 1959). It describes the analysis of the cost and benefit in deciding to stay or leave an abusive relationship. A notorious example is producing a list of factors in favor and factors against it, which is based on comparing rewards and costs of a current relationship against benefits of other relationships or factors not involved in the current relationship (Thibaut & Kelley, 1959). Victims of abusive relationships estimate current satisfaction in the relationship by considering the number of rewards within the relationship and comparing it to the frequency or intensity of the abuse and instability. The result of this analysis depends on weighing costs and rewards. If the victim concludes that there are no rewards in the abusive relationship, leaves it experiencing self-punishing. On the other hand, if the victim recognizes that there are high rewards in the relationship and low benefits in leaving it, the victim engages in retaliatory aggression against the abuser.

Lastly, the victim experiences a disengagement response when realizes that there are high rewards in leaving the relationship and no benefits in maintaining the abusive relationship (Bell and Naugle, 2005).

3.4. *Learned Helplessness*

Seligman proposed a learned helplessness model (1973) to explain clinical depression in situations where the individual receives non-contingent punishment causing an expectation that aversive consequences cannot be controlled by the individual's behavior. According to learned helplessness, the victims of abusive relationships believe they are powerless to stop the abuser not making attempts to leave or change the aversive situation (Bell and Naugle, 2005). Victims may believe verbal abuse and feel self-blame, developing into depressive symptoms increasing helplessness. It is suggested that victims need to be repeatedly shown that they can change their lives to alter beliefs and respond may explain why victims take three or more separations before leaving officially (Campbell, Davidson, Cascardi, O'Leary, Stein, Kennedy, and Watson 1997).

3.4.1. *Learned Helplessness in Abusive Relationships and Substance Abuse*

Learned helplessness is a form of codependency or dysfunctional dynamic disorder in which an individual heavily depends on the other person for physical and emotional support. A codependency is often observed in substance abuse and abusive relationships, and it is important to improve our understanding of learned helplessness because codependency is related to learned helplessness. A codependency is learned by individuals living dynamic relationship where their behaviors are rewarded one time and punished the next time (Van Den Bergh, 1991). The concept of codependency is essential to recognize that individuals in abusive relationships live with both a learned helplessness

behavior and a dysfunctional dynamic disorder, where the latter causes the former. Individuals developing codependency may share a traumatic upbringing in which they unconsciously obeyed the dynamics of the dysfunctional relationship. Learned helplessness and codependency are comparable because both create a cycle of dependency between behavior and reinforcing stimuli, creating a cycle of inconsistency governing substance of abuse and abusive relationships. For instance, a violent intimacy occurring repeatedly becomes familiar and safe as the victim learns to remain loyal by accepting the pain brought by inevitable punishment. Thus, learned helplessness is characterized by turmoil felt by each partner's unconscious desire to keep individuality as a person, while fearing abandonment (Van Den Bergh, 1991).

From a behavior analytical perspective, learned helplessness is necessary to understand substance abuse because it plays a vital role in the acquisition and maintenance of drug seeking behaviors and chronic drug use (Thornton, Patkar, Murray, 2003). Addicts to drugs experience learned helplessness when their attempts to terminate drug usage failed to convince them that they are unable to end drug usage. Feelings of low self-esteem and low personal control are a result of learned helplessness are experienced by drug addicts, and these feeling further decrease the likelihood that individuals will developed the control needed to make changes in their life (Thornton, Patkar, Murray, 2003). Learned helplessness occurs in abusive relationships when victim attributes their behaviors to internal causes resulting in "giving up" attitudes (Seligman, 1975). The following learned helplessness attitudes observed in additions to substance of abuse and abusive relationships: little control over environment, feeling powerless to do anything about situation while also consuming a great deal of emotional energy and

disrupted normal routines, and difficulty in identifying what is normal because what is expected will change depending on cycle of drinking or abusing of drugs. Lastly, avoidance of social support leads to isolation. Because learned helplessness is observed in both substance abuse and abusive relationships, it has been advised to treat codependency in victims of abuse relationships asking them to attend a twelve-step recovery group like that implemented with addicts to drugs providing an intimate space for victims. Authors advise the use of empowerment concepts such as self-parenting or survivor empowerment to identify victims of abusive relationships to strength accomplishment, encourage spiritual exploration, and focus on growth. Society is quickly disappointed when victims return to abusers, but it is necessary to acknowledge that emotionally bonding with an abuser might be a strategy for survival leading to intimidation caused by learned helplessness (Logan, 2018). Also, learned helplessness has been reviewed in Stockholm syndrome, and it has been compared to abusive relationships in previous studies. What might started as a normal relationship turned into a controlling and abusive relationship in which the victim is trying to survive. As a result of this, survivors develop feelings and thoughts to survive their individual situation, lowering their emotional and physical risks. The abused person becomes busy with needs, desires, and habits of abusive controlling person (Logan, 2018). This causes loss of self-esteem, self- confidence, and psychological energy, leading to burn out and depression.

3.5. Conditioning in Abusive Relationships and Substance Abuse

Conditioning is another behavior analytical method to examine substance abusers and the victim's behavior in abusive relationships. Reflexive or respondent conditioning was studied by Pavlov (1927), and instrumental or operant conditioning by Skinner

(1938) to introduce the functions of reinforcement and feedback. Positive reinforcement is the presentation of a stimulus to increase the likelihood of the behavior, and negative reinforcement is the removal of an aversive stimulus to increase the likelihood of the behavior (Bell and Naugle, 2005). In positive reinforcement a reinforcing stimulus (e.g., food) is delivered contingent upon the occurrence of the behavior. It may explain why a victim returns to an abusive relationship where battering, or abusive incidents are followed by period of calmness with the abuser apologizing to maintain the relationship; it is known as the honeymoon period reinforcing the victim's staying behavior (Bell and Naugle, 2005). When victims return to the abusive relationship, they the aggressor provides positive reinforcement with intimacy and affection that do not occur when the victims left the relationship. Intermittent reinforcement may increase resistance to extinction, which means that the victim's behavior of staying in the relationship develops resistance to extinction due to a partial reinforcement effect where the abuser reinforces the behavior of the victim inconsistently. On the other hand, negative reinforcement is the removal of an aversive stimulus to increase the likelihood behavior. It includes escaping from the aversive stimulus, and avoiding or preventing it to occur, that is staying in the abusive relationship due to psychological entrapment (Bell and Naugle, 2005). Thus, the victims' decision to stay in the relationship is an avoidance response that produces negative reinforcement to prevent the punitive effects of leaving the relationship. The impact of negative reinforcement in victims of abusive relationships may include loss of home, financial instability, family disruption, and increasing violence in the relationship.

Operant conditioning is also involved in substance abusers, the substance is the positive reinforcement (pleasure) that strengthens the behavior of the addict, and

withdrawal symptoms the aversive stimuli (pain) causing escaping or avoiding behaviors to obtain negative reinforcement, addicts trying to quit the drug experience unpleasant withdrawal symptoms. This feeling motivates drug-usage to remove the unpleasant symptoms of absenteeism by consuming the drug again. The behavioral cycle of substance abuse is composed of anticipation with obtaining the substance, intoxication, and withdrawal from the substance. Consequentially, the addict to drug is conditioned by this drug usage-behavior and reinforcements leading to a stronger development of substance abuse. This behavioral cycle is compared to that observed in abusive relationships because they are structured in comparable ways, both cause positive and negative reinforcement resulting in a “staying” behavior. A victim’s positive reinforcement is the abuser’s affection and intimacy after an act of violence and distance, and addicts receive positive reinforcement from the drug.

4. Social Perspective

The social perspective reviews how abusive relationships and substance abuse are perceived by people in society. Recently, an addiction to drugs was characterized as a “character flaw” in society. Substance abusers were not understood, causing frequent judgements. Increased the knowledge about substance abuse helps people in society to eliminate this negative view of drug addicts (US Department of Health and Human Services, 2016). Substance abuse is currently considered a brain disease. It is treated and acknowledged as a chronic illness, leading society to release the shame and pressure added onto addicts. However, there are similar feelings of humiliation to victims of abusive relationships with people in society viewing victims with disappointment. They misunderstand and judge victims of abuse relationships the same way they do to drug

addicts, thinking that the victims' stay and leave process in abusive relationships indicates unintelligent behavior. The present review aims to increase our knowledge of abusive relationships to end the negative stigma characterizing it and cases of addicts to substance abuse.

4.1. Results from Abusive Relationships and Substance Abuse

The social perspective also analyzes the mental and social outcome that victims of abusive relationships and addicts to drugs of abuse experience, and how society can improve to treat victims more effectively. In abusive relationships the most common observed traits are grouped into the following categories: traumatic effects due to victimization by violence, helplessness learned from the violence, and self-destructive behavior used to cope with the violence (Dutton 1993). These three categories of traits lead to the most prevalent mental health problems in abusive relationships: post-traumatic stress disorder, low-self-esteem, and depression (Tan et al., 2018). There are similarities between traumatic results of victimization and post-traumatic stress disorder, both are sharing the following syndromes: flashbacks of the trauma, anxiety, lower self-esteem, and social withdrawal (Dutton, 1993). Each of these syndromes is fundamental to create the victim's attachment to the abuser, but sometimes it may be contribute partially to strengthen the attachment. In addition, studies have concluded that it is possible for victims to feel a certain idolization for their abuser. This admiration is connected to the coping with the violence after the relationship (Dutton and Painter, 1993). One must consider the role that idolization of the abuser plays in the vicious cycle of staying/leaving the relationship. Victims of abusive relationships and addicts to drugs show comparable levels of depression and low-self-esteem, and it has been suggested that

they develop learned helplessness behavior in analogous way. Also, it is common for victims of abusive relationships to suffer chronic health problems when compared to controls of non-abused in relationships. Health problems include chronic pelvic pain, sexually transmitted diseases, and vaginal bleeding (Tan et al., 2018). To assist victims showing these problems, society implements psychological interventions in comparison to usual care techniques, no treatment such as screening, information provision, and/or referral to community services (Tan et al., 2018). These services are crucial because cases of abusive relationships are common in society. Intimate partner violence is the leading cause of death, disability, and illness for women of childbearing age; specifically, 38% of women are killed. For this reason, it is essential to evaluate what treatments have succeeded and how they can be improved to better serve victims of abusive relationships. To help victim with mental health issues including depression, anxiety, and post-traumatic stress disorder (PTSD) the following therapies have been implemented: cognitive behavioral therapy or CBT, trauma focused CBT, acceptance and commitment therapy, mindfulness, motivational interviewing and behavior therapies, relaxation techniques, and eye movement desensitization reprocessing. (Tan et al., 2018). CBT interventions are based on the idea that mental health and social problems are affected by cognition, therefore addressing certain thinking patterns and beliefs may result in positive changes in symptoms. Eventually changing problems and behaviors that may reduce negative consequences of abusive relationships are exposed. This therapy style has been productive with victims as well as dialectical behavior therapy or DBT. It is a treatment intervention applicable to partner abuse because it focuses on skills training with an emphasis on improving interpersonal effectiveness (Bell and Naugle 2005). It highlights

certain skill modules that can be relevant such as problem solving, cognitive modification, relationship strategies and emotion regulation.

While CBT and DBT have been productive to help victims of abusive relationships to cope with depression, anxiety, and the PTSD from their relationship; they can just be a therapy style directed towards strengthening the victims' self-esteem. Motivational interviewing or MI is an integrative psychological intervention that helps to increase the victims' self-esteem (Tan et al., 2018). Similarly motivational interviewing (MO) can be useful to increase motivation to change individuals. It has been used to treat addicts to substance abuse and individuals with anxiety and depression. Motivational interviewing (MI) techniques temporarily change reinforcing effects of specific stimuli, changing rate of target behavior. In substance abuse, MI influences certain establishing operations to increase the effectiveness of reinforcers. This manipulation of reinforcing behavior that make the reinforcers related with reducing drug use temporarily results in staying sober (Bell and Naugle, 2005). On the other hand, humanistic therapies such as supportive and non-directive therapy also help to increase self-esteem in victims deciding that the abuse must end, but whose intentions are not translated into actions due to perceived external barriers. Mental health and social problems may be influenced by underlying cognitions helping victim become aware that the partner's behavior is abuse. Lastly, the victims' confidence must be impacted by increasing self-efficacy, the ability of victims to believe that they can successfully end the relationship to reverse learned helplessness (Tan et al., 2018).

5. Main Findings

The findings from this review show that there are similarities among perspectives of abusive relationships and substance abuse. The neuropsychological view showed that victims of abusive relationships and substance addicts are affected in the same areas of the brain known as basal ganglia, extended amygdala, and the prefrontal cortex. From this view, it is concluded that the dopaminergic system of the brain accounts for the rewarding effects of substances abuse and feelings of affection from an abusive partner, the feelings of stress involved in the withdrawal syndrome, and the process of prioritizing tasks like satisfying an abusive partner or satisfying a craving (US Department of Health and Human Services 2016). According to this view substance users and victims of abusive relationships may experience comparable levels of dopamine activity in the brain regulating their behaviors. So, the similarity between drug addicts and victims of abusive relationships is that both receive pleasure from the dopaminergic system acting as a reward system. Dopamine is known as the reward element of the reinforcing stimuli, including natural rewards and drugs of abuse, individuals abusing of drugs receive euphoria and victims of abusive relationships obtain validation and affection from their partners. The behavior analysis view allowed the identification of behavioral patterns observed in substance abuse and abusive relationship during their staying and leaving cycle. The behavioral pattern of an addict which is composed of triggers, withdrawals, and relapse was also observed in victims of abusive relationships. Similarly, this perspective suggested that abusive relationships and substance abuse are both based on learned helplessness process, because victims of abusive relationships and drug abusers are conditioned to behave helplessness in synonymous ways. Lastly, the social view highlighted the common negative social stigma that victims of abusive relationships and

drug addicts carry in society, showing comparable behaviors such as experience of low self-esteem, anxiety, and depression. The CBT, trauma focused CBT, and Motivational Interviewing are effective methods to treat victims' depression and anxiety, however mindfulness and more humanistic therapy styles are warranted because victims need to learn ways to increase their self-esteem.

6. Discussion

This literature review found a connection between abusive relationships and substance abuse proposed by the neuropsychological, behavior analytical, and social perspectives. Each view provided a rationale to understand the behaviors of victims of abusive relationships and substance abusers. In both cases, it was shown that they share neurological dopamine pathways, behavior patterns, and mental health issues. These findings prove that abusive relationships and substance abuse are related, and they should be treated in comparable ways. The productive treatment plan for victims of abusive relationships could be like that elaborated to addicts, where the treatment will focus on the growth, the exploration of activities and response strategies to make the victims aware of the abuse behavior of their partner. For instance, treatment plans can require attending twelve step recovery group, the similar guide substance abusers follow. These meetings can provide intimate space for victims. We need to develop realistic treatment goals by resolving trauma. Researchers advise using empowerment concepts such as self-parenting, identifying as victim or survivor empowerment. This can emphasize strengths and accomplishments, encourage spiritual exploration, and focus on growth. (Van Den Bergh, 1991). This conclusion is valuable because it may serve as a guide for future

researchers to develop successful treatment plans for victims. It is important to note that this review is not suggesting that abusive relationships and substance abuse are synonymous, there was not enough empirical evidence to support that claim. For this reason, further studies aimed to analyze the perspectives presented in this study should look for additional similarities among them. Future research aimed to find optimal treatments for victims of abusive relationships and addicts to drugs of abuse is warranted.

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