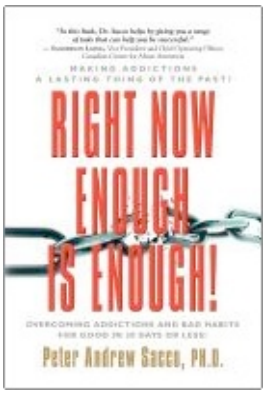
"In this book, Dr. Sacco helps by giving you a range of tools that can help you be successful."
— SANDERSON LAYNG, Vice President and Chief Operating Officer, Canadian Centre for Abuse Awareness

MAKING ADDICTIONS
A LASTING THING OF THE PAST!

RIGHT NOW ENOUGH IS ENOUGH!

OVERCOMING ADDICTIONS AND BAD HABITS
FOR GOOD IN 30 DAYS OR LESS!

Peter Andrew Sacco, PH.D.



A book for anyone who suffers from addiction, contends with bad habits, possesses negative thinking patterns, or is held captive by their addictive personality. Information and methods in this book for treating addictions and habits have taken a decade to put together - compiling information, insights and ideas from recovering alcoholics, substance abusers, addiction sufferers, mental health sufferers and world leading practitioners in addictions and mental health. The principles, when applied, have a tremendous success rate!

Right Now
Enough is Enough

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Overcoming Your Addictions and Bad Habits For Good...

Peter Andrew Sacco PH.D.

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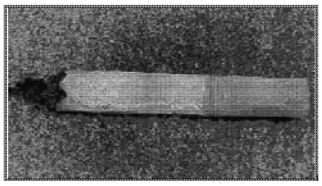
CHAPTER ONE:

WHAT IS THE DIFFERENCE BETWEEN ADDICTION AND HABIT?



"It is hard to understand addiction unless you have experienced it."

Ken Hensley

An addiction is a very complex, powerful, and progressive process which renders the individual with the illness helpless and out of control. For many, the first time they used their substance of choice, they became instantly hooked. In fact, most didn't stand a chance.

BIO-PSYCHO-SOCIAL MODEL

Many counselors in the field of addictions today like to look at addictions from a holistic approach. This means they like to treat the problem using a "bio-psycho-social" model. Rather than looking at the individual from one frame of reference, i.e., as only being "biological" creatures, existing only in the "psychological" domain, or being totally "social" beings, where they respond only because they mimic what society influences them to do, they like to look at all three aspects of the individual's being.

The biological aspect deals primarily with the individual's physical body plus the physical make-up of the substance of choice. For example, biologists may assert that certain individuals become addicted because they possess certain genes, have chemical imbalances in the brain, or are physically ill, which makes them predisposed to becoming addicted to certain substances. Furthermore, a stronger case could be made for individuals who were born to alcoholic mothers, who drank before and during pregnancy, mothers who used crack-cocaine and other substances, who increased the likelihood the substance would be in their child's system even before they were born. Cases have emphasized fetal alcohol babies, who are born "intoxicated" or with alcohol on their breath, and "crack" babies who are already "stoned" the minute they come out of the womb. In similar instances, babies are likely to suffer withdrawal symptoms (delirium tremens) if they don't get the substance they are on! Today, more and more research is asserting there is definitely a gene for alcoholism.

The psychological component of addiction points to defects in one's psyche. The psychological component can be split to reflect one of two ideas: the individual actually possesses a mental health illness, or the individual actively seeks out substances which alter their mood and makes them feel their desired state. There are many individuals in the field of addictions who believe those with addictions suffer from mental health disorders. In fact, many professionals would argue the individual has a "concurrent disorder", meaning not only do they have their addiction, but they also have one or more mental health disorders. This is where the "what came first, chicken or egg" scenario starts! Did the person become addicted because they had a mental health problem and they chose drugs to alleviate the symptoms? Or was it the continual use of a particular substance which eventually altered the brain chemistry and neurotransmitters which led to the mental health disorder? There are books and websites which address this debate. Unfortunately, most of the time, the proper treatment becomes debatable and the client never gets the proper help they need. Many hospitals won't treat the mental health disorder until the client is clean and sober, and many treatment centers won't treat the addiction until the individual gets help with the mental health disorder. The sad part is many of these individuals fall through the cracks and continue using.

The second aspect of the psychological component examines how individuals engage in the use of a substance because they become conditioned to it. The individual with the addiction learns that using the drug will make them feel the way they want to feel and it also allows them an escape from their daily pressures. Many of these individuals also become "addicted" to the process of attaining and using their drug of choice. They literally become conditioned like robots to the process of going out and getting their substance and going through the ritual of using. They get a psychological "high" from preparing to use their substance, which then gives them the physical high! Some individuals become "psychologically"

addicted to their drug of choice and feel as if they will go crazy if they don't use.

The third component of the model is the sociological component, which looks at how society affects the individual. The general premise here is most individuals with addictions use alcohol, drugs, etc., because they are deemed socially acceptable. In fact, corporations spend millions of dollars to promote their products through the media. Individuals believe if it's legal, then it must be okay to use. And many deny the harmful effects of the drug. Just think, many really, truly didn't believe smoking was as harmful as it was until the Surgeon General affixed the warning on the boxes. Furthermore, many pregnant women drank alcohol and used drugs believing it was okay!

Perhaps one of the most addictive populations in society is teenagers and young adults. Many of them become socialized into using substances because they feel the need to fit in with their peers. The pressure to conform is still paramount for most young people. Being accepted and using drugs creates acceptance and a sense of self-esteem, even at the cost of losing control and becoming addicted!

The best means of treating one's addiction is to encompass all aspects of the individual's being, bio-psycho-social, so no area is left out. By focusing on all areas, you provide the best optimal treatment plan and focus on the individual as a symmetrical being. Spiritualism is becoming more widely accepted in the helping profession and is being seen as a greater influence in the world of addictions than was otherwise given credit for in the past. As the bridged gap between science and religion draws closer, those in the helping profession are recognizing the influence of spiritualism in the healing process.

In the past, any discussion of "spiritualism", when associated with the mental health profession, was viewed as quackery and stupidity. As spiritual twelve-step groups continue to show success with clients, the more the spiritual model is becoming embraced. It is, perhaps, the glue which holds the

bio-psycho-social model together. In chapter two, I will discuss in greater detail how the spiritual model effects addiction.

Often times, I have been asked, can someone become addicted to anything? Can anything become addictive? And my answer to that is yes! Depending on one's personality, the circumstances in their life, the network of social influences, their physical and mental health, their need for instant gratification and escapism, anything can become habitual and eventually addictive to fill the void. As an addictions professor and helper, here is a list of the most common substances and behaviors I see individuals battling:

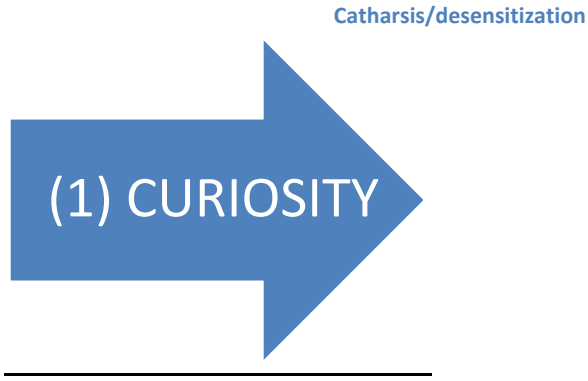
~ alcohol
~ illegal drugs
~ prescription/over the counter drugs
~ gambling
~ tobacco/smoking
~ sports
~ television viewing
~ pornography
~ sex
~ eating
~ anger
~ lying
~ caffeine (coffee/tea)
~ chocolate
~ work
~ Internet
~ religion
~ sleep

That's a pretty long list! I am sure most, if not all of us, engage in some of the activities on the list in healthy moderation. It's when individuals start to cross the line and lose control of their use, and the behavior controls them, that real problems begin to occur.

HABIT VERSUS ADDICTION

What is the difference between a habit and an addiction? Perhaps the best way to answer this question is one word: control. When an individual has a habit, they still have control

over the substance or behavior they are engaging in. They don't think about the habit 24/7, all day and all week. They can use or engage in their activity in moderation. The opposite holds true for an addiction. The substance or behavior controls the user and they can't stop thinking about their next fix. Here is a continuum for the anatomy of an addiction. Notice how the seeds of the addiction are planted and how they continue to flourish along the continuum.



Everything must start with a beginning. There must be a first use. You can't develop an interest in something unless you like it. And you can't like something unless you try it at least once to

see if you want to try it again. If you try something for the first time and it produces favorable results, you are more likely to try similar experiences again and move onto stage (2) DESIRE. If the first time experience was really bad, you are less likely to try it again! I know my first time experience with chewing tobacco was horrible. I thought it must taste good if my heroes, pro baseball players, were chewing it. My one encounter with chewing tobacco ranks up there in my most disgusting experiences, and I have never tried it again!

(2) DESIRE

If your first or second experience with curiosity was good, you will more than likely desire to engage in that specific activity again. Desire is sort of like being bitten by an insect suddenly and you start to itch. In this case, you "itch" for the substance which made you feel good. Have you ever watched television, and a commercial break airs an ice cream product and all of a sudden, you get a hankering for a hot fudge sundae? That is the proverbial itch you feel. You desire whatever it is you desire randomly. Not a lot of thought is put into getting your fix of the substance. When desire becomes more frequent and the intensity of it increases, you are then led to what I call the (3) WANT stage.

(3) WANT

Want is the stage where you actually begin to behave in ways which will allow you to engage in the behavior or use your desired substance with more assertion, perhaps even aggressively. It is during this stage where the individual plans ahead with some thought that they are going to get what they "want". Basically, you "want what you want, when you want it!" Desire is more of a hit or miss stimulation. Want is a whole lot stronger and intentional and you are more likely to go out of your way to get what you want. If you see a television commercial at two in the morning for pizza, you may desire pizza but not enough to go out of your way to get one. On the other hand, if you see that same commercial for pizza and you want a pizza, then you will behave more intentionally to secure yourself a pizza. Want is definitely stronger than desire. You can desire something, but not want it. Thank God! If you wanted and got everything desired, divorce rates, etc., would be even higher! When you want something, you definitely desire, which makes the feeling a little more intense. Once we started "wanting" something in particular more and it begins to become part of our regular routine, we are most likely developing to cultivate a (4) HABIT.

(4) HABIT

When you arrive at the habit stage, you've reached a point where, often times, you engage in an activity without really giving much thought to it. In fact, it is like your conscious mind is on over-drive and you, more or less, act out of "habit". The activity becomes second nature and you can do it proficiently without paying much attention to it. Perhaps the best example of this is cigarette smoking. When you first start out, you have to pay more attention to lighting the cigarette and playing it properly in your mouth so as not to get burned. Those who have smoked for years have mastered this habit and can light a smoke in the complete dark. Many smokers actually light up first thing in the morning, right after a meal or while driving, without actually even thinking about it. Their unconscious mind usually wants the cigarette and most unconsciously light up without giving it much thought. I often joke in my support groups and with patients in one on one counseling who have come in for hypnosis to try and quit smoking telling them that they have mastered a skill – Smoking! I don't smoke so lighting up is more difficult for me, whereas smokers can light up in the dark. With that said, I assert that if they have mastered the skill of smoking, then they can master the skill of quitting!

The habit component of the road to addiction serves as the gateway to the full-blown, out of control addiction. This is the

stage where the wheels literally fall off! Some might refer to it as the point of no return. Two distinct behavioral experiences occur at this point; DESENSITIZATION and CATHARSIS. I will explain what both of these mean.

DESENSITIZATION

Are you a person who likes spicy foods or are you a thrill seeker at amusement parks and enjoy going on fast rides? Do you find that the spicier you make something, it is never hot enough? The more rides you go on, the more intense you crave for them to be, perhaps faster and more adrenaline causing? If you said yes to either, then you have experienced desensitization.

Desensitization can best be described as wanting more of something or a stronger version of it because, over time, you develop a tolerance to it and it doesn't provide the same stimulation. When you eat spicy foods for example, what might have once been considered medium spicy or real spicy were exactly that for your taste buds. Over time you ate so many hot things that both medium and real spicy now seem like mild, and "suicide" spicy seems like real spicy.

The same can be said for speed and rides. Often times what seemed to be very fast in the beginning doesn't seem so fast when you've experienced it enough times. With that said, anything "faster" becomes more stimulating. In a nutshell, you need greater doses or increased helpings to create a satisfying experience which satiates your habit/desire.

CATHARSIS

Do you engage in any activities or situations which help you take the edge off the seriousness of everyday life? Do you find something to do to escape the real world? If whatever you do brings you pleasure, instant gratification and allows you to "escape" then you have engaged in catharsis or a cathartic

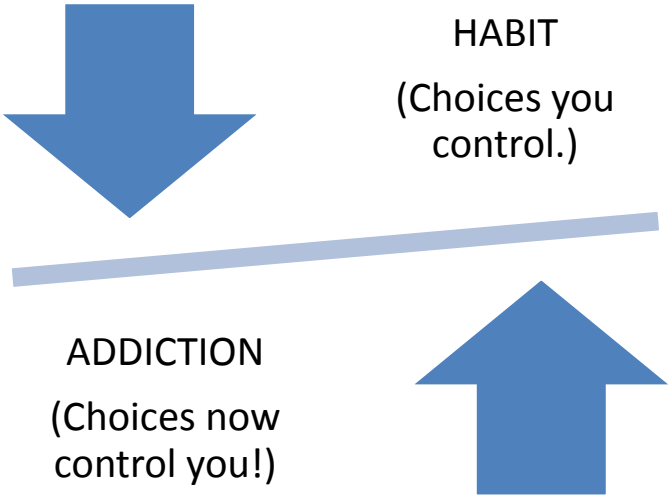
experience. Catharsis is not a bad thing! In fact, the cathartic experience is a very good one. It keeps us sane and getting caught up in the rigors of living stressful and mundane daily lives. You see, the key to living in harmony or balance is doing things in moderation. It is when the cathartic process becomes the order of the day, doing it too often to escape or be in a state of euphoria/arousal constantly that it no longer is catharsis, but rather a state of being. This state of being is best described as "addiction" to escapism, arousal and/or euphoria. This is when it becomes bad!

DESENSITISATION AND CATHARSIS COMBINED

Now that you know what desensitization and catharsis are, it is time to put them in proper perspective when it comes to explaining when something stops becoming "just a habit" and spills over into becoming "addiction".

When you engage in something repeatedly by choice because it provides you with some sort of pleasure, instant gratification or arousal, then you are in control. You are basically feeding into a habit. You can control the circumstances and how you go about engaging in the experience. Just as fast as you can turn the experience on, you can turn it off and walk away from it. Catharsis is used for escapism or some kind of enjoyment limited in use – moderation. Desensitization has not really occurred as the arousal that the venue or substance is providing is still very good. You are deriving the maximum effects and/or benefits from engaging it. The madness starts when you are using something to escape reality on a daily or regular basis (catharsis) too often and the "escapism" choice is not providing the same arousal or gratification. The key aspect of this experience becomes "NEED"! You have gone past a point of habit or habituation and now engage the daily activity/substance out of necessity. In essence, you believe you "need to do it" to function, perhaps socially in society and maybe

even to survive! When need surpasses choice/habit is the point that habit becomes addiction.



What you were once able to control by choice (activities providing catharsis) have now become desensitized through overuse/abuse and now you are rendered helpless to them as they have the ability to control you. When something begins to control you and you are helpless to quit it on your own accord, this is when it becomes an addiction. The hallmark of addiction is control – you feel that you have lost control over your life and all areas; physical, psychological, social and spiritual are all out of whack.

(5) NEED

When you hear the term “need” what does it mean to you? What does the word imply when you look at it closely – a sense of desperation, necessity? It implies a lack or “can't do without” mindset. When you examine it in the world of dysfunction pertaining to mental health it is often times equated with co-dependency. In co-dependent relationships (individuals possessing either dependent or independent personality disorders) people “need” people or relationships to give them a sense of identity. They believe they are nothing without their partner. In some ways, their partner is their psychological crutch. When it comes to substance abuse and/or addiction, the user becomes “dependent” on their substance. In much the same way a co-dependent uses another person/relationship as their crutch, the addict does so with a substance.

The longer one starts to believe they “need” something or someone to function or exist is the point where they surrender their freedoms. They believe in a powerful locus of control that exists outside of them which dictates how they should live their life. They believe that states of happiness, peace and contentment can only come from something outside of them. They “need” someone or something to make them feel complete or serve as a diversion for perceived lack of individual completion. Individuals who possess these distorted thought

patterns need substances and in some cases people (co-dependent relationships) to satiate them.

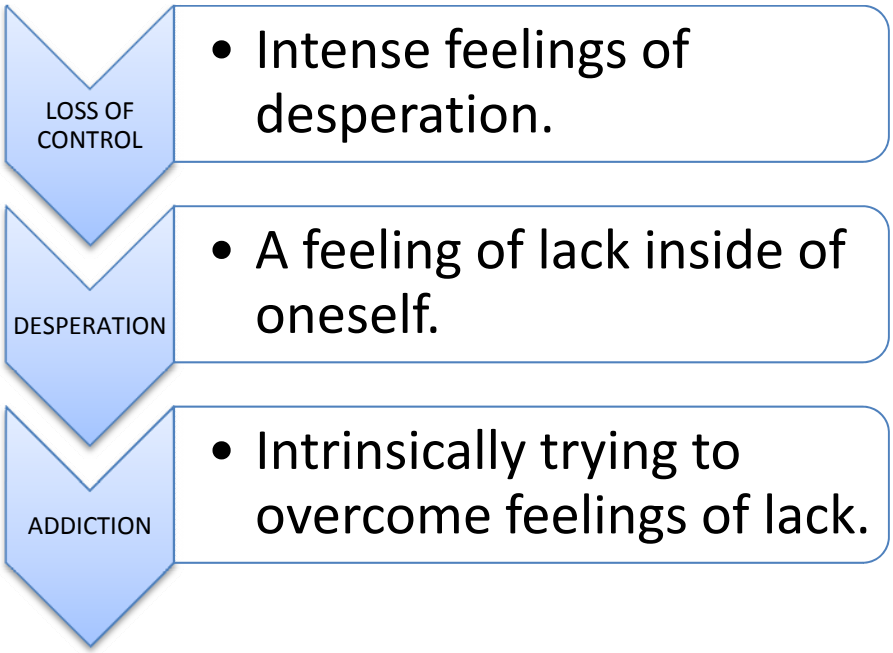
Not all needs are bad. Realistically there are certain things people need and can't live without. These would include things like air, water, food, shelter, safety, etc. Abraham Maslow asserted these were necessities along with more abstract things like a sense of belongingness and love, as well as self-esteem to be healthy (Maslow's Hierarchy of Needs). There is a necessity to be in relationships early on in our lives for not only survival but socialization reasons. It is also during this time in secure and healthy families that personal boundaries are taught — knowing where parents, siblings and friends end and you begin. Parents and teachers teach children to live their lives in moderation, helping them to discern how to live life in moderation. When I refer to moderation I mean the subtle as well as complex differences between desires, wants and needs. Being able to distinguish between them, engrain them in thought processes both at conscious and unconscious levels, and using them in the face of freedom (choices) determines where one falls on the continuum of desire versus addiction.

The hallmark of need or necessity is the double-sided coin of frustration/desperation. This is literally the "toss of the coin" which determines the starting point of addiction – the point where "need" ends and addiction begins. By not having one's needs met leads to feelings of stress and eventually frustration. The frustration arises when one perceives they have no control over the situation and tries to get whatever they need to regain control. Desperation goes even further in that that same frustration becomes even more overwhelming and they not only "need" their substance of choice to regain control but they also believe the "substance" is a part of them and without it they are missing a part of themselves. I know this may sound a bit confusing but let me see if I can break this down further.

There is a need which means to be fulfilled. Obviously, it is not being met! The longer it goes on without being met the more stress it causes. The individual begins to feel stressed out. As the stress builds, they become even more frustrated. They know they can exert control over this situation if they get whatever it is they need. Even though this need may be irrational, dysfunctional or even damaging in some cases, (i.e. stalking their ex-mate because they "need" them back), they are still able to control the situation on their terms. Even though there may be acts of desperation on their part, they still believe they "hold all the cards". I know this may sound bizarre given the way this individual behaves, but they are still sane in the sense that they know they can control the situation as well as the substance. They discern both how they want the substance to effect them as well as how they want to effect the substance. The hold power over the substance or whatever it is they need, or at least perceived power. They may act desperately in trying

to secure whatever it is they need, but this desperation doesn't control them.

This is an interesting point as addicts such as social functioning alcoholics may be put into this aspect of need versus addiction like. Many social functioning alcoholics never appear intoxicated nor do they ever drink to the point of passing out. Some require the “courage from the bottle” to help them get through tasks or situations they find anxiety-provoking. Others drink to take the edge off. They feel they “need” the booze to get them through the moments. Most still believe they are in control of the situation and many are. Perhaps they might be described as practising moderation management before they ever enter a treatment programme, or ever will. And some never will become addicts or aren't addicts! This is where the dichotomy begins and ends with addiction. When an alcoholic drinks “just enough” to function – keeping alcohol in their blood because their body is physiologically addicted to it, or they go into any kind of physical or psychological withdrawal symptoms, then it is an addiction! You see, the need is no longer controlled by them; rather they are controlled by the need. It is totally outside of them and without it, it creates extreme stress and frustration, which produces an insane loss of control. When I refer to “insane” I am referring to the fact that all rationale and logic are tossed by the wayside, as they will do whatever it takes to satisfy their need. You see, their need is bigger than them. Their need is its own entity or persona. It is as if the individual has split in two and a second personality or evil twin has been born. The “evil twin” is their dark-half and they perceive it as being outside of them.



When this loss of control starts and the dark-half is recognized as being in charge at times or all of the time (the case in full-blown addictions), severe acts of desperation occur. Interestingly, many addicts will assert when they behave badly (either to get their drug of choice or after they have become intoxicated) that it wasn't really them...it was the drug/booze that made them do it. They are not far off in their assessment. It is an alter ego or persona which takes charge or becomes the more dominant force. It's like Bruce Banner (Incredible Hulk) saying, “Don't make me mad...you won't like me when I am mad!” When Banner gets mad he turns green and becomes the Incredible Hulk. When addicts get mad/frustrated they become the color of their addiction! And this is where the madness begins–

Normal functioning people deal rationally and do not behave anti-socially or like sociopaths. I am not saying that addicts possess anti-social personality disorder (DSM-V Axis 2) or are sociopaths, even though some may be. Rather, many who have

bad addictions behave in ways that anti-social personality disordered people do. They engage in activities or do things where they no longer feel guilt, shame or remorse. Normal people would feel shame or guilt for stealing. Most would be ashamed of themselves for turning sexual tricks to pay for something. Many would feel dread and remorse for neglecting their families, kids, even jobs to engage in pleasures. However when one behaves desperately more often than they are in control, then feelings of guilt, shame and remorse become superseded by instant gratification and removal of psychological and/or physical pain. The rush and numbing the substance provides removes these feelings. Don't get me wrong as many addicts do feel and think about guilt, shame and remorse, but they are not recognized as being powerful enough or long-lived to get them to stop engaging in substance use. Their dark half rules!

Any perceived control in their lives is believed to come from outside of them. They believe they are lacking/missing something within. They are in a constant state of believing they need to fill this emptiness or void within. They revert to anything and will stop at nothing to fill this void. All rational thought is gone and dysfunctional desperation becomes a daily intention. This is ADDICTION!

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(6) ADDICTION

No matter how many times or how hard one tries to quit their substance abuse on their own but continually returns to "out of control" use, they have an addiction! There are several key tenets to addiction which I often discuss with my clients, students and readers. Though they are not in any order of importance, as they are all important, these tenets describe the virtues of addiction in its raw and purest form:

1) **The addict has tried to quit on their own repeatedly and can't without some outside intervention/help. Thinking you can do it alone is magical thinking!**

2) **Addictions do not discriminate!**

3) **It is a progressive and insidious disease which happens over time. It does not just develop into an addiction overnight!**

4) **The user/addict develops a tolerance for the substance, whether it be psychological, physiological, or both. They need more of the same substance or stronger doses to get the same favorable sensation.**

5) **Individuals experience withdrawal symptoms as soon as they try to stop using. These might be either physiological or psychological. When it is in the bloodstream, brain chemistry or hormonal system, then you know it is physical because the body goes into physical withdrawal.**

6) **Individuals will traverse through psychological stages before, during and after treatment and recovery. Moods and behaviors run the entire gambit of emotions from highs (euphoria) to lows (depression, even suicidal thoughts). In many cases the addict resembles someone with bi-polar mood disorders and in some cases they have bi-polar depression.**

7) **Relapse is often times a part of the recovery process. Slips and falls are a part of the healing process, as they teach lessons and help the addict identify triggers.**

8) **Some individuals use substances because it provides them a means of instant gratification or a quick fix.**

9) Some individuals become psychologically conditioned to use due to environment, social factors or triggers which stimulate the use/abuse of the substance. Sometimes it is not the drug/substance itself that provides the greatest stimulation rather the environment.

10) Some individuals engage in substance use to alleviate emotional or physical pain and enjoy the rapid numbing relief the drug/substance provides. In the world of addiction this is referred to as self-medication.

***11)* The availability or easy access of the substance creates a stimulus to use the drug. Sometimes when something is this there, it perpetuates the desire/need to use which wouldn't otherwise occur.**

12) Being healed or cured is part of the recovery process. Only one in recovery can determine and acknowledge when they are truly healed or cured, or if they are in a state of ongoing "recovery".

13) Some individuals with addictions possess the addiction because they have a mental health disorder which perpetuates the addiction. On the other hand, through repeated use leading to addiction, eventually the addiction/substance use has perpetuated a mental health problem/illness.

ADDICTIVE PERSONALITIES

There are certain people who are more prone to becoming addicts than other people. Perhaps you might refer to them as having "addictive personalities". Their childhood experiences as well as their family backgrounds may have created triggers or

learning patterns which lead them to engage in compulsive and/or addictive behaviors. This of course rules out biological components, i.e. biological predispositions which make them at risk as well.

For whatever reason, certain people who possess addictive personality types rarely if ever find satisfaction or fulfillment in endeavors they engage in. Even if they never went on to develop an addiction, they would always be looking for something to provide them with pleasurable sensations. They will do whatever it takes to avoid pain – being or feeling responsible for changing their negative patterns and lifestyles. Having to look within themselves is too painful!

Over the years I found one thing common in many addicts as well as individuals suffering from mental health disorders...they believe if they ignore the problem or distract themselves from the problem, i.e. using alcohol or drugs, the problem will go away on its own. Ironically, the use of alcohol or drugs which could eventually lead to addiction creates a whole new set of problems, usually ones not as intense as the original. When addicts go into treatment and possess concurrent disorders (an addiction plus a mental health disorder) it is sometimes hard to determine which came first, the mental health illness or the addiction. Avoidance of problem solving in essence creates the chicken and egg dilemma – which came first?

The longer individuals engage in avoidance, or ignoring the problem, the less likely they are to possess any problem solving skills they might have had. Even if the skills were minimal, it gave them some sense of control in solving problems. It gave them confidence! At this point, any confidence and self-esteem they had bottoms out and this lacking of self-ability leads to an entirely new level of avoidance.

In the end, individuals with addictive personalities will avoid relationships like the plague. Since they have a hard time forming them and maintaining them, they are more likely to isolate themselves and engage in substance use/abuse which provides pleasurable sensations. Getting high or drunk masks

and/or distracts their feelings of perceived rejection. Ironically, they are usually the ones doing the rejecting because they don't want to allow anyone to get too close to them because the others will see through them and into their emptiness – using substances to try to fulfill them.

Since addicts will never find fulfillment from the substances they are using to provide instant gratification, and since they can't maintain a relationship, they never know any true state of happiness or contentment. In essence, it is a vicious cycle they create for themselves in trying to latch onto someone or something to give them some sense of meaning in their lives.

TOLERANCE IN ADDICTION

Many addicts will develop a tolerance to the substance they choose to base their addiction around. Larger doses will be needed to provide the same effect. This can come in one of two ways; the individual may increase the dosage of their target substance, or the individual might increase the frequency through which they use the substance. Generally, when drug tolerances are discussed it is always in the context of physiological tolerance – the body develops a tolerance to the substance. Since many addictions are also non-drug based, i.e. pornography, sex, gambling, etc., the tolerance one develops need not only be physiological as it can be psychological as well. For example, an individual with a pornography addiction may feel like they are going crazy (agitated, frustrated and even desperate) if they don't get their daily fix of porn. Even though the pornography is not a drug, it affects the body/mind as if it were a drug. This is a psychological addiction.

The tolerance can be either physiologically-based, psychologically-based or a combination of both. One of the more interesting addictions I have worked with is cigarette/nicotine addictions. Over the years I have helped many clients quit smoking through hypnosis, cognitive behavioral therapy, or a combination of both. The reason I find cigarette

addiction to be a complex addiction is it usually can be any of the mentioned types of tolerances. Let me explain using all 3 types of tolerance options:

1) Physiological addiction - The individual smokes because they require the desired effect the nicotine (stimulant) has on their brain. They are used to having nicotine in their blood/brain and this is needed to alter their mood and help them function. Whenever they do not get their daily scheduled smokes, they have "nic fits" whereby they get the shakes, feel jittery, feel light-headed, extremely moody and agitated and feel as if they cannot function. Once they have the smoke, they feel better...instantly! The body needs the nicotine.

2) Psychological addiction - The individual usually smokes after they have their first coffee, on the drive into work, in social settings, or whenever they have a chance. When asked about their smoking schedule, most of these smokers will assert they can go for long periods of time without smoking and not feel like they are coming undone. They more or less "believe they need" the cigarette to provide some sort of pleasure or instant gratification. You see, it is based on "believing" you need to smoke!

3) Physiological and psychological addiction - The individual needs to smoke to crave the withdrawal symptoms that the body is experiencing as well as believing they need to smoke to satisfy cravings beforehand or provide instant gratification. Sometimes the body just needs the nicotine, while other times it is more mind over matter – feeling the need to just have a smoke.

Without getting into all of the facets of smoking cessation as there are great books on the subjects, I just want to point out two things I have noticed over the last 17 years of doing this.

First, if a person can quit smoking cold turkey and have minimal to zero physiological effects, then they probably had a psychological addiction to smoking. I have had friends and colleagues quit on the first attempt and never do it again. I have seen women find out they were pregnant and quit without batting an eyelash and having no withdrawal symptoms. This would tell me they had a psychological addiction versus a physiological addiction. With that said, they might have had aspects of a physiological addiction of smoking, but they were able to exert incredible "mind over matter" and quit. In the study of neuropsychoimmunology or psychosomatics, their minds ruled and minimized or abolished any and all physical cravings/withdrawal symptoms.

Second, if and when I used hypnosis to help clients quit smoking and if it worked first time out, or second time, then once again it was probably more of a psychological addiction. I will add that the post-hypnotic suggestions I provided enhance psychosomatic powers in the mind. With that said, the mind might have mastered the ability to control their body (robot) and tell it what to do. I have found that hypnosis only works on habits and psychological type addictions if they are not too severe. In hard addictions like alcohol, heroin, etc., it rarely works because the physiological tolerance is too great and hypnosis does not get down to the underlying, deep-rooted psychological issues which are causing the self-destructive behaviors. Having said that, I do believe that hypnosis over a prolonged period of time combined with cognitive behavioral therapy (CBT) can be extremely successful in treating hard addictions only if three things occur; 1) the individual goes through a detox programme at the onset of treatment, 2) hypnotherapy and CBT are used ongoing throughout the therapeutic process and 3) the individual is open to attending support groups. I believe in differential diagnosis – every individual personality is unique as are their experiences. What may work for one may not work for another. You can never disqualify a treatment because it worked or didn't work for

someone. I truly believe if an individual with an addiction was to apply all three components of the aforementioned treatment, they would be highly successful in their recovery!

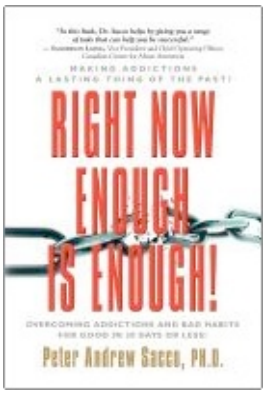
WITHDRAWAL IN ADDICTION

In addiction, withdrawal is best described as the intense group of symptoms one experiences when they suddenly or abruptly stop using their substance of choice. Since the individual has been using/abusing the substance for such a long period of time, their body and/or mind becomes dependent upon the effects that the substance provides, or the satisfaction they get from engaging in using the substance. When the individual does not get their "fix" they will start to feel worse and begin to engage in desperate acts to satiate themselves and make the withdrawal symptoms go away. If they continue to spiral into the withdrawal symptoms, they will eventually dissipate and hit a wall or plateau and not get any worse. If the individual can make it to this plateau and stay clean, then they are basically in a "detox" stage leading to sobriety. This is what is needed for therapy and recovery to be effective.

As with tolerance, the withdrawal symptoms can be any of the three in nature; 1) physiological, 2) psychological or 3) physiological and psychological. Individuals with intense addictions (alcohol, heroin, cocaine, etc.) need to detox and reach plateau in their withdrawal symptoms to turn the corner.

I've given you a lot of information in this chapter on habit versus addiction. Having said that, I have only scratched the surface. There are exceptional books and information out there which describe/define addiction in greater depth. I highly recommend visiting the following websites on the Internet to become more familiar with addictions. I have had the good fortunes of working with the following organizations in the past or present and highly recommend their research:

Centre for Addiction and Mental Health (CAMH) –
http://www.camh.net/
Mayo Clinic – http://www.mayoclinic.com/
Betty Ford Clinic – http://www.bettyfordcenter.org/
Homewood Health Centre –
http://www.homewood.org/healthcentre/main.php
Renascent Toronto – http://www.renascent.ca/



A book for anyone who suffers from addiction, contends with bad habits, possesses negative thinking patterns, or is held captive by their addictive personality. Information and methods in this book for treating addictions and habits have taken a decade to put together - compiling information, insights and ideas from recovering alcoholics, substance abusers, addiction sufferers, mental health sufferers and world leading practitioners in addictions and mental health. The principles, when applied, have a tremendous success rate!

Right Now
Enough is Enough