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# “Beyond the Grip” of Compulsive Behaviour

**Outline of a Presentation by  
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## Compulsive Behaviour - How Does It Work?

One part really wants something - to quit obsessing, smoking, drinking, overeating (particularly carbs and sugar), sexing, gambling, procrastinating, whatever - but another part can't or doesn't seem to want to. "It's as if too much of a good thing is not enough", according to Robert Dilts. The client may have tried all sort sorts of things (behaviour modification techniques, positive affirmations, therapy, treatment) with varying degrees of success, or not, and will have some solidly anchored beliefs about how it works and how easy or difficult it is to change. There is also a tendency to "mis-attach" Behaviour to Identity (i.e. "I am an addict", rather than "I sometimes demonstrate addictive behaviour").

## What's Happening?

- **In NLP terms**, it's a sequential parts incongruity characterised by a synesthesia (intense & unconscious) at the trigger, dissociated behaviour with K+ during operations phase, with amnesia and/or recursive looping, followed by guilt/regret/ and modal operator of necessity (I have to stop/quit) and recursive looping to cope with the issues (feel bad self talk like I give up, can't help it, deserve/need it).
- **In 12 Step Programs** (NA, OA, AA, GA, CODA, EA, CMA) it's an out of control disease, (with physical, mental and spiritual aspects) over which the person is powerless, has an "allergy-like bodily reaction" resulting in a mental obsession & inability to stop using/doing after the initial use, rooted in self-centeredness.
- **In "not-12 Step" Rehabilitation Programs** the problem is defined as a learned behaviour and a choice.
- **In Mind-Body Medicine** terms, (Candace Pert, the Molecules of Emotion - The Science Behind Mind Body Medicine), drug consumption is about "emotions that are unhealed, cut off, not processed and integrated or released. Trauma and stress continually lodged at the level of the receptor block nerve pathways and interrupt the smooth flow of information chemicals (stuck or unhealed emotions) resulting in chronic sadness, anger, frustration, fear.
- **In Emotional Freedom Technique (EFT)** terms, "the cause is anxiety, an uneasy feeling that is temporarily masked or tranquillised by some substance or behaviour, resulting in more intense anxiety and pain when deprived of the substance or behaviour". It is characterised by General Polarity Reversal (i.e. the energy in the body is "agitated", or "going in the wrong direction").
- **In Bio-Chemical** terms, brain research indicates that cravings and obsessive compulsive behaviours occur on a brain landscape of rising dopamine and low serotonin levels.
  - The neurotransmitter **DOPAMINE** affects brain processes controlling movement, cognition, emotional response, motivation and **the ability to experience pleasure/reward and pain**. Small amounts of dopamine are constantly generated at a slow rate maintaining normal affective tone and moods.
  - Systemic stressors (fear, hunger, pain, etc) as well as processed or mind based stressors (guilt, resentment, grief, loneliness etc) cause the release of "survival" or "flight or fight" chemicals (corticoids, noradrenaline etc) which increase dopamine levels. Over time, neurons can become desensitized to dopamine (aka as tolerance).
  - The neurotransmitter **SERATONIN** promotes feelings of well being, calmness, personal security, relaxation, confidence and concentration. Serotonin neural circuits also help counterbalance brain dopamine and noradrenaline circuit activity.
  - Serotonin deficiency is associated with low motivation, depression and is believed to contribute to a broad array of emotional and behavioural problems, including obsessive compulsive behaviours.

### ***How Do Nerve Cells in the Brain Communicate With Each Other?***

The nerve cells in the brain are separated from one another by tiny gaps. For a signal to pass from one nerve cell to another, it crosses the space that separates the two cells by shooting chemicals (neurotransmitters) across the gap. The neurotransmitters bind to specific receptor proteins in the cell membrane on the other side of the gap. When the neurotransmitter binds to a matching stimulatory receptor, it promotes the generation of a new signal in the receiving nerve cell, thereby transferring the signal across the gap. Moods and mental states are determined by particular groups of nerves in the brain that use special sets of neurotransmitters and receptors. The brain has specialized pathways that mediate reward and motivation. The brain reward system can be activated by direct electrical stimulation, drugs, "natural" drivers (food, sex) and other substances (drugs, caffeine, alcohol, nicotine, sugar etc).

### ***Maybe It's About Memory***

Harvard research indicates addiction involves many of the same brain circuits that govern learning and memory. As the reward circuit in the brain is stimulated, the circuit provides incentives for action by registering the value of important experiences and triggering the release of dopamine, telling the brain to "do it again." Repeated drug use can change the brain cells and make the memory of the pleasurable effects so strong that, even after prolonged abstinence, addicts may remain hypersensitive to the drug and the cues that predict its presence. (January 2007 Harvard Mental Health Letter).

### ***Maybe It's Genetically Low Levels of Dopamine Activity***

There is reportedly evidence there may be genetic predisposition to addiction, that some people become addicts as a way of making up for a shortage or deficiency of dopamine receptors. When the US National Institute on Drug Abuse looked at the brains of obese people, they reportedly found a dopamine-receptor deficiency identical to the deficiency in drug addicts.

### ***The Hunger May Just Feed the Pattern Recognition Process***

Compulsive survival-based behaviours (for food, sex, safety/pleasure) over time may be driven by "pattern recognition" processes, rather than to satisfy the longing/hunger itself. This may be an underlying component of multiple addictions and why, for example, indulging in the substance/behaviour does not seem to satisfy the craving - it just feeds the "pattern recognition" process.

## What Are the Elements of the Various Approaches or Modalities?

### NLP Elements

- Bandler and Grinder developed a "Sequential Incongruity" Change Strategy based in using K anchoring to create a simultaneous incongruity, collapsing the anchors, introducing generic post hypnotic suggestions (about communication, behaviour) and then doing a *Six Step Reframe* to identify, secure and install specific alternative behaviours.
- Robert Dilts developed an "*Intervention Path*" involving: distinguishing between Behaviour and Identity; exploring/reframing "positive highest" and "secondary gains"; re-imprinting personal history; developing skills to deal with emotional response triggers; parts alignment using parts negotiation and/or integrating conflicting beliefs; and identifying and rehearsing alternative behaviours.
- John Overdurf (Beyond Traditional NLP, my words, not his) developed Conversational Change Model: Strategy Elicitation to find trigger on the synesthesia; Define Outcome/End State/Big Picture and related Values; Fire Trigger and run pattern in various prescribed sequences; Test & Future Pace; Recovery Strategy; Next Smallest Step.
- In ***Recovering Options***, Overdurf and Silverthorne outline a six step approach: Use therapeutic tasking as a prerequisite to the "actual therapy"; Elicit the strategy for the addictive behavior using the trigger to intervene; Transform the addiction from a sequential incongruity to a simultaneous incongruity; Align the client's perception of the past with the new integration; Release any other relevant negative emotions associated with the addiction, its antecedents, and its consequences; and Install a "recovery" strategy.
- "Hypnotherapy" typically utilises NLP-based techniques wrapped up in trance: reducing stress triggers and therefore cravings; removing/reframing blockages (letting go of the past); transforming self image from being a user to being a non-user; and eliminating the pleasure associated with using.

### 12 Step Program Elements

- The program of recovery is based in: 1.admitting powerlessness over substance/behaviour; 2.coming to believe that a Higher Power can restore sanity; 3. turning will & life over to care of Higher Power; 4. making a moral inventory; 5. admitting nature of wrongs; 6. becoming ready to have shortcomings removed; 7. asking Higher Power to remove shortcomings; 8. making a list of persons harmed and being willing to make amends; 9. making amends; 10. continuing to take personal inventory; 11. seeking through prayer and meditation to improve conscious contact with Higher Power; and 12. having had a spiritual awakening as a result of the steps, carrying the message to others and practising spiritual principles in all affairs.

### "Not-12 Step" Rehabilitation Program Elements

- They are not spiritual or disease models. They tend to be cognitive-behavioural in nature, involving correction of distorted thinking, identification of goal and motivation enhancements, coping with cravings, development of new habits/skills, problem solving and lifestyle balance. Some of them also have a community/peer reinforcement element.

- There are a number of programs, such as Save Our Selves (SOS), SMART Recovery, Life-ring Secular Recovery, Rational Recovery (RR), Pennsylvania Model of Recovery, YES Recovery, Women/Men for Sobriety, 16-Step Empowerment Model, Moderation Management, Sinclair Method, Harm Reduction etc.

### **Mind Body Medicine Elements**

Candace Pert, in the *Molecules of Emotion* says your body is your UCM, repressed emotions are stored in the body/UCM through the release of neuropeptide ligands; memories are held in their receptors. The neuropeptides and receptors, the biochemicals of emotion, are the messengers carrying information to link the major body systems into one unit she calls the body-mind. Pert describes an "8 Part Life Style Program of the Healthy and Whole":

1. Become conscious: being versus doing; listen to autonomic or subconscious levels of body/mind.
2. Access the psychosomatic network: enter the body mind conversation to redirect the body mind.
3. Tap into your dreams: they are messages from your body mind; conversation between psyche and soma.
4. Get in touch with your body: Move, breathe, have body work done.
5. Reduce stress: though breathing, meditation, play.
6. Exercise: get heart to pump, increase blood flow to nourish and cleanse brain and organs.
7. Eat wisely: The brain's food is glucose. It may be more than 70% water; 60% of its solid matter may be composed of essential fatty acids. Feed and hydrate it accordingly.
8. Avoid substance abuse: including, refined sugar.

### **Emotional Freedom Technique (EFT) Elements**

Gary Craig describes EFT as an emotional version of acupuncture where energy meridian points on your body are stimulated by tapping on them with your fingertips. The underlying beliefs are that the cause of all negative emotions is a disruption in the body's energy system and that unresolved negative emotions are major contributors to most physical pains and diseases.

The approach is to use EFT tapping to reduce anxiety that is driving the addiction and correct for any Psychological Reversal, repeating the Basic Recipe 15 - 25 times a day as well as when cravings arise.

### **Bio-Chemical Elements**

The key is to Bio-balance the brain by reducing dopamine induced cravings and by naturally raising serotonin levels. The objective is to reset the brain landscape, alter the pattern recognition processes and diminish the ability of stress and other stimulus to create the craving response.

#### To Reduce or regulate dopamine activity:

- Reduce systemic stressors (fear, hunger, pain, tiredness) & mind based stressors (negative states);
- Consciously alter your breathing (slower, deeper, holding at top) to influence bio-chemical state;
- Manipulate brain wave activity. In alpha state, the limbic and associated structures on the right side of the brain (which feed into the stress response system) are reportedly activated (self hypnosis, meditation, biofeedback etc).

### Increase serotonin levels by:

- L-Tryptophan or 5-HTP supplementation in a manner that facilitates passage through the blood brain barrier.
- Exercise: increases endorphins as well as raising serotonin levels by allowing more tryptophan to cross into the brain. The increased intake of oxygen is critical to the formation of serotonin.
- Get Sunlight: Serotonin levels increase when the sun is shining.
- Alter brain wave activity: meditating Tibetan monks reportedly showed increased levels of serotonin. Use self hypnosis for relaxation and for body regulation (increasing serotonin production, reducing stress, diminishing and managing cravings);
- Although not specifically a serotonin raiser, the amino acid L- Glutamine is critical: it's the only amino that can easily cross the blood-brain barrier; glucose is the brain's primary source of energy, but the brain can utilize glutamic acid as a backup fuel. The National Institute of Mental Health has acknowledged glutamine's influence on sugar and alcohol cravings.

### **Which is the Most Effective Approach?**

**The most effective approach may be holistic and multidisciplinary, working with body, mind and spirit. Theresa McKeown offers clients individual and/or small group sessions, incorporating best practices from the various modalities. Individual sessions are typically 95 minutes in length; the 1-day small group sessions, run from 10:00 am to 4:30 pm.**

### **References & Resource Material**

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