

## Chapter 18

# Addiction and Recovery - the Therapist's Role

*In this chapter, we're going to look at addiction and specifically, at an aspect of addiction rarely discussed. The mind body influence. To do this, we'll touch briefly on the cliché addictions; alcohol and drugs. As well as on a few of the other addictions; sex, gambling, and exercise. Food? We'll be leaving that for the next chapter. And yes. There are addictive qualities to overeating. Wolfing down a pint of Cherry Garcia can be pretty compulsive. And painful. But is overeating food the same as snorting heroin? Do the differences even matter? And what can a talk therapist do to help people with this stuff anyway? You want answers? Well, okay. You're about to get them. At least, the ones that matter most with regard to addiction. Do you know which answers I'm referring to? You're about to find out. In this chapter of Plain Talk about Talk Therapy.*

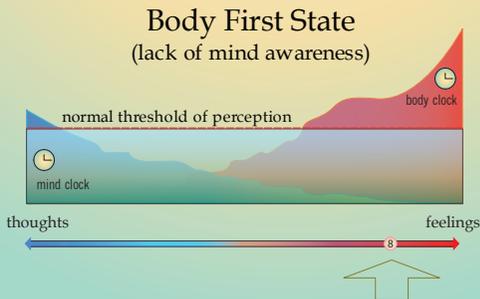
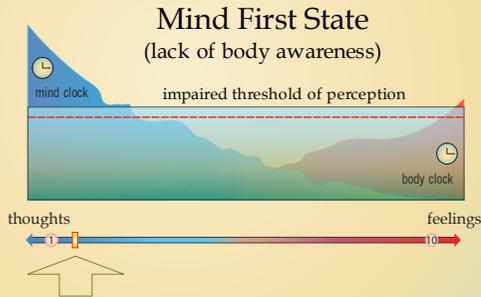
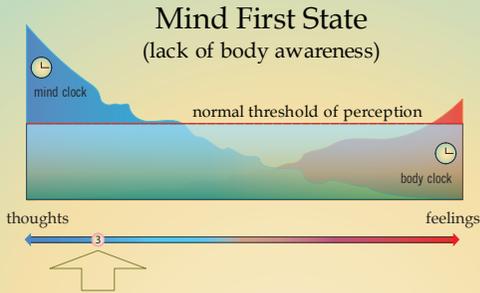
### **Addiction - The Bane of Mind First People**

“Bane.” Do you know this word? My visual thesaurus says it’s “something which causes misery or death.” And yes. Most addicts don’t die from their addictions, albeit, a lot of them wish they would. But the “misery” part? Absolutely. I know. I’ve been addicted myself. To what, you ask? To a lot of things. From drinking alcohol and smoking cigarettes to buying clothes and playing pinball.

# How Vulnerable Are You to Addictions?

(How Being Mind First Affects One's Vulnerability)

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Alcohol? Cigarettes? Spending? Okay. But playing pinball? How the heck can someone get addicted to playing pinball?

My answer? God knows. One day a friend asked me to play one game. Then somehow I ended up playing everyday. Often for hours at a time and with money I did not have. Eventually it reached the point where even my family began to suffer. Can you imagine? Playing pinball became the bane of my existence. At least during this portion of my life.

Why tell you this? Because years later, when I faced a serious drinking problem, I was surprised to find in myself the very same behaviors as when I had been hooked on pinball. The same lies. The same guilt. The same shame and selfishness. Except that, instead of playing pinball at a bar for hours while I had a beer or two, I was drinking beers at a bar for hours while I played a game of pinball or two.

So am I saying that for me, being addicted to pinball was the same as having alcoholism? In part, yes, I am saying this. And yes. I realize there are important differences here. Still. When it came down to what I would do to get my fix, in many ways, these differences became moot.

Bull dinghy you say. Alcoholism is much worse than playing pinball. You stagger. You swagger. You boast and you brag. You crack up cars and you roil with guilt. You lie. You steal. You sneak around. All this and more. So yes. You're right. Alcoholism is pretty awful. However, when playing pinball had me by the balls, other than staggering, I had every single one of these symptoms. Including that I cracked up cars.

Cracked up cars? Well, actually, only one car. I was so guilty that night and in a such hurry to get home that I never saw the accident coming. Thus my point; when I was addicted to playing pinball, I did and felt a lot of the same things as when my drinking was at its worst. Including lying to and stealing from my family.

Where is all this going you ask?

Well if you were a therapist and had a guy come in who told you he was addicted to playing video games, would you feel the same sympathy for him as for an active alcoholic? The truth?

Probably not.

And if this same fellow then told you he was also addicted to looking at porn; that he looked at it every night while his wife was asleep, would you feel drawn to focus on this man's video game problem?

Probably not.

The thing is, with the momentum in society today towards helping folks who have alcoholism, folks with drinking problems can find lots of support. And good information. And encouragement. And understanding.

And with today's trend toward valuing honest disclosure, if you admit to having a sex addiction, porn in particular, while some folks may scrunch up their faces, cringe and run, others will extend you a sympathetic hand. Along with a meeting list and some heart felt compassion.

However if you tell people you are addicted to playing video games, while they may look at you strangely or even chuckle a bit, they will also likely give you one of the classic human "looks." Which one? The "what the heck is wrong with you? Didn't you ever grow up?" look.

Okay. So there isn't much support and sympathy for folks addicted to video games. But if you, the reader, were this man's therapist, where would you begin? On his alcoholism? His porn addiction? His video game problem?

The truth is, there is only one main focus in treating addictions, and it isn't any of these three things. You see, if you treat the addictions before you the man, then at best you offer him temporary help. And yes. This kind of temporary help is necessary at times. And loving. However, if you focus on this man's drinking, or on his porn problem or video addiction, then you are treating the man's symptoms not the man himself.

What would treating the man himself before the symptoms be like?

After getting him, as best you could, to be present in his seat, you would focus on his lack of psychophysical awareness.

Psychophysical awareness? What the heck is that? And why would I even suggest such thing? Wouldn't convincing him to go to AA or SA be a better place to focus?

Actually not. Thus while convincing him to go to AA or SA would be a good thing to include, if you were to focus on the man, this would not be your main focus. Why not? Because recovery from addiction begins only after you address the fundamental problem. And yes. Doing acts of damage control, like getting him to stop drinking, should be part of his therapy right from day one. AA and SA included. However, if you, as a therapist, want to do more than simply help this man to get things under control, then you must address his real problem.

And what is his real problem?

Again. The psychophysical nature of his addictions. Specifically, his inability to psychophysically sense the onset ramps and release ramps of each of his addictions. The psychophysical experiences which fall below his threshold of perception, mind body wise.

Yes. I know. Onset ramps. Release ramps. Psychophysical experiences. Isn't this just more psychobabble?

The words? Perhaps. But my telling you to focus on this man's missing mind body experiences? Hardly. You see, with additions, this focus is the heart and

soul of recovery. From cocaine to the Mario Bros.

Still unclear as to what I am suggesting you do? It's simple really. Especially when you know that everything I've just said derives from but a single idea; *that what renders one vulnerable to addiction* is your default mind body preference, specifically, being Mind First, combined with a high threshold of perception. This is the heart and soul of recovery from an addiction. And yes, there are Body First people who get addicted to things. But none who do not have a high threshold of perception in and around this addiction while at the same time, being in a Mind First state.

What's the big deal here?

The idea that making the mind body connection the pivotal focus in addictions treatment significantly improves a person's chances for a recovery. How? By addressing the person's actual nature, rather than just his symptoms or behaviors.

How exactly do you achieve this focus? Before we tell you, I need to briefly touch on something else. The idea that we can have whole areas of life, such as eating, spending money, sex, and so on, wherein we deviate from our default mind body preference. Not just temporarily, mind you. Rather, for long periods of time. Sometimes for a whole life.

What am I saying?

I'm saying we have exceptions to our default mind body preferences, similar to how we have exceptions to being right or left handed. Thus with handedness, most of us have a clear preference. Either the right hand or the left is dominant. Moreover we usually denote this dominance based on which hand we prefer to use when we reach and write and wave.

Despite our having this clear preference though, we each have a number of exceptions to this preference. Situations wherein we prefer the opposite hand. For instance, while I feel more comfortable writing, waving, and reaching for things with my right hand, when I hold my hands behind my back, my left hand is dominant, meaning, my left hand holds my right wrist. And when I fold my arms in front of me, here again, my left arm is dominant, meaning, my left arm is on top of my right.

On most handedness tests then, I score about 65 / 35, right to left. Which means I have quite a few exceptions to my usual right handed preference.

Similarly, I have exceptions to my Mind First preference as well. For instance, as a kid, I sang on records and very much preferred singing melody over lyrics.

What does preferring melody over lyrics have to do with one's mind body preference? Melody is a Body First activity. As is performing music in general.

Lyrics, on the other hand, are a Mind First activity. Writing them. Singing them. And even liking them.

The thing is, based on my natural Mind First state, these preferences should have been reversed. I should have preferred singing lyrics over melody, and singing lyrics over performing music in general. Clearly, I did not.

So can this anomaly be an injury? Actually, I'm pretty sure it is not. I didn't hate lyrics. I only preferred melody.

On the other hand, I'm pretty sure my having this counter preference actually led to my getting an injury. How? At age twenty three, after having sung on a number of released albums, I sang at an office party and forgot the lyrics. After which I never sang in public again. Ever. I did however continue to sing in studios and in fact, sang in them for many years. But sing in front of a crowd? After that incident? I never sang in public again.

How do I know, though, that my forgetting those words wasn't what caused my mind body preference to switch?

My answer? Because before this injury, I sang in front of crowds many times without this fear. All with this same *counter preference*. In fact, I once sang acapella while standing at the head of a four city block long line. At the time, I was waiting for a Doo Wops acapella show to open, and a few of the fellows who were performing that night and I spontaneously sang. With me singing lead no less. In front of several thousand people.

What makes this even more certain is that I had never even met these fellows let alone practiced with them before. Yet I sang with them and felt no fear whatsoever. In Midtown Manhattan. With hundreds of folks crowding in to hear us.

What's the point to this story? Actually, I am making several.

- Point one. That we have mind body *counter preferences*. By this, I mean, we each have situations wherein our natural mind body preference reverses. Moreover this is similar to how we each have situations wherein our preference for right or left handedness reverses.
- Point two. That experiencing these *counter preferences* may make us more vulnerable to injury. Similar to what happened to me the night I sang in front of my coworkers and forgot the lyrics, never to sing in front of people again. Especially if the counter preference is a Mind First counter preference.
- Point three. That there may also be times wherein experiencing a mind body *counter preference* may protect us from injury. Especially if the counter preference is a Body First counter preference.

As for points two and three, I have a story which may serve to illustrate them a bit.

To begin with, I, with certainty, by age fifteen, had alcoholism. I have no doubt about it. All the signs and symptoms were there. In spades. By age fifteen.

I also, by age fifteen, sang in a band regularly. And clearly, when I did, I felt the *counter preference* I've been describing here. The one wherein I preferred singing melody to reciting lyrics. The one wherein my mind body preference switched to Body First.

What makes me certain of this? Among other things, because my favorite way to sing at the time was to scat sing. And for those for whom this word is unfamiliar, when you scat sing, you use your voice more as an instrument than as a way to sing lyrics. In other words, with scat singing, you mainly sing melody with nonsense sounds. And if you do use words, you use them more as percussive sounds than as lyrics.

Okay. I have two things here I'm certain of. One. I had alcoholism by age fifteen. And two. I also had a mind body counter preference which resulted in my being Body First when I sang.

Now recall what I've said *renders one vulnerable to addiction*; having a Mind First mind body preference combined with a high threshold of perception. Which means what exactly? Which means that being Body First should render one less vulnerable to addiction.

So does it? Yes. And in my case, the proof for this is clear. You see, while I am certain I had alcoholism by age fifteen, and while I am certain I also had a Body First counter preference when I sang, I never ever drank or drugged when I sang in public. Not before my lyric forgetting injury. Nor after. In fact, this situation, singing in public, was one of the only situations wherein I did not drink during my active alcoholism.

Conversely, the same was true for me as well. What I mean is, while I never drank and sang in public, when I sang in studios, meaning away from the public, I had no reservations about drinking. I also remember having to work really hard to get out of my head when I sang in studios. Which means when I sang in studios, I did not have this counter preference. My mind body preference was Mind First.

What's my point?

It turns out that an additional proof for the idea that having a Mind First preference makes one more vulnerable to addiction is that having a Body First preference is one of the main factors in *not* being vulnerable to addictions. Including to alcoholism. And yes, genetics and social exposure of course also play a role. However, plenty of folks who have the genetics and social exposure to

alcohol do not get alcoholism. Or any other addictions for that matter.

Can this be true? Can having a Mind First preference actually render one more vulnerable to addiction? And can having a Body First preference render one less vulnerable to addictions? Moreover, is there any theoretical evidence for this being true?

Yes, there is. And this is what we'll be looking at next.

## The Vulnerability of The Mind First Person

Okay. I admit it. I've done it again. I've posited another somewhat grandiose idea. The idea that being a Mind First person, or at least having a Mind First counter preference, increases your chances to get addicted. Addicted to what? To just about anything. Pinball to pornography.

In a way then, what I'm saying here is that there is, indeed, an "addictive personality." Albeit, this personality is more a generic quality in personality than a specific personality type. Mind body wise.

What about the theoretical evidence behind this claim? To see it, we'll need to talk a bit more about alcoholism. Specifically about how having a Mind First preference affects one's ability to endure the physical side effects of drinking.

How does it? It's simple. Regardless of the life situation, unless the person has a counter preference, Mind First people do not perceive the physical aspects of life until they become quite extreme. Including that they do not experience most of the negative physical side affects of anything, exercise to eating. At least until these side effects become extreme.

How does this affect a Mind First person's ability to drink alcohol? *Well if you cannot feel the impact alcohol is having on your body, then you will have no reason to moderate or stop. At least, until the side effects reach extreme levels. At which point, while you will respond to these symptoms and stop drinking, in hindsight, you will have no way to physically connect these symptoms to your having been drinking. Only to your having drank too much.*

Can you see what I'm saying? I'm saying that while Mind First people do *eventually* suffer from the physical side effects of their drinking, until they reach this point, they see nothing wrong. At least nothing physical. Why not? Because for Mind First people, most of the onset ramp for this physical unpleasantness (the gradual increase in the physical side effects) occurs well below their threshold of perception.

Where is the empirical proof for this idea? It lies in a simple observation; that Mind First people frequently remark on these negative physical sides effects as if they are part of the fun. For example, have ever seen a person who has had too much to drink laugh at how woozy or wobbly they are? Or at that they are staggering. Or at that they feel dizzy. These folks are mentally noting

their physical symptoms but are not experiencing them as painful.

So what keeps these folks from feeling the discomfort of these unpleasant side effects? Two things. The first of which I've mentioned already.

The two things? First. That while Mind First people are able to mentally note these side effects, they are unable to perceive them physically. And second. That drinking alcohol, in and of itself, increases the threshold of perception in all people, regardless of their mind body preference.

This second idea in fact is one of the main reasons people can get addicted to drugs and alcohol more easily than to many other things. Why? Because by their very nature, alcohol and addictive drugs impair people's ability to perceive the physical world. Including that they exacerbate any natural inability to recognize physical symptoms. This means, if you are a Mind First person and already have a decreased ability to perceive the physical world, then you have two strikes against you as far as being vulnerable to addiction.

The thing to notice here of course is that, whenever your mind is going at a significantly faster pace than your body, you will have limited access to what is going on in your body. Including physical discomfort. At best then, when people with a Mind First preference drink, while they may, with effort, mentally note the physical discomfort present, they will not usually react much to this discomfort. Certainly not with an appropriately sized response.

Now let's look at the theory behind all this, beginning with a look at what I've drawn in this chapter's diagram. Start by looking at what I've drawn in the upper right. The mind body fractal for a normal Body First person. What does this fractal show? Let's do a quick review.

Start by looking at the horizontal line at the very bottom. This is Spinoza's line; *the mind body continuum*. Here, on the far left end, this person feels only thoughts and no feelings, while on the far right end, this person feels only feelings and no thoughts.

Next notice the horizontal line in the middle of this fractal. This is Herbart's line; *the threshold of perception*. If an experience is strong enough to rise above this line, the person will perceive it. And if an experience is too weak to rise above this line, the person will not perceive it.

Now notice the characteristics of what does make it above this line, the kinds of things these Body First folks perceive.

Begin by noticing how much physical experience rises above Herbart's line. Body First people perceive quite a lot of the physical aspects of life. Now notice how little mental experience rises above Herbart's line. Body First people perceive much less mentally.

What does all this have to do with being vulnerable to addictions? A lot. You see, everything which happens to us in life affects both our bodies and our

minds. However, we respond only to the thoughts and feelings we perceive.

This means, if you are a normal Body First person, then if you have two drinks, you'll feel woozy. Or perhaps, a bit physically out of control. And if you have three or more drinks, you'll likely feel quite a bit out of control. Uncomfortable to say the least.

Not sure what I'm saying? Well think about it. If you perceive life, first, though the experiences of your body, and only later through the experiences of you mind, then you will likely judge the good or bad in things mainly by how they affect your body.

This means, if you drink something, or snort something, or smoke something with physical side effects, then in all likelihood, you won't do this thing too often. If at all.

Don't believe me? Well consider this.

Is there a food you never eat? Something you hate eating, like lima beans, or liver. Or squash. Or perhaps Brussels sprouts. Or perhaps turnip greens.

Is there anything you hate to eat? Most people have at least one such food. Something they'd rather die than eat. So now, if I were to ask you *what makes you* hate this food, what would you say?

Most peoples' answers are a reference to how it makes them feel physically. Thus most folks say things like that they hate the smell of this food. Or the texture of it. Or the taste of it. Or even the sight of it. Of course, in really bad cases, it might also reach the point wherein you feel extreme physical discomfort. Perhaps it makes you sick just to smell it. Perhaps it gags you. Or it makes you want to hurl. And so on. And so on. And so on.

The point is, the reason we avoid these foods is not because of something we think about them. Rather we avoid them because of how they make us feel. Physically. This despite the fact that we often remark in cases like these how we know we should be eating this food; that it is good for us.

Which brings to mind something one of my Body First friends said recently. His wife, a confirmed Mind First woman, was telling me how she only buys healthy food for her family. At which point her Body First husband chimed in with that "you can't taste health. Health doesn't have a taste." And if you think about it, he's right. While healthy food often does taste better, it doesn't always.

So what made him say this? My friend eats only what tastes good. Imagine that? He also is a pretty healthy man, including physically. Quite physically fit, in fact. Yet he eats only what tastes good to him. Imagine. A byproduct of that he's Body First, remember?

This aside, my point here is how when we are asked why we do not eat something, most of us reply with that it tastes bad. Or smells bad. And taste

and smell are physical things.

Thus while people can, and often do, avoid foods which experts say are bad for us, this avoidance is more a mental thing than a physical thing. Which is why, even if we do not like the tastes of these foods, we usually do not react to the thought of eating them by wanting to hurl or feeling sick.

The whole point here is that Body First people eat only what physically feels good to them. And that being Body First affects one's desire to drink alcohol similarly. Thus, if you were to ask people who do not like drinking alcohol why they do not like it, most of them would respond with some sort of physical negative. Something like that they do not like how it makes them feel (physically). Or how it tastes. Or how it smells.

Now let's look at some examples. We'll begin with two people who both need to use the rest room.

The first person is a Mind First person who is drunk. The other is a Body First person in a hospital.

**The drunk Mind First person:** *Wow, I'm so messed up (laugh, laugh), I don't think I can even make it to the rest room (chuckle, chuckle.)*

Contrast this with the Body First person who is waking up in a hospital the day after having had an operation.

**The hospitalized Body First person:** *Wow, I'm so messed up (oh my God!), I don't think I can even make it to the rest room (I'm so embarrassed. Can you please help me?).*

This then is a good example of how Mind First people and Body First people experience physical symptoms differently. Now let's try another example.

This time we're looking at a Mind First gambler and a Body First mortgage applicant. In this case, the gambler is a 28 year old married man who believes he'll be able to buy his dream home when he wills big betting on horses.

And the young mortgage applicant? This fellow is also a 28 year old married man, and he also wants to buy his dream home. In his case, however, he believes that in order to get his wish to come true, he has to get his bank to approve his mortgage application in time to buy this home.

How do these two men feel while they are waiting for their dream?

**The Mind First gambler?**

*Oh man. I just love this "action." Don't you get it? I get a rush whenever I feel it. You know. It makes me feel so alive. In fact, I wish I could be doing this every day.*

**And the Body First home buyer?**

*Oh man. I just hate this waiting. Don't you get it? This waiting is making me feel sick to my stomach. You know. I get so nervous and anxious. In fact, I wish every day that this wait would be over.*

Not sure how similar these two situations actually are? Well consider this.

*Action* is the word gamblers use to refer to the positive mental effects of waiting; *a racing mind*. Conversely, *anxiety* is the word normal folks use for the negative physical effects of waiting; *a racing body*.

Obviously, most folks today dislike waiting. We look to get everything fast; fast food, fast service; fast delivery, and so on. Moreover this preference for getting it fast probably holds equally true for both normal folks and for gamblers. Perhaps more so for gamblers. The exception, of course, is when gamblers are waiting to see if they have won (the “action”).

By the way, can you tell what makes the gambler here a Mind First person, and the home buyer, a Body First person? Well look at the words they each use.

**The Mind First gambler:** I love the action (Here, the wait, meaning, the action, is his racing *mind*, which he loves).

**Versus the Body First home buyer:** I hate the wait. (Here, the wait is his racing *body* which he hates).

**The Mind First gambler:** Action makes my mind alive (an exciting *mental* perception).

**Versus the Body First home buyer:** This waiting makes my stomach ache (an uncomfortable *physical* perception).

**The Mind First gambler:** I just wish I could do this every day (feel this *mental* excitement).

**Versus the Body First home buyer:** Every day I wish for this wait to be over (feel this *physical* calm).

Now consider, for a moment, all these differences and where they come from. They all come primarily from the fact that Body First people feel physical discomfort where Mind First people do not. Including when they drink alcohol. Moreover, this difference in perceptions stems almost entirely from how, in Body First people, bodily sensations are what normally rise above their threshold of perception, while in Mind First people, mental sensations are what normally rise above their threshold of perception.

Add to this the fact that as I’ve said, when you drink alcohol, it in and of itself raises your threshold of perception. Thus even if we were talking about a normal Mind First person like the one in the upper left hand corner of this chapter’s diagram, this person would still be more vulnerable to problems than a Body First person. Which brings me to the third part of this diagram, the fractal for a really vulnerable person. How does it compare to the other two?

Spinoza’s line? I in all three cases, it’s the same. A continuum from all thought and no feelings to all feelings and no thoughts.

And perceived thought versus perceived feelings for this person? It’s the same as for a normal Mind First person.

But the level of Herbart's line? In this case, even in normal situations, for this person, this line is elevated. Why? The most common reason is that they have suffered a lot. Which has led to a lot of injuries.

What is the combined effect of all this on their vulnerability to addiction?

These folks are especially vulnerable to addiction. Why? Because it's the physical side effects of drinking and drugging which usually deter people from addictions. However, for these folks, things have to become really bad before they perceive the negative physical side effects.

This means they have much less to discourage them from drinking and drugging and worse. That even when they do notice negative side effects, such as when alcoholics and drug addicts can get woozy, stumble, and even throw up, all these folks see is something to make a joke out of.

So are Body First people who have had hard lives more susceptible to getting an addiction than Body First folks with a normal threshold of perception? Yes. However, even here, they are more able to perceive physical sensation. Thus even these folks are less susceptible to addiction than normal Mind First folks. Which is why I'm saying that being Mind First is the primary susceptibility to addiction.

## **The Natural Resistance of the Body First Person**

Now let's look at what makes Body First people have a natural resistance to becoming addicted. Beginning with my favorite one-question test for vulnerability to addiction. To what am I referring?

Over the years, I've developed a quick verbal way to test people for how vulnerability they are to addictions. Especially their vulnerability to the big four addictions; alcohol, drugs, gambling, and sex. The test? I ask people if they like the "feeling" of losing control. The point? I've found that if people answer that they do not, then they are at low risk to get addicted. Conversely, if they answer at all positively, then I know them to be at higher risk. More so if they respond to this question with a joke such as that they really like getting wasted.

To tell you the truth though, up until recently, I didn't know why this test worked. I just knew it did.

I also, until recently, thought that feelings, including emotions, emerged from peoples' minds, and only then spread to their bodies. Clearly, my being a Mind First person is what led me to this erroneous belief. What I'm saying is, being a Mind First person means I perceive pretty much everything in life first through the eye of my mind and only then, through the lens of my body. If at all. In my belief system then, feelings didn't emerge in the body. They emerged in the mind. And yes, I've always known that people feel emotion in their bodies

as well. I just thought that the mind was where it began and came together. The place of origin and the oven for it all.

Since making my recent mind body discoveries, I realize the error in all this. Including that this misbelief had a name; *philosophical immaterialism*. Or voiced in eighteenth century philosopher George Berkeley's words, "*esse est percipi*" ("To be is to be perceived").

I've also realized that this lopsided belief; the idea that the mind creates the body, is the philosophical counterpoint to what most modern scientists, including most current brain researchers, believe. The idea of *philosophical materialism*. That among other things, that the body gives rise to the mind. The opposite of my former belief.

As I look back now, I can even see how my belief that the perceptions of the brain gave rise to the perceptions of the body played out in my recovery from alcoholism. How? What often kept me going in times wherein I wanted to drink was something based in my Mind First perceptions. For instance, the *idea* that what I would be doing could harm others; the *idea* that I might kill someone in a car accident; the *idea* that being an alcoholic destroyed my spiritual nature.

I now know that "feelings" begin in the body, not in the mind. Including the negative feelings we feel when we drink and drug. Including the feeling of losing control.

Thus, when people answered my vulnerability test question with things like that, "I don't like what losing control feels like," while I knew these folks had a natural resistance to addiction, I never knew why.

Now I do. They are all Body First people. Or at the very least, they are Mind First folks who have a Body First counter preference when they drank or drug.

By the way, are you at all curious as to how my question did over the years; how often it turned out to be an accurate predictor for vulnerability to addiction?

Actually, this question came pretty close to predicting vulnerability 100% of the time. All this without my ever realizing why it worked. Nor did I care. All that mattered was that I had a genuinely pragmatic test with which to help people to see their vulnerability.

## The Therapist's Role in Recovery

So how can a therapist use this knowledge to help people with an addiction? For instance, say an addict arrives at your door. What might you do to help this person in the very first session?

Given that the person comes in able to admit to why they are there, I'd say the most important thing you could do would be to use these mind body concepts

in a confrontative non judgmental way. What I mean is, if this person is indeed an alcoholic or drug addict, and if you understand the mind body fractal, then you will know why you must bash, crash, pound and bang against the person's threshold of perception. It's all there literally in this little fractal.

Will less than this level of confrontation have any effect? Not really. In fact, very little will get in no matter how hard you bang. Why? Because most of what you do say think and feel will not rise above this person's elevated threshold of perception.

Knowing this will happen is extremely important when working with addicts. Why? Because when you realize how being addicted numbs a person to more to body type info (gut reactions, intuition, emotions) than to mind type info (logic, facts, reasoning), then you realize why turning up the volume and strength of your words will not emotionally affect these folks in the same way as it would regular folks; addicts simply cannot feel things at anything like a normal person's level. Thus what would hurt a normal person will most times not hurt an addict at all.

Of course, there are exceptions to this. So yes. Do take the time to sort out your own anger and such. And do keep an eye out for counter transference between you and this person. This said though, by all means, realize that if a person walks into your office with a high threshold of perception, you're in all likelihood going to have to raise your voice a lot. And state things in rather provocative terms. All the while checking yourself for that you're doing this in the service of healing, and not because you are mad at this person.

Therapists inexperienced in drug and alcohol counseling often see this kind of therapy as cruel and unusual. And you know what. In normal circumstances, they are right. However, when you do therapy with an addict, this is just plain wrong. Moreover, in you understand the fractal vulnerability to addiction, you know why.

How about getting the person to see why mentally observable physical side effects, such as throwing up or getting dizzy, come across as nothing more than a joke?

Here, a simple drawing such as the one I've drawn in this chapter, can be very effective. More so if you draw it right in front of the person and use the Show Then - Tell Then Cycle. What would this be like?

First, you would not tell them your theoretical goals. You would simply begin to draw the vulnerability fractal, one line at a time, each time briefly stopping to explain what the line means. Starting with Spinoza's line, then Herbart's line, then perception.

Next you'd offer a few examples of how this perception things works in real life. Nothing involving addiction. Simply examples of how our body mind

preference affects our ability to respond to life, in everything from how much we eat, to when we stop working. And when we lie down. And knowing we are sick.

Now would be the time to actually test for this person's preference. Is he clearly Mind First or does he have a Mind First counter preference? In which case, he'll test as Body First but will show clear signs of a counter preference during the addiction. Ignoring physical symptoms being the most obvious one.

My favorite test? The Talk Speed test. What's this? You simply alter the overall speed at which you are talking and watch for a reaction. Thus, if you deliberately talk very slow to normal Mind First people, it will drive them nuts. Conversely, if you do this to normal Body First people, they will literally relax. And understand you better.

Of course, the opposite is true as well. Thus, if you deliberately talk fast to normal Body First people, it will drive them nuts. Conversely, if you do this to normal Mind First people, they will literally relax. And understand you better.

How about doing this with addicts though? Don't addicts have distorted perceptions?

Yes they do. However, human nature is in play. Thus if you do both, most addicts will respond more negatively to your talking slow than to you talking fast.

And if the test result is ambivalent?

Then try the Write and Talk test. Here, you ask the person to write something on a piece of paper while at the same time telling you what he or she is writing. Mind First preference? Then they'll struggle to write as fast as they speak. Body First preference? Then they'll struggle to speak as slowly as they write.

In addition, you can use the Throwing Five's test. Here you ask the person to, without thinking, fully extend an arm while holding up five fingers while at the same time saying the word, "five." Mind First folks speak way faster than their hands. And Body First folks extend their hands then say the word, "five."

Finally, When you've helped the person to get an initial sense of whether they are Mind First or Body First, you then bring the focus back to what you've drawn; the fractal for vulnerability to addiction.

Now show the person how having a high threshold of perception alters one's reactions to anything painful, including to the physical side effects of his addiction.

Want to add experiential impact to all this? You can. Simply ask them, throughout this process, whether they feel anything going on in their gut. They won't. At least nothing connected to what is happening in the here and now. Thus, if you get them to realize this, it will add impact to that their lack of physical perception implies they are detached from their feelings. Including

from the negative physical side effects of their addiction.

Ultimately, then, the goal here would be for you to get this person to become self aware enough to see what has prevented him or her from feeling the negative impact of this addiction. In fact, if you were to do a survey of addictions counselors asking them how well logic reaches addicts, you'd find an overwhelming percentage would say, it doesn't. Not usually anyway.

On the other hand, if you were to survey this same group and ask them how well experiential therapies work, such as role plays and group therapy, I'm sure the overwhelming response would be that they work really well.

Now add to this what we've been discussing in this chapter. That knowing the fractal for vulnerability to addiction can both guide your interventions and focus the entire course of your treatment.

And if you'll a lay person reading this?

Then know the benefit is no less for you. Thus, if you pay particular attention to how you physically feel while watching porn, then you may have a few aha's with regard to how much of this time you do not feel your gut. And if it's video games we're talking about? I'm sure you'll find the same lack of awareness in your gut.

Finally, know that what I've presented here is but a quick look at how this fractal might be used to focus and deepen recovery from any addiction.

## **This Chapter's Session Notes**

Okay.

Have I stirred up a hornets nest this time by making some controversial statements? Some more than controversial statements? The truth? I certainly hope so, Ollie. Why say this? Because we human beings rarely change anything except in cases wherein we get stirred up about it. Moreover, this holds true for all people, whether addict or not.

In a way then, what I've been saying here is, you can't make a stew without stirring the pot. Neither food wise nor personality wise. Thus, in order to find new answers to our problems, we must endure the pain of realizing that what we thought was true was, in part, untrue.

Know these realizations are always painful. The realization that we do not know something. Fortunately, when you understand how learning happens, you know this pain to be the very thing which motivates us to change ourselves.

In this regard, the saying, "no pain, no gain" has never been more true.

Now let's briefly recap what has been said.

The main concept I've presented here is that there are primarily two things which render us vulnerable to addiction; [1] having a Mind First preference while in the presence of this person, place, or thing, and [2] having an elevated

threshold of perception.

Second, even when a person is a Body First person, it is still possible to have a Mind First counter preference while in the presence of a potentially addicting person, place, or thing. And while this counter preference may render us more vulnerable to addiction, while it may render us more vulnerable to other types of injury as well, it may also render us less vulnerable to other types of injury.

Third, an additional factor involved in vulnerable to addiction is that alcohol and addictive drugs, by their very nature, physical and mentally elevate our threshold of perception. More so than most other potential addictions. Thus alcohol and addictive drugs, by their very nature, exaggerates even more than other addictions the mind body imbalances present in addiction.

Fourth, if you've had a hard life and in particular, a hard childhood, then it's likely you'll have an elevated threshold of perception even when you're not actively addicted. This means, in order to do effective talk therapy, the therapist must take into account the person's elevated threshold of perception. Loud voices and pushy words included.

Finally, even non addicts may benefit greatly from knowing the fractal for vulnerability to addiction. Including folks who have trouble managing their food intake. Which is what we'll be looking at in the next chapter. The close relative to addictions. Compulsions. What's the difference. We'll see in the next chapter.

Until then.

I hope you are well,

Steven