

## ADRENALINE NOTES

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Consciously or unconsciously, all human beings use adrenaline to create intensity. The intensity thus produced is then discharged through a variety of emotional states. These reactions may include anxiety or fear, anger or excitement. Regardless how they are expressed emotionally or physically, all these responses are fueled by adrenaline.

Used as a drug for this effect, adrenaline's intensity helps human beings repress the terror, and the wonder, of embracing their essential pain. That pain, at the deepest levels, rises from chronic or unresolved feelings of loss, abandonment, and disconnection.

When the underlying reservoir of essential pain is significant, the individuals affected seem compelled, often unconsciously, to generate abnormal amounts of adrenaline to repress that pain. The intensity of life becomes more vital than its quality. That, in sum, is Adrenaline Addiction.

Our society has mislabeled this entire process. We project the origins for this turmoil externally, and call it "stress". Individuals (and their guides) focus their attentions on reducing "job stress" or "economic stress" or "relationship stress" or what have you. In chemical dependency, for example, the source of this "stress" becomes "his drinking" or "her nagging."

Through the mechanism of the use of the term "stress", we become detached and insulated from reality. That truth is that we alone are ultimately responsible for our own choices. Thus, through adrenaline, we remain free to maintain unnaturally high levels of what has become required intensity. This process allows us to repress, at least temporarily, the emergence of our essential pain.

A great industry has developed to serve the concept of "stress reduction." Therapists, workshops, books, and systems abound. Yet all these efforts are only marginally or temporarily successful. Failure is inevitable, in that all these approaches treat only the symptoms. They leave the root causes of those symptoms untouched.

In practice, certain relatively rare individuals do experience long-term success in reducing stress. They achieve this result through creating major lifestyle alterations. They may become habituated to exercise or to meditation. They may change their jobs or their relationships. All such modifications have a single underlying commonality. They reduce the individual's use, and abuse, of adrenaline.

It is obvious that some of these behavioral transformations may owe their success to their direct effects on metabolism. Certain activities have been shown to increase the internal production of endorphin, the body's own sedative chemical. Exercise, for example, or meditation, or massage, all produce a sense of relaxed euphoria.

Apparently unrelated behaviors, such as the food disorders, also result in comparable types of sedation. On examination, reactions like starvation (anorexia) or overeating generate their "addictive" appeal through producing an abundance of the body's own sedative chemical.

In each of these cases, the sedative effect, often with accompanying feelings of peace, satiation, and euphoria, result from the increased production of endorphin. Endorphin, the body's own opiate, medicates adrenaline.

There are other lifestyle changes that, on the surface, appear to produce results solely by eliciting an increase in nurturance. Victims of a major heart attack, for example, enjoined to reduce "stress" may succeed through the renewed attentions of their significant others.

This increase in solicitous consideration can help the recovering patient remain busy and engaged, but diverts them from their normal challenges. Regenerated sources of nurturance also help contain any underlying feelings of loss, abandonment, and disconnection. Thus nurturance and attention appear to provide alternatives to the habitual sources of adrenaline, while keeping the underlying causes for that dependency repressed.

Yet even the sense of well-being that renewed nurturance creates, may itself stem from changes in body chemistry. The experience of enhanced levels of attention, security, and protection also increase internal levels of sedation. These effects may bear on the success of group (or intensive individual) approaches to dependency treatment. In the end, both attention and nurturing, like massage or meditation, produce endorphin.

The adrenaline addiction notion is particularly helpful with codependents. The term "codependency" is as difficult to define precisely as the old category "neurosis". Using "adrenaline addiction" as the label helps return the origins of the distress to the self.

Once this concept sinks deeper into consciousness, it helps the sufferers become aware of the physical sensation created by the "stress" of their "codependency" (or their addiction to adrenaline). Through that awareness they can become less focused on the other, and more self-directed.

Naturally, the application of this idea to the treatment of problems like chemical dependency is obvious. The adrenaline addiction concept makes perfect sense to substance abusers, their families, and their therapists. Their internal emptiness generates increased intensity, which is then medicated by external sedatives. Once they enter adrenaline recovery, the underlying issues are exposed.

The adrenaline addiction notion may also have a much wider potential for application. There may be a great many behavioral states and emotional adjustments that could be modified by therapeutic application of this concept.

Perhaps you will find these ideas useful.

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