

ADRENALINE ADDICTION CONCEPT NOTES

An informal two-hour professional round table discussion was held in Marin County, October 11th, 1992, to discuss the concept of Adrenaline Addiction. A participant's list is attached. The index which follows briefly highlights content areas. The outline itself provides more details of specific discussions.

(This outline was prepared from memory, later discussions, and notes. It obviously includes my own ego, and some personal comments. There is some attempt at objectivity and accuracy, but no real purity or precision is claimed.)

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GENERAL INDEX

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The Presentations:

Larry Meadows, Randy Berlin, Ph.D., and Jed Diamond, LCSW, present their individual views of the concept of Adrenaline Addiction.

Although each developed their perspectives independently, there is an impressive level of agreement on the basic operating assumptions, and even on some therapeutic approaches and techniques.

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The Discussions:

Participants express their questions, concerns, and agreements about the concept. There is general consensus that the idea of Adrenaline Addiction may at least be helpful in getting clients to focus on their own internal issues.

(Note: The Discussions section includes comments by non-attendees Dr. Tim Cermak, Dr. Howard Field, and Stephanie Brown, Ph.D.)

- 4 - Helene Brun, MFCC, and Louis Facchino, MFCC, express concerns about the availability of research and the validity of the concept as an actual internal addictive state. The concluding consensus is that the concept creates change, even as a metaphor.
- 5a - Louis Facchino, MFCC, stimulated discussions of use of the concept with high stress clients such as fire fighters, paramedics, and executives.
- 5b - Arlene (Skippy) Epstein, MA, MFCC Intern, focused interest on the use of the concept with perpetrators and victims of incest and molest traumas.
- 5c - Bob Patterson, MA, Ph.D. Candidate, triggered discussions about the role of adrenaline in the depletion of available blood sugar, and the effect of adrenaline with caffeine, nicotine use, and with the use of sugar in eating disorders, anxiety, and depression.
- 6d - Bill Fitzgerald, Ph.D., participated in discussions about the role of adrenaline in sexual disorders and family dysfunction. His questions also led to

discussions about the role of Adrenaline Addicts

Anonymous as a

potential core addiction self help program.

- 6e - Sharon Carberry, MFCC, raised issues questioning the impact of adrenaline on a personal attempt to live a pathway of serenity. Discussion followed questioning whether it is possible to maintain personal serenity when one's clinical practice is with high intensity urbanized clients.
- 6f - Jeff Lugerner, MFCC, LCSW, discussed the possible correlation of the Adrenaline Addiction concept with his work with the Meyer Freedman (Type A Personality) Group.
- 7g - Mary Wilcox raised the question of the difficulty of intervention techniques with adrenaline addicts.
- 7h - Kathleen O'Connell, Ph.D., correlated the discussions with her work with cocaine addicts, outlining her adrenaline desensitization techniques. She also triggered a discussion of how codependents might produce their "Alienation From Self" through unconscious abuse of adrenaline.

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- 8a - A short outline of additional comments by David Flakoll, Ph.D., Pat Demetrios, Ph.D., Kathleen O'Connell, Ph.D., Arlene (Skippy) Epstein, MA, MFCC Intern.
- 8b - Discussion of regression techniques used by Randy Berlin, Ph.D., and others, to reach the initial experiences which trigger the use of Adrenaline Addiction, or intensity, to repress awareness of the pain of loss, abandonment, and rejection.
- 9c - Comments by Jackie Taylor, Richard Lee, and Jennifer James about the possibilities of the regression work described, and the impact on Pro-Choice Vs Pro-Life issues.
- 9d - Concerns expressed by some about the reliability, validity, and potential for misuse of regression and other evocative inner child techniques.

APPENDIX A

“The Promise Of Adrenaline Recovery” by Larry Meadows

A one-page expansion of the notion that Adrenaline Addiction recovery may provide a gateway to a third state of awareness, found between the alternating worlds of adrenaline abuse and exhaustion/depression.

SUGGESTIONS AND REQUESTS

THE PARTICIPANTS HAVE EXPRESSED CONTINUED INTEREST

IN AT LEAST ONE OF THE FOLLOWING AREAS

There is considerable interest expressed from a wide range of sources in Continuing exploration of the concept. Many have suggested interests in:

- 1) More small, local, professional discussions where one or more of the presenters might outline the concept to other professionals.
- 2) A larger professionals conference in the Bay Area to promote exploration and discussion of the concept.
- 3) A search for existing research on the topic or in related areas.
- 4) Training for clinical staffs, and the development of educational pathways through local university extension divisions.
- 5) Participation in research, including:
 - a) Brief clinical case outlines of clients who appear to fit the profile of an Adrenaline Addict, and,
 - b) Brief clinical case outlines of clients once exposed to the concept.
 - c) A larger research project of appropriate design with an experimental group treated with existing Adrenaline Addiction recovery techniques

(Note: We are eager to include you in further exploration of this topic. If you have clients and/or case notes that fit categories 5 a and 5 b, please contact us.

Your participation in any category of interest is most welcome.)

THE PRESENTATIONS

The two hour chaired discussion began with brief ten-minute presentations by, in order, **Larry Meadows, Randy Berlin, Ph.D., and Jed Diamond, LCSW.** Each

emphasized how they independently arrived at the idea of Adrenaline Addiction as a concept, or operating construct.

Larry Meadows initially developed his use of the concept over the past decade as a tool to help codependents create internal change. Substance abusers, despite surface denial, quickly reach a gut level awareness of their own irrational behaviors. Codependents, however, feel no compelling internal reason to stop being responsible and caring people dedicated to helping others change their irrational behaviors.

Clients from dependent and dysfunctional families suffer from a great deal of stress. Use of the term stress allows them to project the primary causes of it externally. If the causes of stress are external, there is nothing internal to change. They can combat the effects of stress, but not control the origins.

Viewed from an addictions perspective, change is created when clients simply re-frame the concept of stress by using the name of the internal drug produced by it, adrenaline. This allows them to focus on, and feel, the physical sensations caused by chronic stress or Adrenaline Addiction. This perceptual awareness becomes a powerful motivator for behavioral change in the codependent.

The concept is quickly adopted by substance abusers, who also become internally aware of the physical sensations created, as they enhance or medicate their own stress or adrenaline with drugs and alcohol.

The application to other issues like workaholism, eating disorders, gambling, sexual, and other risk behaviors is obvious. Perhaps less obvious, but still valid, are the applications to anxiety, panic states, and compulsive disorders. Larry's current view is that adrenaline use might be labeled a core addiction, in that it contributes to so many other dysfunctional adjustments.

He has also observed that withdrawal from the behaviors which trigger Adrenaline Addiction may produce symptoms that mimic classic cocaine or amphetamine class withdrawal symptoms, including exhaustion, confusion, restlessness and depression. These symptoms are followed by an emergence of repressed childhood or current feelings, particularly those of disconnection, abandonment, and loss.

Some of his treatment concepts include the use of an "Adrenaline Diary" as part of a guided behavioral reduction of obvious stress triggering behaviors, the selection of temporary alternate sources of adrenaline ("Gorillas and Chimps"), an avoidance of certain types of competitive or comparative situations, including his adrenaline reduction mantra, Suspend Self Judgment, and the use of Adrenaline Addicts Anonymous as a 12 Step group.

Randy Berlin, Ph.D., described his own personal struggle with the concept, and its impact on himself, his work, and his clients. He feels that abandonment and related issues lead to the use of stress, or adrenaline, to block conscious awareness of those painful feelings. Randy has also observed that a depression is likely during withdrawal from Adrenaline focused behaviors, and that childhood memories and feelings of rejection and abandonment later emerge.

Along with his personal work on this concept, he is engaged in deeper work with his clients to reduce the impact of Adrenaline Addiction. He introduced a compatible concept of Downward Mobility, which he attributed to others. That idea is to actively seek the positive aspects of a retreat from an intense pursuit of the "good life" and, thereby, a reduction of stress, or adrenaline.

While Randy did not detail all of his clinical work, he did outline some very interesting regression work, which points to the early origins of a need for intensity, stress, and adrenaline to ward off the memories of very early trauma.

In particular, he described certain clients who were regressed to some type of consciousness in utero, where at least one reported some awareness of the mother's intent or attempts to abort. This triggered some very provocative aftermath discussions which are described later.

Jed Diamond, LCSW, has already written a notebook about Adrenaline Addiction, including certain quotes and references. It is titled "The Adrenaline Addict". He is now planning a major book on the concept tentatively entitled, "Speed Kills". Jed may be contacted in Willits, California, for his own views, his lecture and training schedule, and copies of his existing work on this subject.

Jed also talked about his own attempts to withdraw from adrenaline. He described how living in Marin County, and constantly dealing with high stress urbanized clients, prevented him from disengaging from his own adrenaline. That awareness prompted his more recent move to his twenty-two acre retreat outside Willits, and major changes in his personal lifestyle and professional work.

He outlined his understanding of the neurophysiology of addictions, and how the body is essentially capable of either speeding up or slowing down. He described the correlation between cocaine, amphetamine, and sex addictions and adrenaline (or arousal), and their counterpart, satiation addictions.

Jed is particularly interested in whether there is professional support and interest in doing more work on this concept, and, if so, what direction that interest might take.

He has tentatively planned a one-day training for May 15th, and has asked Larry Meadows to join him, in some capacity, in that presentation. More information will be available as they firm up those plans. Your interest and feedback is most welcome.

THE DISCUSSIONS

There was considerable excitement and interest among the participants regarding the concepts presented. In the round table discussion, there was a very rich and wide ranging exchange of ideas. Interest and new insights have continued since the meeting. What follows is an outline of some, but by no means all, of the highlights discussed.

Please see the Initial Page for participant's suggestions about continued development of this concept.

In particular, both **Helene Brun, MFCC, and Louis Facchino, MFCC**, asked about research. Helene echoed some of the concerns expressed by Dr. Tim Cermak (who did not attend), that the concept might be most useful as a metaphor.

Opinions were divided about whether adrenaline could actually create an internal addiction-like state. Dr. Howard Field (who did not attend) wrote that in his view, adrenaline contributes to a state of arousal, but is not in itself rewarding.

There were some suggestions that Dr. Field's careful distinction might also be applied to drugs of abuse, particularly the amphetamine types and cocaine. In general, the consensus seemed to be that, even as a metaphor, the concept may help facilitate profound changes in clients.

Some of the concerns raised also echoed reservations expressed by Stephanie Brown, Ph.D., (who did not attend), that the concept might oversimplify or trivialize much more complex issues.

There appeared to be no disagreement with the idea that individual and family dynamics are intricate. However, the consensus seemed to be that the idea might be useful because of its simplicity, and therefore help create the climate for change.

In general, the participants were aware that a great deal of research on anxiety and stress exists, but they were not aware of specific research on adrenaline as a drug state or of any related work.

If anyone is aware of any such research, or any related research data, we would be very grateful for a note referencing it.

a. Louis Facchino, MFCC, commented on how the concept might apply to his work with fire fighters and paramedics, particularly in post traumatic stress situations. He also discussed the application to his work with corporations in executive stress reduction, and in layoff depression during downsizing.

There was an exchange of ideas on how the concept fit all high intensity professions, and particularly the executives within those professions. Some participants expressed additional interest in creating training tailored for specific high intensity individuals and organizations.

b. Arlene (Skippy) Epstein, MA, MFCC Intern, raised the question of the impact of the concept on her work with incest and molestation perpetrators and survivors. Suggestions were made that the perpetrator, like other sexual addicts, gets "high" on adrenaline through anticipation and perpetration. In fact, the adrenaline rush, or arousal state, may be the real goal of sexual addiction. The actions taken to reduce the adrenaline thus produced may be merely secondary.

Adrenaline may also help the victims of incest handle active molest situations, as well as repress the conscious impact of them. Since these experiences interfere with the ability to establish adult intimacy, adrenaline use could also medicate the pain of that loss as well.

Molestation victims may remain frozen in a lifetime of intensity through their own Adrenaline Addiction, often expressed in destructive behaviors, attempts to control outcomes, and dysfunctional life choices.

The discussion which followed included the natural application of those same ideas to other excitement or fear-based adjustments, like gambling, risk taking, panic states, and compulsive disorders.

c. Bob Patterson, Ph.D. Candidate, referenced the work of Kathleen DesMaisons, and how adrenaline use may be related to the use of nicotine, sugar, and caffeine. Suggestions were made that adrenaline depletes blood sugar, and helps trigger attempts to replace it quickly. That often means more sugar in sweets, alcohol, or fats.

(Someone mentioned that his description sounded like an AA meeting, which has enough validity to be food for thought, particularly in the clinical management the mood swings of clients in early recovery.)

The discussion included how adrenaline might play some part in eating disorders, or in other disorders which include habitual or chronic nutritional imbalances. That discussion raised the question of the role of endorphin as a painkiller in anorexia and starvation.

d. Bill Fitzgerald, Ph.D., is the Associate Director of the San Jose Marital and Sexuality Center, and works with Al Cooper, Ph.D., and Coralee Scherer, Ph.D., among others. He contributed to the discussions of the application of the concept to family conflict and sexuality issues.

While he is also very sensitive to the delicacy of feelings about all 12 Step programs, he mentioned a dilemma which many therapists face. That is, some clients seem to involve themselves with one 12 Step program after another as each new issue emerges.

A discussion followed about the value of a central or underlying 12 Step program with a more universal application, once an initial 12 Step connection is made, and whether Adrenaline Addicts Anonymous might fit in that role.

Bill also questioned whether there might be two basic or core internal issues, stress (or adrenaline) and its counterpart. Jed Diamond contributed the concept of satiation addictions, and referred to his work and his writing on the subject. Larry Meadows mentioned his idea that many clients unconsciously use adrenaline and endorphin alternately, as internal drugs.

e. Sharon Carberry, MFCC, was interested in the personal experiences reported by Jed Diamond and Randy Berlin in their attempts to reduce their own Adrenaline Addiction. She regularly practices her personal meditation and centering techniques, including a frequent schedule of short retreats to reduce the stress of therapeutic work.

It is her practice to begin each day with meditation, and to use these techniques to remain centered throughout her clinical day. Even then, Sharon acknowledged that, as each working day progresses, adrenaline can emerge and begin to take over.

There was interest in the group about the idea that involvement with therapy as a professional career, may interfere with the practice of a personal pathway of serenity. As both Jed Diamond and Randy Berlin described, reduction of the arousal state required major changes in their life and work styles.

Naturally this suggested again how the same dilemma applies to the entrepreneurial and executive pathways, to the intense demands of parenting, and, in fact, too much of modern society, particularly in urbanized areas.

f. Jeff Lugerner, MFCC, LCSW, outlined his work with the Meyer Freedman (Type "A" Personality) Group and their research. In a long-term study of some 400 male and 200 female executives, there is some evidence that the men tend to suffer from heart problems, and some of the women may develop cancers. There was some discussion that this apparent sex-linked difference may be due to the different ways men and women handle stress, or adrenaline.

Jeff shared that it was his impression that at least some of Meyer Freedman's colleagues might not be uncomfortable correlating the Type A concept with that of Adrenaline Addiction. In fact, some informal conversations combining the two concepts may already have occurred.

He also participated in the discussion about the difficulty in getting executives to reduce their adrenaline use. Many see their ability to create and sustain adrenaline as the reason for their "success". This makes it difficult to impress on the executive and the entrepreneur the damage they suffer from their insistence on the "fast track".

Jeff's experience with Type A or adrenaline addicted clients suggests these individuals may be poorly motivated for change until after their first heart attack. If they survive, they accept stress reduction concepts much more readily. There was additional discussion on possible methods, including formal intervention and a change in societal approval of their behaviors, which might impact their denial.

g. It was during this discussion that **Mary Wilcox** raised the question of intervention on the Adrenaline Addict. Jed Diamond shared his experience that, unless they were also chemically dependent, they were much more difficult to impact than alcohol or drug abusers. Larry Meadows described the impact of his dependent family systems approach as an intervention.

h. Kathleen O'Connell, Ph.D., supported many of the basic ideas presented by Randy Berlin, Larry Meadows, and Jed Diamond. The work which led to her book about cocaine addiction ("End Of The Line") also fits with the adrenaline-endorphin cycle.

Her Behavioral Risk Scale is a tool that can help reduce stress, and she has developed desensitization techniques adaptable to adrenaline reduction. Her definition of the term codependency (Alienation From Self) might be created and maintained by the conscious or unconscious abuse of adrenaline. Kathleen may be reached in Santa Cruz for more details on her written work, as well as her rich personal resources and experience.

AFTERMATH DISCUSSIONS

a. David Flakoll, Ph.D., who could not attend, called to ask for an update on the discussion. He has done a good deal of work with stress management, anxiety, alcohol, drug, and codependency issues.

He was very excited about the outline presented, and is eager to participate in future exploration of the concept. He may be able to locate some applicable research from his extensive personal library. His initial impression is that the concept fits very neatly into his own models and ideas.

Pat Demetrios, Ph.D., is a former board member at The Institute For Transpersonal Psychology. Her personal interests have been her involvement in the family business, and helping guide the joining of interesting ideas and people. Her interest in and support of the concept was heartwarming.

Kathleen O'Connell, Ph.D., is eager to attend a more involved professional conference, and would like to present her own concepts at such a gathering. Her sponsorship, like Jed Diamond's, would be as a presenter rather than an organizer, due to her busy schedule.

Skippy Epstein, MA, MFCC Intern, shared a new personal awareness that there was an alternative state to the two common options of adrenaline (stress, anxiety, fear, anger, intensity) and exhaustion/depression. Through her glimpse of this Third State, she had an internal awareness of the possibility of a new kind of joy.

This alternative state is what Jed Diamond refers to when he asks his adrenaline junkies, "Would you give up Excitement if I could give you Ecstasy?" It is the goal state of the motto or mantra Suspend Self Judgment suggested by Larry Meadows. It is the internal direction taken by Randy Berlin in his personal work.

b. As a somewhat separate issue, **Randy Berlin's** regression work initiated other discussions. In his search for the origins of the stress or adrenaline addicted lifestyle, he has focused on early childhood abandonment or rejection.

We are all familiar with the concepts of family reconstruction and family sculpture work. Therapists report that situations may be acted out in these sessions, which others in the family later verify as having actually occurred.

Randy's work, supported Kathleen O'Connell, indicates that regression can not only uncover deeply buried childhood memories, but that even cellular memories in utero may become available.

In at least one case, the mother's intent or attempt to abort as early as two months has apparently been uncovered. These early painful experiences of rejection, loss, or abandonment may predispose an individual to an adrenaline addicted lifestyle in an effort to repress those memories.

c. In sharing after the meeting, **Jackie Taylor** suggested an extension of the concept. The child is intimately connected with the mother. Perhaps even if the mother only contemplates abortion, without taking action, some memory or cellular response might

still be transferred to the memory of the child. Jackie's questions were, "Do you think anything like that is possible? Has anyone you know of, done any work with that?"

In a related discussion **Richard Lee**, an attorney in Santa Barbara, raised the question of whether Adrenaline, like other drugs, might affect the developing child in utero.

Another question emerged from a discussion between **Jennifer James** and **Jackie Taylor**. They observed that many therapists tend to be liberal in view, and may support a Pro-Choice stance. If further work demonstrates that some consciousness may exist in the womb as early as two months, what impact would that have on the Pro-Choice/Pro-Life issue?

d. On reflection, certain participants began to question some of the results described through use of the regression techniques. Research exists which indicates that the fetal brain may not be sufficiently developed to retain specific memories or sensations.

There are also questions about the validity of certain techniques which may not only uncover repressed memories, but may also "create" them. A charismatic therapist, who believes in the probability of the presence of certain buried material, may unintentionally enlist the cooperative client in creating substance out of imagination.

There are some opinions that much of the work in childhood trauma, including physical and sexual abuse, may sometimes implant "memories" of non-existent events. These tools, such as inner child techniques, hypnosis, regression, and other powerful evocative approaches, lend themselves to misuse. There are some calls for healthy skepticism, and a continuing professional peer review of these techniques and their practitioners.

Randy Berlin agrees with others on the necessity for long-term conventional therapy and supportive techniques. The appropriate use of regression is simply another tool in uncovering the origin of much Adrenaline Addiction.

Among the supportive options are the available self-help 12 Step programs like AA, Al-Anon, and even Adrenaline Addicts Anonymous. These programs may help many maintain continued stable progress in recovery.

APPENDIX A

"The Promise Of Adrenaline Recovery" by Larry Meadows

At Assured Recovery Training, we've been living with this concept for some time now. We have demonstrated its effectiveness as one of the tools in a structured treatment process with the dependent family system. Our view is that each individual in the dysfunctional family uses adrenaline as a drug to create intensity and to repress conscious awareness of really painful issues.

Adrenaline helps create an arousal state. This state allows an intense focus on internal or external events, and the repression of other feelings or memories.

The arousal thus created is sometimes first exaggerated with "upper" drugs, and later medicated, with alcohol, "downer" drugs, prescription drugs, food, exercise, or compulsive behaviors, including exhaustive activity and overwork.

Surrender to this concept creates initial confusion, restlessness, and then depression. Emerging through that depression we find the painful memories, and any current awareness, of loss, abandonment, and a lack of connection, that the adrenaline helped repress. In 12 Step terms, the surrender required is the most profound imaginable, in that adrenaline is always present.

Once accomplished, the truly surrendered adrenaline addict may find the "middle way" Skippy Epstein glimpsed. There is a third choice between the alternating worlds of adrenaline, and exhaustion/depression. In that Third State our clients are no longer simply reactors. They have gained the power of choice.

After all, adrenaline is the spice of life. It is a necessary ingredient in true joy. We have never suggested to our clients that they must give it up. There is a possibility.

They can, through surrender, choose what kind of adrenaline they use to enhance their lives, how much, and when. In that place of choice and power, in the inevitable storms of life, they can virtually walk untouched between the raindrops.

This is the real promise this concept offers to our clients, or even to us. We can choose to reject the world of competition, defense, exhaustion, depression, and adrenaline. We can choose another way.

Through this third way, the "ecstasy" that Jed describes becomes possible. This is the personal pathway Randy tries to follow. It is the ultimate destination of the mantra, "Suspend Self Judgment".