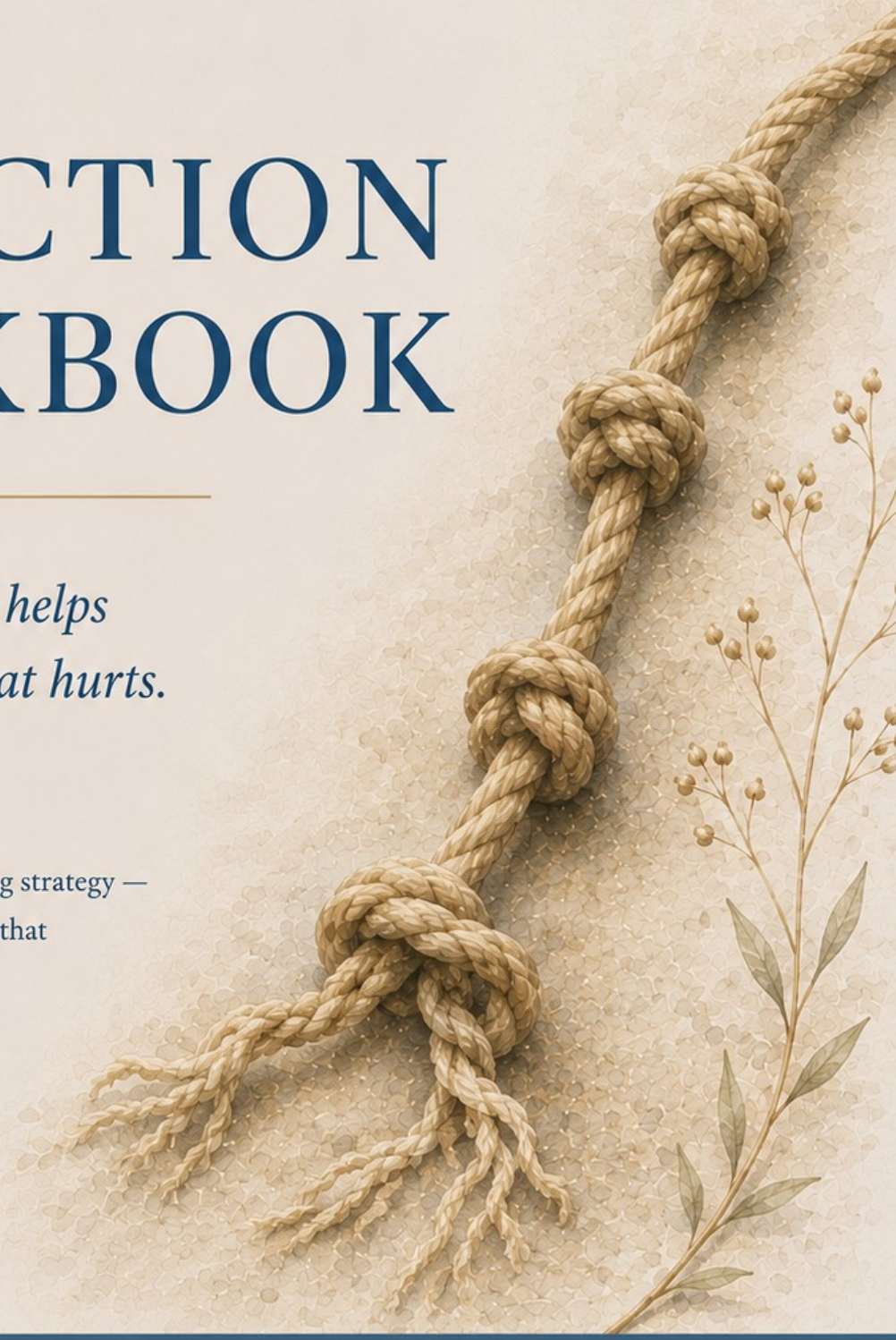
THE ADDICTION WORKBOOK

When the thing that helps becomes the thing that hurts.

Understanding addiction as a coping strategy — and finding your way to something that actually heals.



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Before you begin. If you are physically dependent on alcohol, benzodiazepines, or opioids, or you are in crisis right now, please turn straight to Section 7 (“Finding the right level of support”) before reading anything else. Everything else here will still be here when you come back to it.

A note from me to you

If you have picked up this workbook, there is a good chance that something you have been reaching for has begun to cost you more than it gives back.

Perhaps it is a substance. Perhaps it is a behaviour, a habit, a particular way of getting through the evening. Perhaps it is something that nobody around you would think to call a problem at all.

And perhaps you already sense that what you are really trying to manage is something older, and more painful, than the thing itself.

The most important thing I can say about addiction is almost never said first.

Addiction makes sense.

Not in the sense that it isn't causing harm. It very often is, and that may be part of why you are here. And not in the sense that continuing is a good idea.

But in a deeper, more human sense, it almost always begins as a solution. As something that made life a little more bearable, at a time when there may not have been many other ways.

So we don't begin with what is wrong with you. We begin with a gentler, and I think more honest, question.

What happened to you, and what has this helped you survive?

Addiction is not a moral failure. It is a coping strategy. Often an intelligent one. A way the body and mind found to get through what felt like too much, or too lonely, or too overwhelming.

And at the beginning, it often works. It brings relief. It softens something unbearable. It creates a moment of escape, or comfort, or even aliveness. And because it works, the nervous system learns to return to it, again and again. This is learned.

This workbook is about turning towards what the behaviour has been holding for you.

Because when we focus only on the substance or the behaviour, without meeting what sits underneath it, the pain, the unmet needs, the places where you may have had to carry things alone, change tends not to hold.

I know this from the inside as well as from the other side of the consulting room, and I would like to share some of that with you here.

I have lived with different forms of coping that, from the outside, might simply be seen as problems to be removed. But from the inside, they have often carried a more complex truth.

I lived for many years with an eating disorder. It was held in secrecy, and it carried a great deal of shame.

There was a part of me that believed I should simply be able to stop, that I should be stronger than it, and that something was wrong with me for needing it at all.

And yet another truth was also present. It helped.

Growing up as an only child, with a father who struggled with alcoholism and bipolar disorder, life often felt unpredictable. There were experiences that left me feeling frightened, alone, and carrying far more than a child should have to carry.

I did not have the understanding then to make sense of what I was feeling. I only knew that some feelings were too painful, too overwhelming, and too lonely to sit with on my own.

My relationship with food was not only the problem. It was also, at times, the thing that made life feel more bearable, a companion in loneliness, something to soften what felt unbearable, a way of surviving what I did not yet know how to hold.

For a long time, I could only see what I was doing wrong. But underneath it was something much more human, a child who had learned to find comfort where she could, and an adult who was still relying on a strategy that had once helped her survive.

What changed, in the end, was not that I found the strength to stop.

What changed was my relationship with myself.

Slowly, and not in anything like a straight line, I began to be able to give myself what I had been going to food to find. The comfort. The safety. The steadiness in a day that had none of its own. And as that became possible, something released.

I did not have to fight it into submission. It simply had less to do. I no longer needed it to give me safety and comfort, because I had slowly become someone who could give those to myself.

It was not quick, and it was not tidy. But it is the truest thing I know about how this changes. Not by being overpowered. By becoming less necessary.

I have also lived this in another form, through perfectionism. For many years, especially in my relationship with music and my violin, I carried an intense need to get it right. I had to play perfectly, or I would relentlessly turn on myself afterwards.

Underneath it was a belief. If I was perfect, everything would be okay.

What I didn't understand at the time was that this was not only about standards, or discipline. It was also an attempt to prevent something deeper, the feeling of failure, of not being enough, of falling short and being defined by it.

If I made mistakes growing up, there was often criticism or judgement, and over time something in me learned that mistakes were not safe. Perfectionism slowly became a kind of protective strategy, something that kept me at a distance from shame, even as it created its own kind of pressure.

Over time, this followed me into my career. For more than twenty-five years, it shaped how I worked, how I performed, and how I measured myself.

But eventually something began to break down. The more pressure I placed on myself to be perfect, the more mistakes I started to make. And with that came exhaustion, self-criticism, and a growing sense that I was losing contact with something I loved.

And then something shifted. There was a moment of clarity where I realised something had to change, not by trying harder, but by loosening my grip. By allowing imperfection. What happened when I did was unexpected. The music began to move again. What had felt hard and constricted began to feel alive.

Understanding this did not make everything disappear. But it changed how I related to myself. Instead of asking, what is wrong with me? I began asking, what was I trying to prevent? What was I trying to protect?

That question opened something shame never could.

Shame often lives very close to addiction, and to perfectionism. It thrives in secrecy, and in the belief that we are alone in what we struggle with. And yet it rarely leads to change that lasts. More often, it deepens the very patterns it is trying to undo, because shame itself becomes something that needs to be escaped.

What begins to shift things is not self-attack, but understanding. A gentle turning towards what made this necessary in the first place. Not to excuse it, and not to deny its impact, but to meet it with honesty, and with care.

That is what I hope you will find in these pages. Not a set of instructions, but a way of being with yourself that is a little kinder than the one you have been managing with. It is the ground everything else here stands on.

With warmth,

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How to use this workbook

This workbook approaches addiction from a psychological perspective, through the lens of coping, trauma, and the emotional needs that substance use and addictive behaviours have been meeting. It is not a medical detox guide.

If you are physically dependent on alcohol, benzodiazepines, or opioids, please speak to a medical professional before reducing or stopping use. Withdrawal from these substances can be physically dangerous and requires medical supervision. The final section maps the support available to you.

A word about the exercises before you meet the first one. There are no right answers in them, and nothing that needs to be finished in one sitting.

Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love. That holds for all of them.

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SECTION 1

Beginning with self-compassion

And why so little else is possible without it

Perhaps you know the moment I mean.

It might come the morning after. It might come sitting down to unlace your shoes after a run you knew you should not have done. It might come at eleven at night when you finally close the laptop, or when you put the phone face down and realise where the evening went.

Whatever it is, there is a moment when it stops, and something in you begins the accounting. What you did. What it took. What it says about you. The verdict is usually written before you have finished the thought.

I have put this section first because of that moment.

Everything that follows asks you to look at something. At what you have been reaching for. At what it has cost. At what was happening long before it started. And none of that looking is possible if the one doing it has already decided.

Shame is the reason. There is more shame around addiction than around almost anything else I can think of. And shame does not simply make us feel bad. It makes us unable to look.

What shame does to the looking

When shame is in the room, honesty becomes expensive. So we tell ourselves a slightly smaller version of what happened. We round the number down. We leave out the day we would rather not think about. Not to deceive anyone, but because the whole picture would cost too much to hold.

And there is something else shame does, which matters even more here. It is itself unbearable. And unbearable feelings need relief, which is precisely what the substance or the behaviour has always been so good at providing.

So the harshness meant to stop the pattern ends up feeding it. Many of us have spent years being hard on ourselves about this, and it has not worked yet. That is not because we have not been hard enough.

When nobody around you sees a problem

There is a version of this worth naming on its own, because it is so easily missed.

Some of what we reach for is admired. The training. The hours. The being relied upon. The one who never says no. From the outside it looks like discipline, or dedication, or generosity, and it is usually praised.

That praise does something strange to the shame. It does not remove it. It removes anywhere to put it. Because you cannot easily say you are struggling with the thing everyone tells you is the best of you. So the knowledge sits alone, and the distance between what it looks like and what it is becomes one more thing to carry by yourself.

From what is wrong with me, to what happened to me

Shame only ever asks one question. What is wrong with me?

It is a closed question. It has already decided the answer, so whatever you bring to it, it hands the same verdict back. And there is nowhere to go from there except away.

There is another question, and it opens everything.

What happened to me, that I needed to turn to this?

Notice what that question does. It does not excuse anything, and it does not deny the harm it has caused. It simply moves the focus off the verdict and onto the history. And a history can be looked at.

Once that question is open, others follow. What pain has this been protecting me from? What has it been giving me that I have not been able to find anywhere else? What was happening in my life when it first became necessary?

I cannot answer those for you. They are not the kind of question that gets answered from the outside. They get answered slowly, as you look, until at some point your own truth begins to surface. And when it does, what to do about it usually starts becoming visible too. Not steps I have prescribed, but steps that follow from what you have found.

That is the whole movement of this workbook. Away from blame. Into exploration. Towards your own truth. And then towards what might be done with it.

None of it starts without self-compassion. That is not a nice sentiment to open with. It is the mechanism.

What self-compassion actually is

Self-compassion is easily misunderstood.

It is not approval of what has been happening. It is not letting yourself off, and it is not wanting less for your own life. It is not permission.

And it is not a way around the people who were hurt.

Some of what this has cost was paid by someone else. A partner who stopped asking. A child who learned to read the room from the doorway. A friend who was let down more than once. If that is part of what you are carrying, it is the heaviest part of it, and nothing here is asking you to set it down or explain it away.

What it does is make it possible to look at it at all. Shame does not make anyone more accountable. It makes us less available, because someone defending themselves against their own verdict has very little left over for anybody else. The repair other people actually need from us takes a self steady enough to face what happened without coming apart.

That deserves its own attention, and more than this workbook gives it. But it starts here.

Those of us who have lived close to addiction often carry a real fear that the moment we stop being hard on ourselves, everything will come apart. What I have seen, and lived, is the opposite. Harshness is what keeps the cycle turning.

Kristin Neff, who has spent decades studying this, describes self-compassion as three things happening together.

Self-kindness, in place of self-judgement. Meeting your own difficulty with the warmth you would offer someone you love who was sitting in it. Not indulgence. Warmth.

Common humanity, in place of isolation. Remembering that struggle is part of being human, that you are not the only one, and not uniquely broken. Shame insists that you are alone in this. It is wrong about that.

Mindfulness, in place of being swallowed. Being able to see what is happening without disappearing into it. Noticing, this is a very hard morning, rather than becoming the hard morning.

Together, those three do something quite specific. They make it possible to stay in the room with your own experience. Which is, in the end, the whole of it.

Using this when it is hardest

Self-compassion is easy to agree with and very hard to reach at the precise moment it is needed. Two moments in particular.

In the hour afterwards. This is where the harshest voice usually shows up, and where it does the most damage. See if you can ask one question before anything else. What was I carrying, just before this started? Not as an excuse. As information. There is almost always an answer, and it is almost always something that deserved more care than it got.

Perhaps the answer is that you had been holding a difficult conversation all day without putting it down. Perhaps you had not eaten since the morning. Perhaps someone said something at lunchtime that you have not looked at since. This is where the harshest voice usually shows up, and where it does the most damage. See if you can ask one question before anything else. What was I carrying, just before this started? Not as an excuse. As information. There is almost always an answer, and it is almost always something that deserved more care than it got.

In the time you thought you had stopped, and didn’t. This is the moment that decides whether the pattern continues, and it turns on how the next hour goes rather than on what has just happened. Shame will tell you that you are back at the beginning, and that this proves something. It is not true. What actually happened is that something became too much to hold, and the old solution arrived, because it is still the fastest one available. That is worth understanding. It is not worth a verdict.

None of this happens in one sitting, or because you have decided it should. It happens the way trust rebuilds with anyone you have let down before. Slowly, and with more evidence than you would like to need.

Be patient with how long it takes to believe that you are allowed this.

Exercise 1 The question that opens things

Two questions, side by side - *Write down, as it actually sounds inside your head, the version of what is wrong with me? that you have been living with. The exact words, not the tidied ones.*

Then, underneath it, write the other question. What happened to me, that I needed to turn to this? Stay with it a while, without hurrying towards an answer.

What you notice - *You may find that nothing comes at first, and that is completely normal. Notice what happens in your body when you ask each one. They tend to land in very different places.*

Exercise 2 A hand, and a sentence

Something to have ready before you need it - *Sit for a moment and put one hand somewhere on your body where it feels steadying. The chest, the belly, the side of your own arm. Let the weight of it be felt. There is nothing to achieve here.*

Then find one sentence you could say to yourself in a hard moment. Not a slogan, and not something you do not believe. Something plain and true. This is hard right now. Or, something in me is in pain. Or, I am not the only one. Write down the one that fits.

When you will use it - *The hand and the sentence go together, and they work best early, before a moment has become an emergency. Write down the situation you will use them in first, and put it somewhere you will actually see it.*

SECTION 2

What addiction actually is

And what it is not

The word addiction carries so much. So much moral weight, so much shame, so much cultural story about weakness and failure and choice.

And underneath all of that, it is a specific thing. How you understand it shapes everything about how you meet it in yourself.

The disease model, and its limits

The dominant framework in Western medicine is the disease model, the idea that addiction is a chronic brain disease, characterised by compulsive use despite harmful consequences. This model has done some important work. It has helped reduce moral judgement, and it has shifted parts of the response away from punishment and more towards treatment.

But on its own, it doesn't go far enough. It places addiction inside the brain as the main explanation, without really asking the more human question underneath.

Why did this pattern develop in the first place? It tells us this is happening in your brain, without fully asking what happened in your life that made this the solution your system found.

Beyond heredity, sensitivity and environment

There's also a misunderstanding I hear often, when we talk about genetics in addiction, the idea that it's simply inherited, like a fixed trait passed down through families. What research actually points towards is something more dynamic.

One of the key ideas here is epigenetics, the study of how our environment can influence the way our genes are expressed. It is not only about what we are born with. It is also about what happens to us, especially early in life, and how those experiences switch certain biological patterns on or off over time.

Genes are not rigid instructions that play out the same way no matter what. They are closer to potentials, shaped by context.

There is a set of studies that has stayed with me. Rat pups whose mothers licked and groomed them more in infancy showed lasting changes in the genes that regulate stress. They grew into calmer, more resilient adults. And when pups were raised by a different mother, they took on the profile of the mother who raised them, not the one who bore them.

The care they received did not only comfort them in the moment. It set the terms for how their nervous system would handle stress for the rest of their life.

Alongside this, research into temperament suggests that some of us are simply born more sensitive. Our nervous systems are more responsive, to stress, but also to care, safety, and connection.

In a difficult or emotionally inconsistent environment, that sensitivity can feel overwhelming, and it can increase vulnerability. But in a supportive, attuned one, it can become a real strength, supporting emotional awareness, empathy, creativity, and depth in relationships. So rather than thinking of it only as risk, it may be more accurate to think of it as responsiveness.

Seen this way, addiction starts to look less like a fixed condition we simply have, and more like an adaptive response. Something that made sense at some point, in a particular environment, even if it no longer serves us now.

And that shift matters, because it changes what healing is aiming to do. Not only to remove a behaviour, but to understand what it was doing for us, so that something safer can gradually take its place.

What addiction actually involves

Addiction takes many forms, and it is not limited to alcohol or drugs. It can include behaviours often seen as healthy, or even admirable. Work. Exercise. Achievement. Helping others. Even the relentless effort of being good, and being needed.

Mine was perfectionism, and it was read as dedication. I was praised for the very thing that was costing me, which is part of why it took so long to see.

What matters is not the behaviour itself, but your relationship to it.

One difference is real, though. Substances that produce physical dependence, alcohol, benzodiazepines, opioids, and some others, carry a withdrawal risk that patterns like gambling, exercise, or work do not. The emotional and relational understanding in this workbook applies across the whole spectrum. The medical picture does not.

If you are physically dependent, that needs a doctor involved before anything else in these pages.

This is what can make addiction so confusing. The behaviour itself may not appear harmful. In fact, it may be admired.

So the more useful question is not simply, what am I doing? It is, what is this doing for me?

Is it bringing genuine nourishment and connection, or is it helping me avoid, numb, distract from, or escape something difficult inside?

Exercise, for example, can be a healthy expression of caring for ourselves. But it can also become something we feel compelled to do, because slowing down would mean having to sit with anxiety, loneliness, grief, shame, or self-criticism.

The same behaviour can deepen our connection with ourselves, or become one more way of leaving it.

What addiction is not

If there is one thing I hope you take from this section, it is this.

Whatever story you have been carrying about what this says about you, that you are weak, that you lack discipline, that something is fundamentally wrong with you, I'd like to gently offer you a different one.

What you are living with is not a choice in the simple sense, and it is not evidence of some flaw in your character. It does not happen only to a certain sort of life. It can happen to any of us whose system found itself carrying more than it was ever meant to hold.

And underneath it, it was never really about the substance or the behaviour at all. It is an adaptation to suffering that was never meant to be carried alone. You do not have to carry it alone from here either.

The spectrum of difficulty

This workbook is relevant across a wide spectrum. From those of us who sense that our relationship with alcohol, food, work, gambling, or our phone no longer feels fully within our control, to those of us whose use has already created serious consequences. There is no clinical threshold you need to meet for any of this to matter.

What matters more is a quieter, more personal question. What is my relationship with this costing me, and what might it be helping me not feel?

Exercise 3 Naming what you are working with

As honestly as you can - *What is the substance or behaviour that has brought you to this workbook? Describe your relationship with it honestly, not the version you would tell someone who might judge you, but the real version.*

How long has it been present in your life? When does it most powerfully call to you? What does it give you in the short term? And what has it cost you?

And then, over the next few days - *There is one question in this section worth carrying with you rather than answering now. Each time you notice yourself reaching for it, ask, is this bringing me something, or helping me avoid something?*

You will not always know, and some of the time it will honestly be both. Note which it was, in a word or two. After a few days the proportion tends to speak for itself.

Exercise 4 What it has been doing for you

The most important question - *If the substance or behaviour has been serving a function, and it almost certainly has, what is that function?*

What does it give you that you have not been able to find elsewhere? Relief from something? Access to something? Protection? Numbness? Connection? The temporary dissolution of a self that feels too heavy to carry?

SECTION 3

Addiction as coping

The emotional logic underneath, protection, and longing

Addiction as a coping strategy

Addiction is rarely only about the substance or the behaviour itself. It can cause real harm, real disruption, a real narrowing of a life. And it also, very often, begins as something that is trying to help.

What these patterns are usually doing is managing something that feels too big to manage any other way. A wave of anxiety that will not settle. An emptiness that arrived in the afternoon and has not lifted. A feeling with no name, and no obvious end to it.

The substance or the behaviour brings the volume down. It softens the edge. For a while, the inside of us becomes somewhere more bearable to be. In that sense, it is doing something for us, and not only to us.

Addiction as a way of reaching what feels lost

Addiction can also be an attempt to reach parts of ourselves that feel lost, or out of reach, or no longer available in daily life. The pattern can temporarily open a doorway back into something we long for, or once had, or have never quite been able to hold onto.

A sense of freedom. Ease. Aliveness. Connection. Confidence. Release.

Perhaps there was a version of you who was easier in company. Who laughed more readily, or spoke without rehearsing it first, or could be in a room without monitoring how it was going.

And perhaps, somewhere, you meet that version again for an hour. Two drinks in. Ten miles into a run. At midnight, when the work is finally flowing and nobody needs anything.

That is not only escape. That is going back for something that was lost.

What may look like escape might also hold a longing for freedom. What looks like compulsion may hold a wish to feel less alone. What looks like numbing may sit alongside a deeper need for softness, or for rest.

What I was reaching for was comfort, and some sense of control. Home was unpredictable, and those were the two things it never reliably gave me.

So the pattern is not only something that takes away from a life. It can also be a distorted, unsustainable attempt to give something back to it.

Why letting go can feel so difficult

None of this makes the behaviour safe, or healthy, or sustainable. But I hope it helps explain why it can feel so difficult to let go of.

Because in trying to stop the behaviour, we are not only giving up a coping strategy. We are also touching the underlying needs it has been carrying for us, and the pain it has been protecting us from.

The questions this opens

I would like to invite you a little deeper here.

The question we would probably ask first is, how can I stop this? It is the natural place to begin, and it is the one most of us have been asking for a long time.

Underneath it, though, sit two others. What has this been doing for me? And, further down still, what was I trying to reach, or to keep, when I first turned to it?

The answers can be surprisingly ordinary. An hour when nobody needs anything from you. A version of yourself that is easier to be. The only part of the day that is reliably your own.

That naturally leads to a gentler, more personal inquiry.

Where did I lose access to this experience in my life? When did freedom, connection, or ease become restricted, unsafe, or unavailable? What changed that made this kind of support feel necessary?

This is not about finding a single origin story, or reducing everything to one cause. It is about gently tracing the emotional logic underneath the pattern.

The mind and body rarely choose compulsive strategies at random. They organise around adaptation, around protection, around the survival of something that mattered. Which makes the behaviour less an isolated problem to be eliminated, and more a signal, pointing towards unmet needs, and towards the places in a life where something important went missing, or went underground.

Exercise 5 The emotional function

Looking underneath - *Looking at your answers to the last exercise alongside the functions described above, regulating pain, regulating numbness, easing social anxiety, holding identity, which feel most relevant to your own use?*

Try to be specific about the emotional states that most reliably drive the behaviour. What is happening inside you, or around you, in the moments when the pull is strongest?

Exercise 6 Before and after

Casting back - *Think back to before the pattern became established. What was happening in your life? What were you feeling? What need was the substance or behaviour meeting that was not being met any other way?*

And afterwards, when it next happens - *This part is far easier to catch as it happens than to remember afterwards, so leave it open.*

The next time it happens, notice what arrives once the relief has passed. Not the relief itself, but what comes after it. Write one line that same day if you can. What the aftermath added to whatever was already there.

SECTION 4

Trauma, the nervous system, and the roots of addiction

The connection that changes everything

Addiction that is treated without attending to its roots is addiction that tends to return.

This is one of the most consistent findings there is, and one of the most consistently left out of treatment.

What trauma actually is

When you hear the word trauma, you might think of catastrophic events. Abuse, violence, accidents, war. Those experiences can certainly be traumatic.

But trauma is not defined by what happened. It is defined by what happened inside us as a result. When an experience overwhelmed our ability to cope, and left us carrying feelings, fears, or stress that the nervous system could not fully process at the time.

Sometimes it comes from a single event. More often, particularly in addiction, it comes from what happened repeatedly, over time. Growing up in a home with addiction, conflict, unpredictability, criticism, neglect, or emotional distance. Never feeling truly seen, safe, or important. Having to become the responsible one too early. Learning to hide your feelings, or discovering that certain emotions were not welcome.

Many of us minimise these experiences, because nothing terrible happened. And yet what shapes us is not only what was done to us. It is also what was missing.

This is the point where many of us quietly step out of the conversation. Nothing happened to me. My parents did their best. Other people had it far worse.

I said all three of those, and I believed them. It took me a long time to accept that what I grew up with was not normal, it was just familiar.

All of that may be true, and it settles nothing. What gets stored from a childhood is not usually an event. It is a state. And a state leaves no scene to point at.

If the house was tense more often than it was easy, there is no moment to describe. If nobody asked how you were, there is no incident. If you learned early that your feelings made things worse, you cannot produce the day you learned it. Absence does not photograph.

Which is why the question is not, what happened to me that was bad enough. It is closer to, what did I have to do, as a child, to be alright in that house?

We need more than food, clothing, and shelter. We need emotional safety, responsiveness, acceptance, connection, comfort, protection, and attunement. When those needs are not consistently met, we adapt as best we can. And adaptation is exactly what addiction so often is.

Perhaps you can find your own version of this. The child who worked out that being funny kept the evening steady. The one who became useful, because useful got noticed. The one who learned that the safest thing to be in that house was no trouble at all.

None of those is a symptom. Each is a solution, arrived at by someone small, with very little information and no other options. And each goes on running long after the house is gone.

Who did you go to?

When you were small, and something upset you, who did you go to?

When I was first asked this, I said my mother, because she was there. It took me longer to understand that being there and being emotionally available are not the same thing.

For many of us the answer is complicated in the same way. Not because there was nobody in the house. Often there was. But there was nobody it was safe to bring it to, or nobody who could receive it, or nobody who would not make it worse.

Perhaps both parents were working, and came home tired in a way that filled the evenings. Perhaps someone was stressed, or unwell, or stretched so thin that bringing them something more would have felt unkind. Perhaps they loved you, and simply had nothing left by the time you needed it.

So what happens to a child's distress when there is nowhere to take it?

It does not stop. It has to go somewhere, and if it cannot go outward, it goes down.

There is a well-known piece of infant research that shows this happening in real time. A mother and baby are playing normally, and then the mother is asked to hold a still, blank face and not respond. The baby works hard to bring her back. Smiling, reaching, calling out. When none of it works, the baby turns away, curls in, and begins to soothe itself. It takes about two minutes.

That is the whole mechanism, in miniature. Reach out. Get nothing. Stop reaching. Manage it alone.

And here is the part that matters most in this workbook. When researchers measured what was happening inside children who had learned to manage alone, the ones who looked least troubled by separation, who carried on playing as though nothing had happened, turned out to have heart rates as elevated as the children who wept.

The calm was not calm. It was something laid over a body in full alarm.

Which is worth knowing if you have ever been told you are the composed one, the capable one, the one who copes, and still needed something every evening to bring the volume down.

If life has left you carrying anxiety, loneliness, emptiness, shame, fear, or numbness, it makes sense that you would be drawn to something that brings relief. And it makes sense that the nervous system, finding that it works, would learn to return to it.

That is not weakness. It is a system doing what it was shaped to do when distress arrived, in the absence of anything else.

Trauma and the nervous system

Trauma does not only affect your thoughts and emotions. It affects your nervous system. When we experience overwhelming stress, particularly in childhood, the nervous system adapts in order to help us survive.

Some of us become chronically anxious, alert, watchful, as though danger could appear at any moment. Others of us learn to shut down, disconnect, or go numb as a form of protection. Many move between the two. These adaptations are not signs that something is wrong with us. They are signs that our nervous system learned how to cope with difficult circumstances.

The challenge is that these patterns often continue long after the original danger has passed. We may find ourselves anxious, restless, empty, overwhelmed, or disconnected, without fully understanding why.

And this is where addiction often enters. If a substance or a behaviour can temporarily calm anxiety, soothe loneliness, or numb pain, the nervous system learns quickly to seek it out.

The addiction is not the problem. It is an attempt to regulate a nervous system that has been carrying more than it was ever meant to carry alone.

Why I am confident about this

I would not rest a workbook on my own experience alone, so it matters that this is one of the most heavily evidenced findings in the field.

In the 1990s, researchers at Kaiser Permanente and the Centers for Disease Control asked more than seventeen thousand adults about ten kinds of childhood adversity. Abuse, neglect, a parent with an addiction, violence in the home, a parent lost to separation or to prison.

What they found was not a threshold but a slope. The more adversity someone had lived through, the higher the risk, and it kept climbing with each additional experience.

The important part is what it kept climbing across. Not one outcome. Smoking. Heavy drinking. Depression. Suicide attempts. Obesity. Heart disease. Liver disease. The study was not looking for addiction at all. It was looking at adult health, and early adversity turned up underneath almost all of it.

Which tells us something more useful than a figure for any one substance. What early adversity produces is not a particular habit. It is a raised likelihood of coping in ways that cost us, across the whole range of forms that can take.

Most of this research followed the visible forms first, alcohol and drugs, because those are what arrive in hospitals and appear in records. The hours, the training, the compulsive usefulness, the phone, have been studied far less. What is being described here is a mechanism, and a mechanism does not check what we happen to be reaching for.

So many of us have spent years believing the problem is our character. It is worth knowing how much sits against that.

Exercise 7 Your history of adversity and pain

With honesty and self-compassion - *Think about the experiences in your childhood and early life that were difficult, painful, frightening, or that left you without the support you needed.*

This does not require a single dramatic event. It may be about the texture of daily life, what was present, what was absent, what felt safe, what did not.

Exercise 8 The body's memory

Not from memory, but from checking - *Most of us do not actually know which state our body spends its days in. It is not something we can recall accurately. It is something we can catch.*

For the next few days, stop three times, whenever is easiest. Morning, afternoon, evening. Each time, ask one question. What is my body doing right now?

You are looking for roughly which direction it sits in. Agitation, anxiety, unable to rest, scanning. Or flatness, numbness, going through the motions. Or somewhere between the two. Write the time and one word.

What you may see - *After a few days, a pattern usually shows itself. Notice where the substance or behaviour tends to fall in relation to it. Before a particular state, or after it.*

SECTION 5

The cycle of addiction

And how shame keeps it turning

Addiction moves in a cycle, a self-reinforcing loop with its own internal logic. It helps to see the four moving parts clearly, because once you can name them, you can start to notice them as they happen, rather than only afterwards.

Here is one shape it can take. A meeting goes badly and you carry it home without quite noticing. By eight o'clock there is a restlessness you cannot name. You pour a drink, or open the laptop, or start scrolling. For a while the restlessness lifts. And somewhere the next morning it is back, with something heavier attached to it.

It often begins with being triggered, a sense of discomfort, not always dramatic, but something felt in the body or the emotional field, tension, emptiness, restlessness, loneliness, anxiety, numbness, overwhelm. From there, something in us reaches, a thought, an urge, a familiar pathway. The mind begins to orient towards relief.

Then comes the addiction itself, the behaviour, the drink, the scroll, the extra hour at the desk, the turn inward towards self-criticism. Whatever form it takes for you.

With it, usually, comes relief. A shift. A softening. A moment of relief, escape, or even comfort. The nervous system settles, even if only briefly.

And then the consequence. The relief does not last. What follows is the return, the coming back into awareness, and with it the cost.

Sometimes that is visible. An argument, a missed morning, a hangover. Sometimes it is quieter, the low-grade dread of realising you have been scrolling for two hours, or the flatness that follows a night of overworking instead of resting.

And almost immediately, something heavier tends to arrive. Shame.

This shape looks different for each of us, even though the structure repeats. The trigger might be anxious static left over from the day, or the discomfort of finally stopping to rest. The addiction might be a drink, a scroll, or a few more hours at your desk. The relief might be a few hours of quiet, or the sense of being needed. And the consequence might be the low hum of dread that meets you the next morning, or a body that never quite gets to rest.

Different forms. Same shape.

Shame as the engine of relapse

Shame is not the same as guilt. Guilt says, I did something I wish I hadn't done. Shame says, there is something wrong with me. Guilt can sometimes support change. Shame rarely does. Instead, it creates a painful internal state that the system urgently wants to escape.

And so the cycle quietly turns again. We use, feel relief, then feel shame about using, and then use again to escape the shame. Not because we are weak, and not because we do not care, but because the system has learned that relief is available, even if it comes at a cost.

This is why approaches that rely on criticism, punishment, or moral pressure so often fail. They do not interrupt the cycle. They intensify it. Shame does not move us towards change. It moves us back into the very behaviour that temporarily removes its sting.

I knew this cycle from the violin. I would turn on myself after a performance, and the turning on myself is what made the next one worse.

What begins to shift this is something more vulnerable. The ability to stay with yourself in the aftermath, without turning away, and without collapsing into condemnation.

Not, I am bad. But, something in me is in pain.

Triggers, and the conditioned response

Alongside the emotional cycle, something else is holding this in place. Over time, the nervous system links certain cues with relief. These can be external, a place, a time of day, a face, a situation. Or internal, a feeling, a memory, a wave of anxiety, fatigue, or overwhelm. Eventually, the cue alone is enough.

Perhaps it tends to arrive in the evening. You come in, put your keys down, and the place is quiet. Nothing has happened. Nobody has said anything. But something in you has already begun moving towards the kitchen, or the laptop, or the phone, and it began before you decided anything.

The keys. The quiet. The particular light at that hour. None of them is the thing itself. But they have been present so many times when relief followed that the body has come to treat them as its beginning.

The urge arrives before conscious thought has time to intervene. The body remembers before the mind understands. This is not a failure of character. It is how learning in the nervous system works, when something has been repeatedly paired with relief. And it is also why awareness, compassion, and time matter, because what has been learned through repetition can also, slowly and gently, be unlearned through new experience.

There is a well-established explanation for why the urge can arrive faster than thought. The brain's system for wanting something turns out to be largely separate from its system for actually enjoying it. With repeated use, the wanting system becomes oversensitised to cues.

Which is why we can find ourselves gripped by an intense pull towards something we no longer even particularly enjoy. The urge is not a failure of reasoning, or a lack of resolve. It is a sensitised system responding to a cue, faster than conscious thought can step in.

Starting to notice the pattern

Everything above is about understanding the cycle in general. The next step is starting to notice it in yourself, as it happens, because once you can catch the moment you are triggered, you have far more room to choose what happens next.

This is closer to curiosity than to vigilance, or watching yourself tensely. What actually comes right before the urge, for you?

It might be the specific static of an anxious day that hasn't been put down. It might be the discomfort of a quiet hour with nothing to produce. Or it might be a particular time of day, a certain kind of tiredness, a scroll that starts as a five-minute break, or the flash of self-criticism after a small mistake.

Something to notice, before you change anything

Over the next few days - *Without trying to change anything yet, see if you can simply notice what is happening, in your body or in your circumstances, in the minutes before you reach for this.*

Naming it, even silently, even only to yourself, is already the beginning of something different.

You are no longer only inside the pattern. Part of you is also watching it, with something other than judgement.

Exercise 9 Mapping your cycle

As specifically as you can - *Using the four-part cycle from this section, triggered, the addiction, relief, consequence, describe your own version of each stage. What does triggered look like for you, the states, emotional, physical, relational, that most reliably come first? And what is the addiction itself, specifically, the exact behaviour that follows?*

What does relief actually feel like for you, in that moment? And what is the consequence, both the immediate outcome, and where shame enters afterwards, and what it does from there?

Exercise 10 Shame and self-compassion

The voice that responds - *What is the quality of the internal voice that responds to your use? Is it harshly critical? Contemptuous? Does it treat each lapse as confirmation of something it already believed about you?*

A different response - *What would it mean to respond to yourself in those moments, not excusing the behaviour, but not annihilating yourself either, with something closer to the compassion you would extend to someone you loved who was struggling with the same thing?*

Write about what gets in the way of that compassion. And then, if you can, write a few sentences of what it might actually sound like, addressed to yourself, in a moment of genuine difficulty.

SECTION 6

What healing actually requires

Learning to be with the pain, instead of numbing it

Before anything else, here is a foundation to stand on as you read the rest of this section.

None of this is your fault. And it was never really a battle between you and the addiction. The addiction is not the enemy here. It has been trying, in its own costly way, to take care of something in you that needed taking care of.

You do not have to fully believe that yet. It is enough, for now, to be open to the possibility. To let yourself glimpse it, even briefly, that whatever you have been reaching for has been trying to help, and not to harm.

Real healing from addiction is not simply about stopping a behaviour. It is not white-knuckled restraint, or forcing the body into compliance through willpower alone.

Many of us have already tried that, and know from our own experience that it does not hold.

Because when we remove a coping strategy without meeting what it has been holding, the underlying pain does not disappear. It remains, often more exposed, more vulnerable, and sometimes more overwhelming than before.

You may already have watched this happen. You stop scrolling, and find yourself watching something instead. You stop drinking, and start going to the fridge at eleven at night. You stop one thing and something else quietly steps into the same slot, because the slot is what needed filling.

In this sense, addiction is not the core problem. It is a solution that has outlived its original purpose, a part of the system that learned, often long ago, how to bring relief in the only way it knew how.

Turning towards the pain underneath

What matters most in recovery is also what is most easily avoided. Gently turning towards the emotional pain that has been carried, often for a very long time. The unmet needs. The relational injuries. The experiences of overwhelm, fear, neglect, or loneliness that shaped the need for relief in the first place.

None of that turning is possible under judgement. If the plan is to look at the pain and then hold yourself responsible for having it, the looking will not happen, and it should not. The kindness is not decoration here. It is what makes the turning survivable.

This is also where it becomes important to relate to the addiction differently. Instead of seeing it only as something to fight or eliminate, we can begin to understand it as a part of us that is trying to help. A part with a job, that steps in for a reason.

When the compulsion arises, it can help to pause, and become curious. What is this part trying to do for me right now? What does it believe would happen if it didn’t step in? What feeling is it trying to protect me from?

Your own words are useful here. Look again at what you wrote for Exercise 4 and Exercise 5, about what the substance or behaviour has been giving you, and the states that drive it. Those answers are the beginning of this inquiry. The questions above simply take it a little further, one gentle layer at a time.

Often, underneath the urgency, there is something more vulnerable. A familiar emotional state that once felt too much to hold alone. And underneath that, a history in which it truly was too much to hold alone.

This is not a one-time insight. It is a process of returning, again and again, with as much honesty and kindness as is available in each moment. And for most of us, it unfolds best in relationship, in the presence of safety, attunement, and someone who can stay with what is difficult without turning away.

The voice that is hard on you is not the enemy either

There is one more part worth turning towards in the same way, because it tends to be the piece that unlocks the rest.

The harsh voice inside you, the one that calls you weak, that lists what you have wasted, that has the verdict ready before you have finished the thought, is not there to hurt you. It is trying, in the only way it knows, to make you stop. Somewhere along the way it learned that criticism was the thing most likely to keep you safe, and it has never been offered anything better.

You do not have to argue with it. Arguing tends to make it louder. What works better is to notice it arriving, and to recognise what it is frightened of.

Being on your own side does not mean silencing the parts of you that are afraid. It means becoming someone all of them can bring things to.

When the wound is tended, the addiction has less to do

There is something worth holding onto, especially in the middle of all this inner work.

When the pain, the fear, or the old unmet need that the addiction has been carrying finally has somewhere else to go, when it begins, even slowly, to be tended to directly, the addiction itself starts to lose its job. Not because you have fought it into submission, but because it no longer has as much work to do.

A part that was recruited to manage unbearable feelings, in the absence of anything else, naturally needs less once those feelings have somewhere safer to land. This is not a promise that the substance or behaviour disappears overnight, or that the process moves in a straight line. But it does mean the aim of everything in this section is to make the addiction, gradually, less necessary.

This might look like the anxious static of an old pattern finally settling on its own, so the substance or behaviour has less to do. Or it might look like discovering that rest doesn’t cost you your sense of worth, that stillness no longer feels dangerous.

That is the direction healing moves in.

And the tending is not clinical. It is closer to how you would sit with someone you loved who was frightened. Present, unhurried, and without a verdict.

Building genuine regulation

Here is a way of understanding this. Addiction so often develops in the context of a nervous system that had to learn to survive without enough support, safety, or co-regulation. In that context, the system does what it can. It finds ways to shift unbearable internal states quickly, even if those ways later become costly.

Healing, then, is about slowly building new capacity within the system as a whole.

The capacity to stay with discomfort without immediately escaping it. To notice what is happening inside without becoming overwhelmed by it. To recognise emotions, name them, and let them move, without either acting them out or shutting them down.

It is quieter than it sounds. It might be noticing, on an evening that would once have gone a particular way, that you are irritated and tired, and that you know it, and that the knowing is enough to be going on with. Nothing has been resolved. You are simply not being carried anywhere by it.

That is what the capacity looks like from the inside. Not calm. Just the absence of needing to be somewhere else.

It also involves learning to work gently with the body, through breath, grounding, movement, and awareness, so that emotional states can begin to shift without needing the addiction to do all of that work. This work is gradual, repetitive, and deeply human.

The role of connection

There is a line from Johann Hari that I come back to often. The opposite of addiction is not sobriety. It is connection.

When we are isolated, disconnected, or emotionally alone, addiction has more room to grow. Not because something is wrong with us, but because the nervous system is doing what it learned to do in the absence of relational safety, seeking relief wherever it can be found.

Recovery, then, is also a relational process. It involves being seen, being known, and being met without rejection in the places that feel most vulnerable.

Perhaps you know what this feels like in the negative. The conversation where you gave the smaller version. Rounded the number down, left out the day you would rather not think about, and watched the other person accept it and move on. And then the particular loneliness of having been believed.

I kept mine hidden for years. The first person I told did not react the way I had spent years imagining they would, and that mattered more than anything they actually said.

Connection is the other side of that. Someone hearing the real version, and not moving away. Not fixing it, not making a project of you, and not being frightened by it. Staying in the room.

The nervous system registers that before the mind does. The worst of it has been said out loud, and the other person is still there.

Sometimes this happens in therapy. Sometimes in friendship, or community. Sometimes in a relationship that feels safe enough for the nervous system to soften. Connection does not fix everything. But it changes the ground on which everything else happens.

Building a life worth being present for

There is something quieter, and often overlooked, that shapes recovery over time. The gradual building of a life that feels worth being present for.

Addiction tends to become most powerful when life feels empty, disconnected, or lacking in meaning, pleasure, or belonging. In that space, it can feel like the most reliable source of relief or aliveness available.

As life slowly begins to include more moments of connection, purpose, creativity, rest, and pleasure, something subtle begins to shift. The addiction may still be present, but it is no longer carrying the same weight. This does not happen quickly, evenly, or without setbacks. But over time, something new becomes possible, not a life organised around avoidance, but a life that increasingly feels worth staying present for.

What all of this rests on

Everything in this section asks for the same condition, and it is easy to lose sight of.

You cannot turn towards pain you are punishing yourself for having. You cannot look at a pattern honestly while bracing for a verdict. You cannot let a feeling move through you while a part of you is arguing that you should not be having it in the first place.

None of this capacity gets built by discipline. It gets built by becoming someone you are safe being honest with.

And there is something underneath that, which may be the truest thing in this workbook.

In Section 4 there was a list of what we all need, and what so often was not reliably there. Emotional safety. Responsiveness. Acceptance. Comfort. Protection. Someone who could stay with what was difficult without turning away.

Had those things been present, there is a good chance the addiction would never have had a job to do. Something reached in to fill that space because the space was there.

Which means self-compassion is the thing that was missing in the first place, arriving late, and now from the inside.

That is not a consolation. It is the original need, finally being met.

The window between the urge and the action

Earlier, in Section 5, you started noticing what tends to come right before the urge, for you. That noticing is what makes the steps below usable, because they only work once you can catch the moment they are needed.

A few concrete things can help in that specific window. Not as a replacement for the deeper work in this section, but as a bridge through it.

Before any of them, there is something worth saying to yourself. The pull is not evidence of weakness. It is a system doing what it learned to do. You might try naming it that way, silently, as it arrives. Something in me is trying to help right now. That one sentence does more than it sounds like it should, because it puts a small space between you and the urge, and choice lives in that space.

When you feel the pull, what to do

Four things, and then your own plan - *Check HALT. Am I Hungry, Angry, Lonely, or Tired? Urges are rarely only about the substance or the behaviour. They are often amplified by one of these four states, and sometimes meeting the state, eating something, calling someone, lying down, takes real weight off the urge itself.*

Ride the wave. Urges are not flat. They build, peak, and pass, usually within fifteen to twenty minutes, whether or not you act on them. Naming this to yourself, this is a wave, and waves come down, setting a timer, and doing something else with your hands or your body in the meantime, can be enough to let it move through.

Make a specific if-then plan. "If I feel the pull after work, then I will call [name] before I do anything else" is far more workable in the moment than a general intention to "be stronger next time."

Put one small delay between the urge and the action. Not forever, just ten minutes, or one phone call, or leaving the room. Delay does not require willpower you don't have. It only requires one small, specific, repeatable step.

Your plan for the next time you notice it - *Pick whichever of these fits you best, and make it specific. What will you check for, what will you tell yourself, who will you call, or what will you delay, and for how long? Write your own if-then plan here, the more specific it is, the more usable it will be in the moment.*

From understanding to alternatives

Once you begin to see what the addiction has been giving you, even in a short-term or distorted way, the next step is not to judge it, or force it away. It is to get curious about whether there are other ways of meeting even part of that same need.

Most addictive patterns are trying to provide something real. Relief, freedom, connection, quiet, intensity, control, escape, release. The need underneath is usually valid, even when the strategy is costly.

If what it gives you is calm, the question becomes where else calm might be found, even in much smaller amounts. If it is freedom, what else in your week is genuinely your own. If it is the feeling of being needed, where might that be met by something that costs you less.

So the question shifts. Not, how do I stop this? But, what is this giving me, and how else might I begin to meet even a small part of it?

Exercise 11 Finding alternative ways to meet the need

Start with a recent moment - *Think about a recent time you noticed the pull towards the behaviour.*

What was it giving you?

For example, freedom, relief, numbness, space, comfort, connection, distraction, intensity, control.

The need underneath - *Try to go one layer deeper. "Freedom" might mean space, autonomy, relief from pressure, not being watched. "Numbing" might mean rest, emotional quiet, protection from overwhelm. "Connection" might mean feeling seen, less alone, emotionally held.*

A different way to meet it - *What is one small, real-world way you could give yourself a version of that need, without the cost of the addiction? Keep it concrete and doable, not ideal or perfect. For example, for freedom, a walk alone without a goal, or ten minutes where no one needs anything from you. For relief, a warm shower, slow breathing with a hand on the chest, or cancelling one non-essential demand. For connection, texting one safe person, or being around people without performing.*

What do you notice?

Not whether it works perfectly, but whether there is even a small shift, even five or ten per cent.

Exercise 12 What this has been helping you carry

Slowly, and only as far as feels safe - *You may wish to approach this one question at a time, and to stop at any point if it feels like too much. You are not trying to force answers, only to get to know your experience in a new way.*

Right now, what feels present in me as I read this? What emotions do I notice most often, just before the urge arises?

If I imagine the part of me that reaches for this, what does it seem to be trying to help me with? What might feel too heavy to stay with alone? What does this part seem to be protecting me from feeling?

Exercise 13 What genuine regulation feels like

Something to carry with you for a week - *These states are subtle, and far more easily caught as they happen than recalled afterwards. So this one is not for now. It is for the next seven days.*

Watch for the moments when something in you settles, even slightly. They are usually small and easy to miss. A few minutes in the car before going in. The first part of a walk. A conversation where you stopped bracing without noticing you had.

Each time you catch one, write a line. What was happening, whether you were alone or with someone, and what it felt like in your body.

Settled, or shut down - *There is a difference between the two, and it is much easier to tell from inside the moment than afterwards. Settled usually has something alive in it. Numb usually has nothing in it at all. As you go, see which of yours were which.*

Exercise 14 The life you are beginning to move towards

More a quiet noticing than a plan - *If you gently imagine a life in which there is a little less need for numbing or escape, what do you notice? Not a perfect life. Just one that feels a little more supported, a little more connected, a little more possible.*

What would need to be more present for me to feel even slightly more at ease? What kinds of moments tend to soften something in me? Where do I already feel small pockets of meaning, connection, or aliveness?

One gentle step - *And if something feels possible, even in a very small way, is there one gentle step, not to fix anything, but to support a slightly different relationship with myself or my life?*

An inner dialogue, meeting the part that wants to use

This is a guided script you can read slowly, even pausing between lines. There is no need to do it perfectly, it is simply a way of beginning a different kind of relationship with yourself. You might start by bringing attention to a recent moment of urge, or imagining one, and then gently turning inward.

You (adult self). Something in me is reaching for this again.

Pause. Notice.

You. I wonder what you're here to help me with.

The part. (You may notice an impulse, image, sensation, or feeling here, rather than a clear answer. Or you may hear something more like a sentence. "You need this." "You can't handle this without me." "Just this once." If a line like that shows up, that is the part speaking, write down whatever it says, even if it feels blunt or unreasonable.)

You. It makes sense that you're here. You've helped me before. What are you worried would happen if you didn't step in right now?

Pause. Notice what arises in the body.

You. Are you trying to help me not feel something that feels too much right now? Or to help me feel something I've been missing?

You. I can see you've had an important role in my life. You learned this for a reason. Can you show me what you're responding to, underneath this moment?

You. Thank you for trying to help me. I'm here with you now. You don't have to do this alone. What do you need me to understand right now?

A closing reflection, coming back to yourself

If you have worked through these pages, you may notice that nothing here has asked you to fix yourself.

What this workbook has been is an invitation. To slow down the story you may have been telling about yourself, and to begin seeing something underneath it. Not only what you do, but what it has meant. What it has helped you survive. What it has been protecting you from feeling.

You may not have clarity yet. It is very normal if you don't. Understanding in this work is rarely sudden. It comes in layers, and often in moments that feel small, or almost unremarkable. A pause before the urge. A moment of noticing instead of reacting. A sense that something in you is trying to help.

That shift, from judgement to curiosity, is the beginning of a very different relationship with yourself.

There is nothing in you that needs to be fought in order for healing to happen. There are only parts of you that learned how to help you survive, in the ways that were available at the time.

And now, slowly, you are learning something new. Not to override those parts, but to understand them, to listen to them, and, over time, to include them in something larger than survival alone.

You do not have to rush this. You only have to stay in relationship with yourself in a way that is a little more honest, a little more gentle, and a little less alone than before.

SECTION 7

Finding the right level of support

Why professional support matters here more than almost anywhere

Medical considerations first

This matters more than anything else in this workbook. If you are physically dependent on alcohol, benzodiazepines, or opioids, please speak to a medical professional before reducing or stopping use. Withdrawal from these substances can be medically serious, in the case of alcohol and benzodiazepines potentially life-threatening, and it requires medical supervision. Your GP is the right first point of contact, for an assessment of physical dependence, and for referral to appropriate addiction services.

What you can do on your own

Self-directed work is meaningful at every stage, as a complement to professional support, as preparation for it, or as a way of deepening understanding during recovery. The exercises in this workbook are real and important work.

Abstinence is also not the only legitimate goal. For some of us, and with some substances and behaviours, moderation or harm reduction, reducing frequency, quantity, or risk rather than stopping entirely, is a genuine and workable path, particularly as a starting point.

With food, stopping entirely was never an option, so the all-or-nothing version of recovery was never available to me. I had to find another way, and that is the only reason I can tell you there is more than one.

This is a conversation worth having openly with a doctor or a therapist, rather than assuming abstinence is the only version of success this workbook recognises.

Reading and education matter here too. Understanding the neuroscience of addiction and the link between trauma and addiction, as written about by Gabor Maté, Bessel van der Kolk, and Johann Hari, can be genuinely transformative for those of us whose experience of addiction has been filtered primarily through the lens of moral failure.

And community support, whether through twelve-step programmes, SMART Recovery, or other peer structures, offers what solitary work cannot. Connection, witness, the experience of being known in our worst moments and not rejected. For many of us, this turns out to be the single most important element of recovery, particularly early on.

When therapy can help

In my experience, therapy is where the deep work of trauma-rooted addiction most reliably happens. The reason is the one that has run through this whole workbook. Addiction rooted in trauma needs to be addressed at the level of the trauma. And trauma is most effectively processed in the context of a safe, attuned therapeutic relationship, one that provides the kind of consistent, non-judgemental presence that may have been absent in the early experiences that shaped the distress.

Internal Family Systems is particularly powerful for addiction work. Understanding the addictive behaviour as the action of a protective part, one that learned to use the substance or behaviour to manage the pain of more vulnerable parts, allows the work to proceed with compassion rather than condemnation. Compassionate Inquiry, developed by Dr Gabor Maté, is specifically designed for this territory. It works with the connection between early trauma, emotional disconnection, and the addictive behaviour that has been managing both. EMDR and somatic approaches are particularly relevant when the trauma underlying the addiction is held primarily in the body.

When more support is needed

Psychiatric assessment is relevant when addiction coexists with significant mental health conditions, depression, anxiety, PTSD, bipolar disorder, that need their own assessment and treatment. It is relevant when medication may play a role in reducing craving, managing withdrawal, or treating the conditions the addiction has been self-medicating. And it is relevant when the severity requires a level of medical management beyond psychological therapy alone.

If you are in crisis

If you are in danger of harming yourself, or if withdrawal is producing medical symptoms, or if you are in immediate distress, please reach out now. In most countries, your local emergency services are the appropriate first response to a medical emergency or immediate risk to life. Your GP can arrange urgent referral to addiction and mental health services. Alcoholics Anonymous, Narcotics Anonymous, and SMART Recovery have meetings and helplines available internationally.

You do not need to have decided to stop, or to have reached a particular level of desperation, before you reach out. The moment you suspect that something needs to change is the right moment to talk to someone.

A simple way to think about it

Seek medical advice immediately if you are physically dependent on alcohol, benzodiazepines, or opioids, or if you are experiencing withdrawal symptoms.

Begin self-directed work, this workbook, education, and community support, as a complement to professional support, or as preparation for it.

Engage with therapy as the central component of genuine recovery, particularly if the addiction has roots in early trauma, coexists with other mental health difficulties, or if previous attempts have not held.

Seek psychiatric assessment if there are significant co-occurring conditions, if medication support may be relevant, or if the addiction is severe enough to require medical management.

Reach out in crisis, to emergency services, a crisis line, or your GP, immediately, without waiting, and without managing it alone.

Whatever brought you to this workbook, and wherever you are in your relationship with addiction, the fact that you are here, reading this, taking it seriously, that is not nothing. It is, in fact, the beginning of everything. The willingness to look honestly at what has been happening, and to consider that something

different might be possible, is the seed from which genuine recovery grows. It deserves to be treated with respect, by the people around you, by the professionals who support you, and above all by yourself.

A note on the research

Three findings are referred to in these pages. For anyone who would like to look at them directly, they are these.

The adverse childhood experiences study. Felitti, Anda, Nordenberg and colleagues, American Journal of Preventive Medicine, 1998.

The still face paradigm. Tronick, Als, Adamson, Wise and Brazelton, 1978.

Heart rate and attachment. Sroufe and Waters, Merrill-Palmer Quarterly, 1977, and Spangler and Grossmann, Child Development, 1993.

Further reading

Gabor Maté, In the Realm of Hungry Ghosts: Close Encounters with Addiction (2008).

Bessel van der Kolk, The Body Keeps the Score (2014).

Johann Hari, Chasing the Scream: The First and Last Days of the War on Drugs (2015).

About Shelagh MacFarlane, MSc

Shelagh MacFarlane is a Canadian-British counselling psychologist with more than 20 years in private practice. She has lived in Southeast Asia for 26 years and works with clients across the world via Zoom. Before retraining as a psychologist, Shelagh had a career as a professional orchestral violinist, an experience that shaped her understanding of performance, perfectionism, and the psychological cost of maintaining a composed exterior when the interior is anything but.

Her approach

Shelagh works integratively, drawing on Internal Family Systems (IFS), Acceptance and Commitment Therapy (ACT), Compassionate Inquiry (developed by Dr Gabor Maté), inner-child work, Gestalt techniques, and mindfulness-based approaches. She does not apply a single model to every person. The work is shaped by who you are, where you are, and what you need. She works with individuals, couples, and families. Her particular areas of focus include anxiety, burnout, life transitions, relationship difficulties, identity questions, expat mental health, and the long-term psychological effects of growing up or living between cultures.

Qualifications and background

— MSc Counselling Psychology — United Kingdom

— Counselling Diploma — Canada

— Registered member, British Columbia Psychological Association (BCPA)

— Certified Executive Coach

— Member, International Practitioners of Holistic Medicine (IPHM)

— Trained in Compassionate Inquiry (Dr Gabor Maté)

— Former crisis line counsellor, Befrienders Malaysia

— Volunteer counselling: Malaysian Cancer Society, All Women's Action Society, UNHCR (supporting Afghan and Myanmar refugees)

— Communications and life-skills training across Asia, Africa, and the United States

Get in touch

Shelagh offers a free 15-minute initial consultation by WhatsApp or video call, with no obligation and no pressure. This is a chance to ask questions, to get a sense of whether the fit feels right, and to understand what working together might look like. Sessions are held by video call at times that work across time zones. Every enquiry is handled personally by Shelagh, and treated with complete discretion.

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For the losses that come without a funeral, and are grieved alone.

05 Navigating a Life Transition

For the in-between — when one chapter has ended and the next has not begun.

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When you are exhausted in a way that sleep no longer fixes.

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Understanding the patterns that draw us into painful relationships.

08 Stuckness

When you don't know what's wrong — only that something is.

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Addiction is not a moral failure.
It is a coping strategy — often an intelligent one.
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This workbook approaches addiction through the lens of coping, trauma, and the emotional needs that substance use and addictive behaviours have been meeting. Rather than asking "what is wrong with you?", it asks a gentler, more honest question — "what happened, and what did this help you survive?" — and offers a compassionate path toward genuine healing.

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- What addiction actually is — and what it is not
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- What healing actually requires
- How to find the right level of support

Instead of asking "what is wrong with me?", we begin asking "what pain was I trying to soothe?" That question opens a door that shame never could.
— Shelagh MacFarlane

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BCPA Registered (Canada)
20+ years in private practice

Shelagh is a counselling psychologist with over 20 years of experience helping adults navigate addiction, trauma, and life's challenges with compassion, curiosity, and clarity.

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