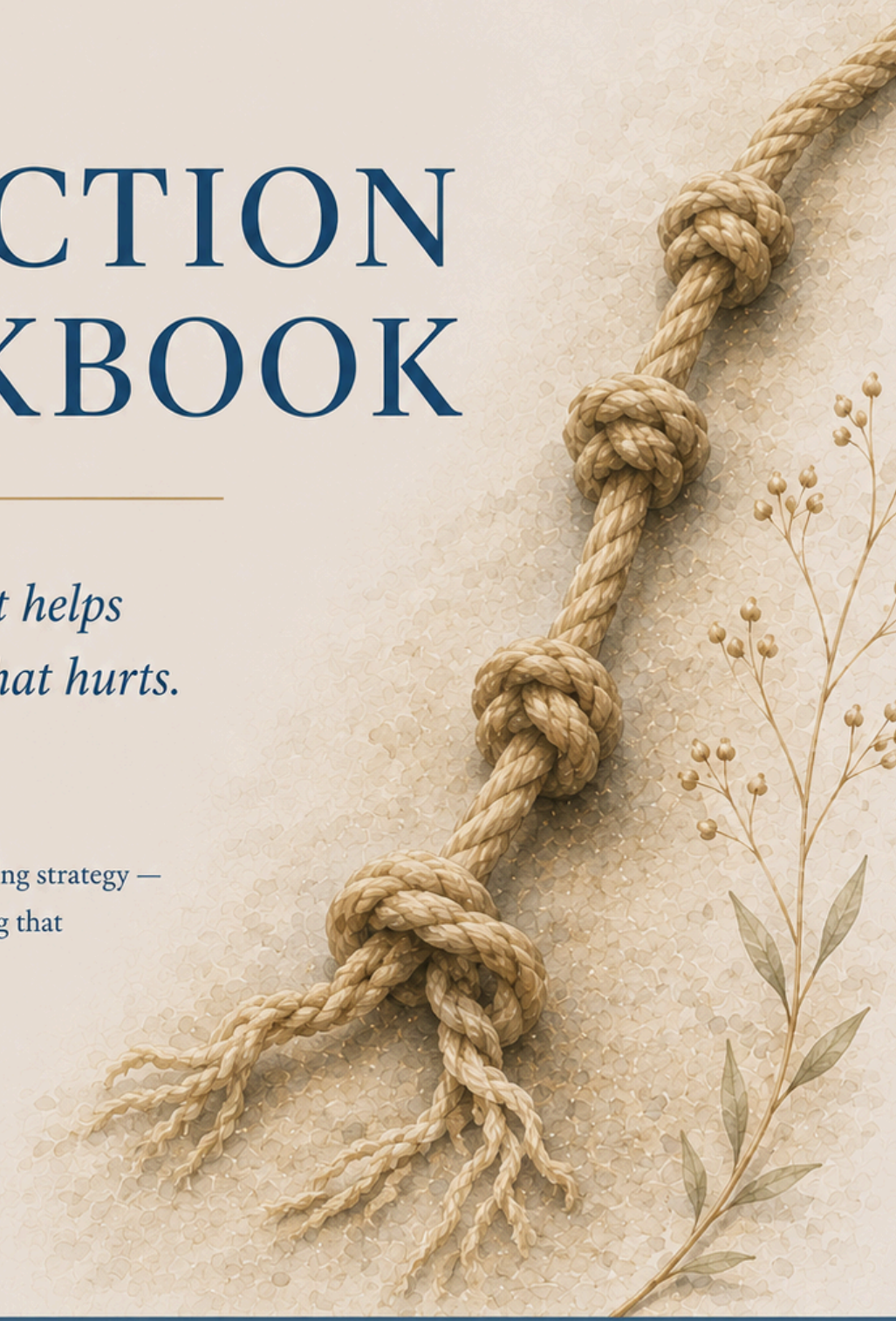
THE ADDICTION WORKBOOK

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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A note from Shelagh

If you have picked up this workbook, there is a good chance you have been relying on something — a substance, a behaviour, a way of coping — in ways that have started to cost more than they give back. And perhaps you already sense that what you are really trying to manage is something older, and more painful, than the thing itself.

I want to begin with what I believe is the most important thing I can say about addiction — and yet it 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.

From a Compassionate Inquiry perspective, we don't begin with what is wrong with you. We begin with a gentler, more honest question: what happened to you — and what did this help 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 not random. It is learned.

This workbook is not only about stopping a behaviour. It is about turning toward 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 want to share something personal here, because I know this from the inside as well as the outside.

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.

What I reached for 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.

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: that 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; over time, something in me learned that mistakes were not safe. In this way, perfectionism slowly became a kind of protective strategy — something that helped me stay away 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 toward 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.

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.

SECTION 1

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 — that it is worth being precise, at the outset, about what it actually is. Because the way a person understands addiction shapes everything about how they approach it.

The disease model, and its limits

The dominant framework in Western medicine has been 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 toward treatment.

But on its own, it doesn't go far enough. It tends to place addiction inside the brain as the main explanation, without really asking the more human question underneath it: 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 common misunderstanding 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 toward is something more dynamic.

One of the key ideas here is epigenetics: the study of how our environment can influence how our genes are expressed. It's not just about what we are born with — it's also about what happens to us, especially early in life, and how those experiences switch certain biological patterns on or off over time. Genes aren't rigid instructions that play out the same way no matter what. They're more like potentials that get shaped by context.

Alongside this, research into temperament and differential susceptibility suggests that some people are simply born more sensitive. Their 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 increase vulnerability. But in a supportive, attuned environment, it can become a real strength — supporting emotional awareness, empathy, creativity, and depth in relationships. So rather than thinking of this only as "risk," it can be more accurate to think of it as responsiveness to environment.

Seen this way, addiction starts to look less like a fixed condition someone simply has, and more like an adaptive response — something that made sense at some point, in a particular environment, even if it no longer serves them now. And that shift matters, because it changes what healing is aiming to do: not just to remove a behaviour, but to understand what it was doing for the person, so something safer can gradually take its place.

What addiction actually involves

Addiction can take many forms. 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. What matters is not the behaviour itself, but the relationship to it.

This is what can make addiction so confusing. The behaviour itself may not appear harmful. In fact, it may be praised by others. The more important question is not simply *what am I doing?* but *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 either deepen our connection with ourselves or become another way of disconnecting from ourselves.

What addiction is not

Addiction is not a choice, in the simple sense. It is not evidence of moral weakness. It is not something that only happens to particular kinds of people. And it is not, fundamentally, about the substance or the behaviour. It is an adaptation to suffering that was never meant to be held alone.

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 significant consequences. There is no need to meet a clinical threshold 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 1 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?

A gentle reminder

There are no right answers here, and nothing to finish 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.

Exercise 2 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?

A gentle reminder

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SECTION 2

Addiction as coping

The emotional logic underneath — protection, and longing

Addiction as a coping strategy

One of the most important shifts in understanding addiction is recognising that it is rarely only about the substance or behaviour itself. While addiction can cause harm, disruption, and a narrowing of life, it also often begins as something that is trying to help.

At a functional level, addictive patterns frequently emerge as ways of regulating internal states that feel overwhelming, painful, or unmanageable. They can temporarily reduce distress, numb emotional intensity, or create a brief sense of relief or control. In that sense, they are often doing something for us, not just to us.

Addiction as a way of reaching what feels lost

But there is another layer that is equally important. Addiction can also be understood as an attempt to reconnect with parts of ourselves that feel lost, inaccessible, or no longer available in daily life. Different addictive patterns can temporarily open a doorway back into experiences we long for — or once had — or have never been able to sustain in a stable way.

This might include a sense of freedom, ease, aliveness, connection, confidence, or emotional release. What may look like escape might also contain a longing for freedom. What looks like compulsive behaviour may hold a wish to feel less alone. What looks like numbing may sit alongside a deeper need for relief, softness, or emotional rest. In this way, the pattern is not only something that takes away from life; it can also be a distorted, unsustainable attempt to give something back.

Why letting go can feel so difficult

This does not make the behaviour safe, healthy, or sustainable. But it does help us understand 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 into the underlying emotional needs that it has been carrying for us.

The questions this opens

From this perspective, the work begins to shift. Rather than only asking, “How do I stop this?” we also begin to ask, “What has this been doing for me?” — and, more deeply, “What experience was I trying to access or preserve when I first turned to this?”

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 — recognising that the mind and body rarely choose compulsive strategies at random. They tend to organise around adaptation, protection, and the survival

of something meaningful. The behaviour becomes less an isolated problem to eliminate, and more a meaningful signal — pointing toward unmet needs, and parts of life where something important went missing or went underground.

Exercise 3 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?

A gentle reminder

There are no right answers here, and nothing to finish 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.

Exercise 4 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

What did you feel like in the hours or days after — not in the immediate relief, but in the aftermath? What did the comedown, the shame, or the consequences add to what was already there?

A gentle reminder

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SECTION 3

Trauma, the nervous system, and the roots of addiction

The connection that changes everything

The relationship between trauma and addiction is one of the most robust findings in the clinical literature — and one of the most consistently under-addressed in conventional treatment. Addiction that is treated without attending to its traumatic roots is addiction that tends to return.

What trauma actually is

When we hear the word trauma, we can 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, but also what was missing. Children need more than food, clothing, and shelter. They need emotional safety, responsiveness, acceptance, connection, comfort, protection, and attunement. When those needs are not consistently met, children adapt as best they can — and adaptation is exactly what addiction often is.

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 that the nervous system, finding 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 arose, in the absence of other support.

Trauma and the nervous system

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

Some people become chronically anxious, alert, watchful — as though danger could appear at any moment. Others learn to shut down, disconnect, or numb themselves 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 behaviour can temporarily calm anxiety, soothe loneliness, or numb pain, the nervous system quickly learns 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.

Exercise 5 Your history of adversity and pain

With honesty and self-compassion

This exercise asks you to 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.

A gentle reminder

There are no right answers here, and nothing to finish 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.

Exercise 6 The body's memory

Without searching for specific memories

Think about the states your body most commonly inhabits. Are you more often in agitation, anxiety, or hypervigilance — unable to truly rest, scanning for threat? Or more often in flatness, numbness, or disconnection — unable to feel much, going through the motions? Or do you move between the two?

How does the substance or behaviour affect those states?

A gentle reminder

There are no right answers here, and nothing to finish 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.

SECTION 4

The cycle of addiction

And how shame keeps it turning

Addiction is not a static state. It is a cycle — a self-reinforcing loop that tends to repeat itself with its own internal logic.

It often begins with 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 — and the mind begins to orient toward relief.

Then comes the behaviour. And with it, usually, a shift. A softening. A moment of relief, escape, or even comfort. The nervous system settles, even if only briefly. But the relief does not last. What follows is the return — the coming back into awareness, and with it the consequences. And often, almost immediately, something heavier arrives. Shame.

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 toward change; it moves us back into the very behaviour that temporarily removes its sting. What begins to shift this is not self-attack, but something more vulnerable: the ability to stay with oneself in the aftermath, without turning away, without collapsing into condemnation. Not I am bad — but something in me is in pain.

Triggers, and the conditioned response

Alongside the emotional cycle, addiction is also maintained by learned associations. Over time, the nervous system links certain cues with relief. These can be external — a place, a time of day, a person, a situation. Or internal — a feeling, a memory, a wave of anxiety, fatigue, or overwhelm. Eventually, the cue alone can be enough.

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.

Exercise 7 Mapping your cycle

As specifically as you can

Describe your own cycle. What are the states — emotional, physical, relational — that most reliably precede the urge? What are the specific triggers that most powerfully activate the craving?

What happens in the period immediately after — the relief, and then what follows it? And where does shame enter the cycle for you, and what does it do?

A gentle reminder

There are no right answers here, and nothing to finish 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.

Exercise 8 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 the person — 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.

A gentle reminder

There are no right answers here, and nothing to finish 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.

SECTION 5

What healing actually requires

Learning to be with the pain, instead of numbing it

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 people have already tried that, and know from their own experience that it does not last.

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. 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 toward the pain underneath

What tends to matter most in recovery is also what is most easily avoided: gently turning toward 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.

This is also where it becomes important to begin relating to the addiction differently. Instead of seeing it only as something to fight or eliminate, we begin to understand it as a part of us that is trying to help — a part that has a job, that steps in for a reason. When the compulsion arises, it can help to pause, and gently 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?

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 people, it unfolds best in relationship — in the presence of safety, attunement, and another person who can stay with what is difficult without turning away.

Building genuine regulation

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 not about forcing control over these parts. It 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 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 is not quick work. It is gradual, repetitive, and deeply human.

The role of connection

Johann Hari writes that the opposite of addiction is not sobriety. It is connection. When a person is isolated, disconnected, or emotionally alone, addiction has more space to grow — not because something is wrong with them, but because the nervous system is doing what it learned to do in the absence of relational safety: seek relief wherever it can be found.

Recovery, then, is not only an internal process. It is also a relational one. It involves being seen, being known, and being met without rejection in the places that feel most vulnerable. Sometimes this happens in therapy. Sometimes in friendship or community. Sometimes in relationships that feel 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

Over time, recovery is also shaped by something quieter, and often overlooked: 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.

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 aspects of that same need. Most addictive patterns are trying to provide something real: relief, freedom, connection, quiet, intensity, control, escape, or emotional release. The need underneath is usually valid — even if the strategy is costly. So the question shifts from “How do I stop this?” to “What is this giving me, and how else might I begin to meet even a small part of that need?”

Exercise 9 Finding alternative ways to meet the need

Start with a recent moment

Think about a recent time you noticed the pull toward 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.

A gentle reminder

There are no right answers here, and nothing to finish 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.

Exercise 10 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?

A gentle reminder

There are no right answers here, and nothing to finish 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.

Exercise 11 What genuine regulation feels like

Gently, without forcing memory

Sometimes these experiences are subtle — more felt in the body than clearly remembered.

Are there moments, even brief ones, when I feel more settled inside myself? What is that like in my body, even slightly? Do I notice a difference between feeling calm and feeling numb or shut down?

What tends to be present when I feel even a small sense of ease or connection? Am I alone, or with someone, in those moments?

A gentle reminder

There are no right answers here, and nothing to finish 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.

Exercise 12 The life you are beginning to move toward

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?

A gentle reminder

There are no right answers here, and nothing to finish 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.

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.)

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. Instead, this workbook has been an invitation to slow down the story you may have been telling about yourself — and to begin seeing something underneath it. Not just 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. In fact, 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 not small. It 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 6

Finding the right level of support

Why professional support matters here more than almost anywhere

Medical considerations first

Before anything else: 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 requires medical supervision. Your GP is the right first point of contact for a medical assessment of physical dependence, and a 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.

Reading and education matter here too. Understanding the neuroscience of addiction and the trauma–addiction link — as written about by Gabor Maté, Bessel van der Kolk, and Johann Hari — can be genuinely transformative for people 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 — provides what isolated work cannot: connection, witness, the experience of being known in one's worst moments and not rejected. For many people, this is the single most important element of recovery, particularly early on.

When therapy can help

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; when medication may play a role in reducing craving, managing withdrawal, or treating the conditions the

addiction has been self-medicating; and 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, 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.

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 — no obligation, no pressure. Sessions are conducted by video call at times that work across time zones. All enquiries are handled personally by Shelagh and treated with complete discretion.

Free discovery call 15 min · No obligation · shelagh-psychologist.com

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Online sessions Asia · Worldwide · All time zones welcome

Specialties Anxiety · Burnout · Trauma · Addiction · Life transitions · Relationships · Expat mental health

Credentials MSc Counselling Psychology (UK) · BCPA Registered · Certified Executive Coach · IPHM Member

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This workbook is part of a growing series of gentle, practical guides for the difficult parts of being human — each written to be worked through at your own pace, and to meet you where you are.

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04 **Grief That Doesn't Have a Name**
For the losses that come without a funeral, and are grieved alone.

05 **Navigating a Life Transition**
For the uncertain middle — 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.

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If this workbook has been helpful, you may find others in the series speak to something you are carrying too.

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Addiction is not a moral failure.
It is a coping strategy — often an intelligent one.
And it almost always begins as a solution.

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.

INSIDE YOU'LL FIND:

- What addiction actually is — and what it is not
- Addiction as coping — the emotional logic underneath
- Trauma, the nervous system, and the roots of addiction
- The cycle of addiction — and how shame keeps it turning
- 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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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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