The information contained in these handouts is provided to increase awareness of how hypnosis may help and does not constitute medical expert opinion, diagnosis, or treatment. It is not intended to replace medical care or professional advice from a qualified healthcare provider. If you have any concerns for yourself or loved ones consult with medical and or health providers.

Educational Handout: Understanding Addiction, Myths, and Quitting

What is addiction?

Addiction is a condition in which a person repeatedly engages in a behaviour or uses a substance despite harmful consequences. Over time, it often changes how the brain responds to pleasure, stress, cues, and decision-making—making the behaviour feel harder to stop, even when someone wants to.

Addiction typically involves:

• Loss of control (it's harder than intended to stop or cut down)

• Continued use/behaviour despite problems

• Cravings or strong urges

• Tolerance and/or escalation (needing more for the same effect, or the pattern grows)

• Withdrawal or distress when stopping (for substances, this is common; for behaviours it may show up as irritability, anxiety, restlessness, or feeling "stuck")

Importantly, addiction is not a moral failing or a lack of willpower—it's a learned pattern reinforced by brain and environment.

Common myths (and what's true instead)

Myth 1: "Addiction is just bad choices."

Truth: Choices matter, but addiction involves brain changes, stress hormones, learned habits, and environmental triggers. Many people need targeted support to break the cycle.

Myth 2: "If they really wanted to, they could stop."

Truth: Strong motivation is helpful, but addiction can reduce control by shifting the brain's re ward and stress systems and by creating powerful cue-driven cravings.

Myth 3: "You have to hit 'rock bottom' before help works."

Truth: Help is most effective earlier. Support at the first signs of loss of control often prevents worse harm.

Myth 4: “Relapse means treatment failed.”

Truth: Relapse can mean the current plan needs adjustment. It’s often part of the learning pr ocess—like fine-tuning strategies for triggers, cravings, and coping.

Myth 5: “Addiction only means drugs or alcohol.”

Truth: Addiction can involve behaviours too (e.g., gambling, gaming, compulsive shopping, porn & sex)

The underlying mechanism habit + reward + control problems—can look similar.

Frequently Asked Questions (FAQ)

Q: Is addiction the same as dependence?

Dependence is physical and/or psychological adjustment to a substance or pattern (often incl uding withdrawal).Addiction is broader—usually includes loss of control and ongoing harm, not just dependence.

Q: What’s the difference between habit and addiction?

Habits are automatic behaviours that are hard to change, but people can typically stop with planning and effort. In addiction, stopping often leads to major distress, cravings, and a persistent return despite negative consequences.

Q: Why do cravings feel so intense?

Cravings are your brain’s way of predicting a familiar reward or relief. Cues (people, places, emotions, times of day) can trigger craving rapidly sometimes before you’re consciously aware.

Q: Can someone recover fully?

Many people make significant recoveries, regain control, and live meaningful lives. Recovery often means buildings kills and supports so the addiction no longer runs the person’s day-to-day choices.

Q: Does stress make addiction worse?

Yes. Stress can increase cravings and make coping harder. Many people use the substance/b heavier to reduce emotional pain in the short term, which reinforces the pattern.

How addictions develop (the cycle)

Most addictions follow a repeating loop:

1. 2. 3. 4. Trigger/Cue: Something sets off the urge

o Emotion (anxiety, boredom, loneliness)

o Environment (a store, a website, a bar)

o social situations

o Physical states (fatigue, hunger)

Craving/Anticipation: The mind starts forecasting relief, comfort, or reward

Use/Behaviour: The substance/behaviour provides short-term relief or pleasure

Reinforcement: The brain learns “this works” (even if it later causes harm)5. Negative consequences: Problems grow (health, money, relationships, self-esteem)

6. Avoidance/More stress: The person tries to cope with the aftermath using the same pattern

7. Strengthening of the loop: Cues become more powerful and control decreases over time

How addictions are maintained

Addiction is maintained by a combination of:

• Brain reward learning: repetition strengthens the “go” pathways

• Stress relief learning: using the addiction to escape discomfort becomes automatic

• Conditioning: cues become linked to relief/reward

• Coping replacement failure: other coping skills weren’t developed or weren’t effective

• Social/environmental reinforcement: access, peer patterns, and routines keep the behaviours alive.

• Withdrawal/avoidance dynamics: stopping can bring distress, and returning brings relief

The process of quitting an addiction (practical roadmap)

Quitting is rarely one moment. It’s a structured process.

1) Clarify goals and readiness

• Decide what “quitting” means for you (stop completely, reduce, or change patterns).

• Identify why you want change (health, relationships, freedom, values).

• Write down the most common triggers and when urges hit hardest.

2) Build a prevention plan (before you try to stop)

• Remove or reduce exposure: block sites, change routes, avoid environments.

• Replace the ritual: plan what you'll do at the exact time the urge usually hits.

• Have "urge tools" ready: short, specific actions you can do in the moment (see below

).3) Understand cravings (they rise, peak, and pass)

Urges often peak and then fall, especially if you don't give in immediately. Use strategies like:

• Delay: "I'll wait 10 minutes." Often urges drop during the delay.

• Distraction: move your body (walk, stretch), change scenery, do a quick task.

• Urge surfing: notice sensations without acting on them.

• Grounding: slow breathing (inhale 4, exhale 6) or name 5 things you see.

• Self-talk that fits reality: "This is a craving, not an emergency."

4) Manage withdrawal and emotional discomfort

Stopping can bring sleep disruption, irritability, anxiety, cravings, or physical symptoms

(especially with substances). Plan for:

• sleep support

• hydration/nutrition routines

• reduced stress demands at first

• coping alternatives for mood regulation

5) Learn new coping skills (so life isn't only "without")

Addictions often meet needs. Build healthy replacements:

• stress relief (exercise, mindfulness, creative outlets)

• connection (trusted people, support groups)

• meaning (goals, volunteering, learning, hobbies)

• structure (routines that reduce decision fatigue)

6) Expect slips and plan what happens next

A slip doesn't have to become a relapse. Create a "If it happens" plan:

• stop immediately if possible

• avoid “well I already messed up” thinking

• analyse what led to it (trigger, emotion, environment)

• restart the plan within 24 hours7) Maintain recovery long-term

Recovery usually improves with:

• ongoing support (therapy, coaching, groups)

• trigger management over time

• accountability

• coping confidence (“I’ve handled urges before”)

How hypnosis can help

Hypnosis can support addiction recovery by targeting certain processes—especially cravings, stress response, habits, and motivation.

Common supportive uses include:

• Relaxation and stress reduction: calming the nervous system, which can reduce urges

• Suggestion-

based coping skills: rehearsing what you’ll do when cravings hit ,(“When I notice the urge, I pause and choose my plan.”).

• Cue reconditioning: weakening the automatic link between cues and the addiction re sponse.

• Motivational enhancement: strengthening commitment to change and self-efficacy.

• Imagery and habit rehearsal: mentally practicing new responses to triggers.

What hypnosis is best for:

• reducing distress and helping you stay regulated during urges

• reinforcing behavioural strategies, you’re already using

• supporting habit change when combined with real-world actions

What hypnosis is not:

• a guaranteed instant “cure”

• a replacement for medical care when withdrawal or health risk is involved

• something that works the same for everyone Best results usually come when hypnosis is combined with:

• behavioural change plan (trigger avoidance + replacement behaviours)

• therapy or counselling (CBT/ACT/motivational work)

• support groups and/or specialist care when needed

When medical or specialist support is needed

Seek medical or specialist help if any of the following apply:

Urgent / medical detox needs

• You're quitting a substance where withdrawal can be dangerous (commonly alcohol, benzodiazepines,some opioids, and others).

• You have a history of severe withdrawal symptoms.

• You're experiencing seizures, hallucinations, severe confusion, or dangerous withdra wal symptoms.

Significant mental health factors

• severe depression, panic, trauma symptoms, or suicidal thoughts

• co-occurring disorders (e.g., addiction plus bipolar disorder/psychosis)

Long-term or high-risk patterns

• repeated relapses despite attempts to stop

• dependence with major impairment in work, relationships, or health

• ongoing legal/financial crises driven by the behaviour

For behavioural addictions with serious impairment

• gambling or compulsive behaviours are causing major harm

• you can't control spending/time despite wanting to stop

• there's escalating risk-taking or severe distressImportant note on quitting substances

For some substances, quitting can be medically risky. For example, stopping alcohol can lead to dangerous withdrawal symptoms. It is always best to seek medical or expert advice before beginning cessation of the substance you're using, especially if you've been using heavily, for a long time, or have previously experienced withdrawal.

If you would like support in giving up your alcohol/drugs contact Brendan Online Hypnotherapy for a free consultation.