When Relief Becomes a Trap

Addiction, craving, emotional patterns, and pathways to recovery

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A compassionate starting point

Addiction is not a moral failure. It is a learned, embodied survival pattern that can begin as an understandable attempt to solve pain, stress, loneliness, fear, shame, or exhaustion. Recovery is the process of restoring choice—safely, gradually, and with appropriate support.

Today's map

- How a short-term solution can become a self-reinforcing pattern
- How cues, emotions, beliefs, body adaptation, and survival responses interact
- Why craving can feel automatic before conscious reasoning catches up
- The difference between coping, management, and deeper emotional healing
- Two complementary recovery routes—and how hypnosis may support change

> **Safety first**
>
> This handout is educational, not medical advice. Stopping alcohol, benzodiazepines, opioids, or other substances abruptly can be dangerous. Withdrawal, overdose risk, medication changes, trauma symptoms, and co-occurring mental-health conditions require qualified clinical care. Use licensed medical, mental-health, and addiction professionals; call emergency services for immediate danger or overdose.

> **A useful reframe**
>
> From "Why do I keep doing this?" to "What problem did this solve—and what is it solving now?"
> This question reduces shame without denying consequences. A behavior may have been adaptive in one context and harmful in another. Understanding the original function helps us build safer replacements.

1. How addiction can form

Addiction often develops through repetition: a difficult internal or external state is followed by use, use produces rapid relief or change, and the brain learns that the behavior is important. Over time, the pattern can become faster, narrower, and less voluntary.

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The relief-learning loop

1. Cue	2. Distress	3. Use	4. Relief	5. Learning
Place, person, time, thought, body sensation	Stress, loneliness, shame, fear, boredom, pain	Substance or behavior becomes available	Feeling changes quickly—or withdrawal stops	"This works. Remember it next time."

From positive effect to negative reinforcement

- **Early:** "This makes me feel better, calmer, more confident, connected, energized, numb, or able to sleep."
- **Later:** "I need this to feel normal." The goal shifts from gaining pleasure to escaping distress or withdrawal.
- **Eventually:** Cues can activate wanting before conscious reasoning has fully caught up.

> **Compassion and accountability can coexist**
>
> Understanding the mechanism is not excusing harm. It is a way to replace blame with accurate information, safer choices, boundaries, treatment, and repair.

Mind, body, and survival system

Substances interact with systems already involved in reward, pain, arousal, fear, sleep, learning, and emotional regulation. With repeated exposure, the nervous system attempts to maintain balance. Tolerance, withdrawal, sleep disruption, stress sensitivity, and altered reward expectations may make ordinary life feel unusually flat or difficult. These changes vary by substance and person; they are not a substitute for individualized medical assessment.

2. Belief systems and emotional patterns

A belief is more than an opinion. In this workshop, a belief system means a learned network of meanings, predictions, rules, memories, emotions, body sensations, and action tendencies. Beliefs often operate automatically: "I am unsafe," "I cannot cope," "No one will help," "I must not feel this," or "Using is the only way to get through."

A web of belief

Experience	Meaning	Rule / prediction	Action
Rejection, loss, chaos, trauma, chronic stress	"I am alone" or "I am powerless"	"Do not trust; do not feel; fix it now"	Avoid, control, numb, seek relief, use

Old, unprocessed emotions can remain linked to present-day cues. The current event may be small, but the body responds as though the whole older pattern is happening again. Craving can then carry several

jobs at once: changing a body state, interrupting emotion, silencing a memory, creating distance, or restoring a sense of control.

Craving is often a learned shortcut

People may say, “I feel uncomfortable, therefore I want to use.” Over repetition, the nervous system can compress the sequence. Instead of fully processing the feeling and weighing options, the cue rapidly activates wanting: cue → urge → expected relief → action. The pathway is efficient, not necessarily wise.

Pathways, repetition, and myelin: a careful explanation

Repeated thoughts, feelings, cues, and actions strengthen their coordination. Frequently used neural circuits can become more efficient, and myelin—the insulating material around many nerve fibers—supports faster signal transmission. “Wiring” is a useful metaphor, but not a claim that one simple pathway explains all addiction. Learning remains changeable: new repetitions, environments, supports, and meanings can strengthen alternative responses.

> **Important distinction**
>
> An urge is a signal, not a command. It can be intense, learned, and embodied without being proof that using is necessary.

3. Coping, management, and deeper emotional healing

In recovery, people are often handed coping and management strategies without being told how they differ from deeper emotional healing—or why both matter at different stages.

Coping and management vs. emotional healing

- **Coping and management (Stabilizing the present):** Tools such as delaying action, changing environments, calling support, structured routines, distraction, urge surfing, and behavioral substitutions. These skills protect safety and buy time when emotional intensity or craving is high.
- **Emotional healing (Updating the underlying pattern):** Examining and resolving the stored emotional associations, survival beliefs, and threat responses that make the old coping behavior feel necessary in the first place.

Why management alone can feel exhausting

Management relies heavily on conscious monitoring, restraint, and willpower—functions driven by the prefrontal cortex. When you are tired, stressed, isolated, or triggered, conscious bandwidth drops and old automatic loops try to take back the wheel. Coping skills keep you safe today; emotional healing gradually lowers the internal pressure so you are not fighting the same battle at full volume forever.

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Two complementary recovery routes

1. **Top-down (Cognitive & Behavioral):** Working through conscious awareness, tracking cues, questioning distorted rules, building daily structure, and practicing deliberate new choices.
2. **Bottom-up (Somatic & Experiential):** Working directly with nervous-system arousal, body sensations, breath, attention, imagery, and emotional processing so the body registers safety in the present rather than reacting to the past.

4. Emotional healing: more than one path

Emotional healing is not a single technique or a universal formula. People are different, and an approach that is transformative for one person may not fit another. The goal is not to find the "right" method in the abstract, but to discover what helps you safely understand, process, and change the emotional patterns that keep suffering and addictive behavior in place.

Different approaches to healing

- **Traditional therapies:** Cognitive behavioral therapy, dialectical behavior therapy, trauma-focused therapies, EMDR, psychodynamic therapy, and other counseling approaches can help people identify patterns, process experiences, build skills, and develop new responses.
- **Peer and recovery approaches:** Twelve-Step programs, SMART Recovery, group support, sponsorship, community, and recovery coaching can provide connection, accountability, structure, and shared experience.
- **Body-based and mindfulness approaches:** Mindfulness, meditation, breathwork, movement, somatic therapies, yoga, and other regulated practices may help people notice and tolerate body sensations and emotions without immediately acting on them.
- **Medical and psychiatric support:** Medication, addiction medicine, supervised withdrawal care, and treatment for co-occurring mental-health conditions can be essential parts of recovery.
- **Hypnosis and focused experiential work:** Hypnosis may help a person work with attention, imagery, expectation, emotion, memory, and suggestion in a structured way.

Why hypnosis became important in my recovery

From my personal experience, hypnosis was a turning point. It helped me move beyond simply telling myself what I should do and begin examining the beliefs, emotional patterns, expectations, and automatic responses underneath my behavior. It gave me a way to work with those patterns experientially—not only understand them intellectually—and to practice new meanings and choices.

That is my experience, not a promise that hypnosis will be the turning point for everyone. Hypnosis is one option among many, and it should be used with appropriate medical, mental-health, and addiction support. It is not mind control, a replacement for treatment, or a guarantee of recovery.

> **The approach that fits you matters**
>
> You may need to try more than one approach, combine methods, or return to a method at a different stage of recovery. A useful question is: "Does this help me become safer, more honest, more capable of feeling, and more able to choose?"

What emotional healing can mean

Healing does not mean forgetting what happened, approving of it, or never feeling upset again. It may mean that an experience no longer automatically produces the same overwhelming fear, shame, grief, or panic—and no longer dictates the next behavior. Coping and management remain valuable; healing adds the possibility that the old coping strategy will gradually become less necessary.

A safe, integrated process

- **Stabilize first:** address immediate safety, withdrawal, housing, medical needs, and crisis risk.
- **Build capacity:** develop coping skills, support, boundaries, and the ability to tolerate emotion in manageable doses.
- **Explore patterns:** identify beliefs, memories, body responses, triggers, and the function of using.
- **Process and update:** use an appropriate therapeutic or experiential approach to create new meaning and responses.
- **Practice and integrate:** repeat new choices in real situations while continuing recovery support.

5. Body Awareness and Feelings

One of the first steps in reclaiming awareness of emotions and belief systems is becoming more aware of the body. Before we can reliably understand what we are feeling or why we are reacting, we often need to notice what is happening physically in the present moment.

Mindfulness and body awareness

In this context, mindfulness means intentionally bringing attention to the present moment with curiosity rather than judgment. During active addiction and early recovery, it can be easy to become disconnected from the body and from the signals the body is trying to communicate. Substances, withdrawal, stress, shame, trauma, and habitual avoidance can all make body signals difficult to notice or interpret.

> **Start with noticing, not fixing**
>
> The first goal is not to make a sensation disappear. It is to become familiar with your body's changing signals. Awareness creates a pause between what is happening and what you do next.

Practice checking in throughout the day

Several times a day, take a brief moment to notice your body. You can do this while sitting, standing, walking, resting, or being active. Ask yourself:

- What do I notice in my body right now?
- What does my body feel like when I am at rest? What changes when I am active?
- Are there sensations that linger, repeat, or feel persistent?
- Where do I feel tension, pressure, heat, cold, numbness, tightness, heaviness, or movement?
- Is my breathing shallow, deep, fast, slow, held, or changing?

- What might this sensation be communicating about stress, emotion, fatigue, pain, safety, or a need for support?

Notice emotions in the body

When you experience an emotion, begin to notice where that emotion appears in your body and what it feels like inside. You might describe the sensation using qualities such as:

- **Shape:** Is it round, narrow, spreading, compressed, or irregular?
- **Texture:** Does it feel smooth, rough, rigid, soft, sharp, jagged, dull, heavy, or light?
- **Temperature and color:** Is it warm, cool, red, blue, gray, bright, dark, or another color that fits your experience?
- **Movement:** Does it stay still, rise, fall, expand, contract, pulse, flow in one direction, or loop back?

There is no correct answer. Some people naturally associate anger with red or heat and sadness with blue or heaviness; others experience emotions in entirely different ways. The purpose is not to create a perfect emotional map. The purpose is to pay attention.

Describe before you interpret

Try starting with “I notice…” rather than “This means…” For example: “I notice pressure in my chest, warmth in my face, and a tightening in my jaw.” This keeps observation separate from the story or reaction that may follow.

From sensation to choice

As body awareness develops, you may begin to recognize earlier signs of emotional activation, craving, fear, anger, or shutdown. This can help you notice what your body is communicating instead of reacting automatically. Regaining influence over emotions and beliefs begins with observing the signals that accompany them.

A central skill in early recovery is learning to separate the stimulus from the reaction. A stimulus may be a person’s words, a memory, a body sensation, a thought, or an unexpected event. The body may then produce anger, fear, sadness, or another emotion. The emotion and the response are not the same event. Anger is an emotion; impulsivity, lashing out, using, or withdrawing are possible responses. A pause creates room for another choice.

A brief body-awareness practice

3. **Pause:** If it is safe, stop for a few seconds and feel your feet, the chair, or the movement of your breath.
4. **Locate:** Notice where the strongest sensation is in your body.
5. **Describe:** Name qualities without judging them: “tight,” “warm,” “heavy,” “moving,” or “numb.”
6. **Allow space:** You do not have to solve the feeling immediately. Let it be present in a manageable amount.
7. **Choose:** Ask: “What is one safe, useful response available to me right now?”

> **Safety and pacing**

> Body awareness can sometimes bring up intense memories, panic, dissociation, pain, or trauma-related sensations. If that happens, orient to the room, open your eyes, move, contact support, or stop the exercise. Work with a qualified professional when body-focused practices feel overwhelming.

> **Takeaway**
>
> You do not have to react to every sensation, thought, or emotion. By practicing mindful body awareness, you can begin to recognize the signals that precede an urge or reaction and create a little more space between what happens inside you and what you choose to do next.

6. Workshop practice and take-home plan

The five-minute pattern map

Choose a recent urge—only if reflecting feels safe. You do not need to disclose details to the group.

Prompt	My notes
What happened just before the urge?	
What did I notice in my body?	
What emotion, memory, or belief appeared?	
What did I expect using would change?	
What need was underneath the strategy?	
What is one safer next action and one person/ resource I can contact?	

A recovery response has layers

- **Body:** pause, breathe, hydrate, eat, move, sleep, reduce stimulation, and seek medical help when needed.
- **Mind:** name the cue and belief; challenge “only way” thinking; delay action long enough for options to return.
- **Emotion:** allow feeling in manageable doses; use grounding, support, therapy, or a trauma-informed process.
- **Environment:** leave the situation, remove access where safe, change routine, contact a trusted person.
- **Meaning:** ask what kind of life, relationship, or value the next choice protects.

Group reflection

Share only what feels safe and appropriate. You may pass at any time. Listen to understand rather than to fix, compare, or judge.

8. What original problem did a substance or habit help solve early on—and how did that strategy eventually turn into a trap?
9. Which automatic belief or rule ("I can't handle this," "I'm alone," "I have to shut this feeling off right now") tends to show up right before an urge?
10. How does distinguishing between short-term coping/management and deeper emotional healing change how you look at recovery?
11. When you pause and check your body before reacting, what physical signals usually show up first?

> **Closing reflection**
>
> What was the original problem the substance helped me solve? What is the problem now? What support would let me face the original problem without needing the old solution?

Key takeaways

- Addiction can begin as an understandable solution and become a learned survival loop.
- Craving is a conditioned prediction of relief—not a command and not a character verdict.
- Beliefs, emotions, body adaptation, cues, and behavior form a web; changing one strand can help, but support across levels is stronger.
- Coping and management protect recovery; emotional healing can reduce the need for the old coping strategy.
- Change is possible through safe repetition of new responses, appropriate treatment, connection, and time.

For more context: Adam Fistler, "The Slow Descent" and "Why the Hell Can't I Change?"

About The Author

Adam Fistler is a Behavioral Systems Analyst, Board Certified Hypnotist, Certified 5-PATH® Hypnotist, and former owner of the Baltimore Hypnosis Center. A member of the International 5-PATH® Hypnosis Association and certified by the National Guild of Hypnotists, Adam has studied hypnosis, behavior change, and the relationship between thoughts, beliefs, emotions, and behavior for more than two decades.

His perspective is shaped by more than professional training. Adam has also lived through addiction and recovery firsthand across South Jersey and the Philadelphia region, including surviving on the streets of Camden. This gives him a deeply personal understanding of the struggle from both sides: as a practitioner who has helped others create change and as someone who has had to confront his own deeply ingrained patterns and beliefs.

During his own recovery, Adam returned to the principles of hypnosis, mindfulness, self-talk, and behavioral change that he had studied throughout his career. He discovered that recovery could be about more than

simply managing cravings or avoiding relapse—it could also be an opportunity to understand the beliefs, emotional patterns, and experiences that had shaped his behavior.

Today, Adam combines his professional experience with the lessons of his own journey to serve clients throughout Greater Baltimore Maryland Region, and beyond, helping others explore the possibility of meaningful, lasting change. His approach is grounded in empathy, curiosity, practical tools, and the belief that people are more than the behaviors they are trying to overcome.