

The Avoidance Craving in Addiction Recovery

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The pursuit of pleasure and the avoidance of pain are primary motivators in active addiction. In other instances the resistance of pleasure and the pursuit of pain become the addict's mission statement.

When I connect with our clients and engage in discussions about their unique experiences with substances, I aim to locate their cognitive responses to pleasure and pain. Relapse episodes and psychological suffering are usually caused by the individual's compulsive need to escape from suffering and / or due to entanglement with entitlement for pleasure or vice versa. The impact of avoiding pain and suffering often leads to a decrease in tolerance and loss of resilience equity.

As clinicians we must be mindful not to replace the substance of choice with a process that reinforces the avoidance craving. Despite the benefits of harm reduction avenues in early recovery, the client must acquire a plan to increase his / her tolerance for elements that were avoided.

My clients are advised to create avoidance lists by locating thoughts, feelings and situations they avoided or aim to avoid. The list is then rated from lowest to highest with relation to discomfort. The individual is then educated on exposure therapy techniques and the significance of building tolerance in recovery.

Why is it significant to secure a tolerance building plan in addiction recovery?

Research has shown the relationship between mid brain gray matter lesions on escape-avoidance behaviors in a study with rats. Mental training studies have also shown both increase in grey matter volume and/or density in different regions throughout the brain. Several cross-sectional anatomical MRI studies have demonstrated that experienced meditators exhibit a different gray matter morphometry in multiple brain regions when compared to non-meditating individuals.

Avoiding short term discomfort can lead to long term dis-function.

The aim of counseling is not to remove suffering, but to modify the relationship our consumers have with their suffering. Unlearning the reinforcement of the avoidance craving becomes a prerequisite to healing.

I incorporate exposure therapy in combination with mindfulness strategies to modify the language and the meanings assigned to defining moments or distressing experiences that my clients explore in therapy. Exposure therapy encourages the systematic confrontation of distressing/ avoided stimuli, which can be external or internal. I prefer the use of a graded exposure approach in which mildly distressing stimuli are targeted first, followed by more strongly distressing stimuli. This approach involves constructing an exposure hierarchy in which distressing stimuli are ranked and higher-level exposures are not attempted until the consumer reports success in confronting and modifying his or her cognitive responses to lower-level exposure elements.

I believe with a higher tolerance rate for distress, the addict's brain becomes more capable of responding effectively to the distress and the avoidance craving will subside without depleting willpower.

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