



OLD HABITS DIE HARD

ADDICTION AND HABITS

We're all prone to the power of habit and its close cousin - addiction. Some suggest that the western world is addicted to oil (or was it George Bush who said that?), that men are addicted to gadgets, that women are addicted to shopping, that children are addicted to video games – and that our day to day existence relies heavily on our repetitious behaviour. If the activities cause greenhouse emissions then this is a problem for the planet.

Changing habits and addictions can be very difficult, particularly if they have gone on for a long time. And let's face it, most repetitive behaviours initially give us pleasure. Neuroscientist David Linden¹ argues that evolution has hardwired us to catch a pleasure buzz from a wide variety of experiences, including illicit vices like drugs, or socially sanctioned ritual and social practices like exercise, shopping, eating, orgasm, prayer and playing Internet games. Brain imaging studies show that giving to charity, paying taxes (!), and receiving information about future events all activate the same neural pleasure circuit that is engaged by heroin, orgasm, fatty foods or a new pair of shoes.

And behind the struggle to change is usually the lure of temptation.

DON'T EAT THE MARSHMALLOW YET

Some psychologists believe that we all come into the world with certain traits which determine just how easy it is for us to delay gratification - this is borne out by what is commonly called the "Marshmallow Test".¹ This experiment was carried out in the 1960s in Stanford University by Walter Mischel. 653 children were offered a treat, a marshmallow, and were asked not to eat it until the researcher returned in fifteen minutes. On his return, they could eat it and would also get a second one. Only 30% of the kids were able to withstand the temptation. Mischel tracked his subjects into adulthood and has found a correlation between those who held off in the experiment and those who did well academically. The marshmallow gobblers ended up with a higher incidence of weight problems and substance abuse. The achievers were blessed with the ability to delay gratification and to think long-term.

THE FOLLOWING LINKS ARE WORTH A LOOK;

http://www.ted.com/talks/joachim_de_posada_says_don_t_eat_the_marshmallow_yet.html

http://www.newyorker.com/reporting/2009/05/18/090518fa_fact_lehrer?currentPage=2

¹ David J Linden (2011) *Pleasure-How our brains make junk food, exercise, marijuana, generosity and gambling feel so good*; p. 3/4

All may not be lost. In an effort to find out if smart phones were truly addictive, marketing guru Martin Lindstrom conducted an fMRI study with the help of Mindsign, a neuromarketing firm based in San Diego.² They enlisted eight males and eight females between the ages of 18 and 25. Researchers presented both audio and video versions of a ringing and vibrating iPhone to the young people and checked what areas of the brain were activated. The classic signs of addiction were not demonstrated, but surprisingly, there was a flurry of activation in the brain's insula - which is connected to feelings of love and compassion. The relationship may not be addiction as such but it is true love!

ADDICTION

Addictions refer to stuck patterns of behaviour that can be difficult to change even when we know we are causing harm to ourselves and to others. Stopping an addictive behaviour requires more than conscious rational decision. Deeply ingrained habits can be hard to shift and temporary gains can be easily lost through relapse. When someone is dependent on something, the idea of stopping use, or even reducing it, is threatening. In dependent use, someone may either block out information that suggests their favoured substance is harmful, or they may continue using it, even when they know it could be killing them.

Addictive substances or actions increase the amount of a chemical called dopamine in the brain which results in feelings of pleasure. The brain remembers the pleasure and wants to experience more, and more, which ultimately leads to compulsion.

Recent research shows that addiction involves many of the same brain circuits that govern learning and memory, such as transcription factors which oversee long-term memories. All perceived rewards increase the concentration of transcription factors. So, repeatedly taking addictive substances can change the brain cells and strengthen the memory of the pleasurable effects. Even after transcription factor levels return to normal, addicts may remain hypersensitive to the substance or addictive activity and the cues that predict its presence. This increases the risk of relapse long after they have given up their addiction.

When we think of the word addiction, alcohol, smoking, drugs or gambling usually come to mind, but addictive behaviour can also relate to sex, eating, shopping, computer games and work. According to Time Science,³ sixteen million Americans suffer from a sex addiction, one in twenty Americans is a compulsive shopper, and four million adults are addicted to food.

All addictions have two aspects in common:

- 1 Firstly, the addictive behaviour is ultimately maladaptive or counter-productive to the individual. So instead of helping the person adapt to situations or overcome problems, it tends to undermine these abilities.
- 2 Secondly, the behaviour is persistent. When someone is addicted, they will continue to engage in the addictive behaviour, despite it causing them trouble.

Because the media, in particular, have portrayed addicts as hopeless, unhappy people whose lives are falling apart, many people with addictions do not believe they are addicted as long as they are enjoying themselves, and are holding their lives together.

² Martin J Linden (2012); *Brandwashed-Tricks companies use to manipulate our minds and persuade us to buy*; p. 55
³ <http://www.time.com/time/interactive/0,31813,1640235,00.html>

Often people's addictions become ingrained in their lifestyle, to the point where they never or rarely feel withdrawal symptoms. Or they may not recognize their withdrawal symptoms for what they are, putting them down to aging, working too hard, or just to having a good time. People can go for years without realizing how dependent they are on their addiction.

The biggest problem is the addicted person's failure to recognize the harm their actions are doing to themselves and to others. They may be in denial about the negative aspects, choosing to ignore the effects on their health, life patterns and relationships. Or they may blame outside circumstances or other people in their lives for their difficulties.

The harm caused is particularly difficult to recognize when the addiction is the person's main way of coping with the other problems they have. Sometimes other problems are directly related to the addiction, for example, health crises, or indirectly, such as relationship troubles.

Some people who get addicted to substances or activities are very aware of their addictions, and even the harm caused by it, but they continue the behaviour anyway. This can be because they don't feel they can cope without their fix, because they are avoiding dealing with some other issue that the addiction distracts them from, or because they do not know, or have forgotten, how to enjoy life in any other way.

The harm of addiction may only be recognized when the addict goes through a crisis. This can happen when the substance or behaviour is taken away completely, and the person goes into withdrawal and cannot cope. Or the crisis can occur as a consequence of the addiction, such as a serious illness, a partner leaving, or loss of a job.

According to an article in *New Scientist* by Samantha Murphy,⁴ historically, not all addictions have been seen as equal. Alcohol and drug addiction have long been accepted, and as food, sex and gambling addictions came along the world reluctantly accepted them. But when people were asked to accept video game, shopping and work addictions, the response was markedly less sympathetic, with age old references being again made to weak characters, and lack of self control.

In the mid 1990's a line was drawn between behavioural addictions like gambling and chemical addictions like alcoholism, smoking and drug use. More recently, addiction researchers have turned to neuroscience to understand the mechanisms underlying different addictions. But the more they have tried to separate substance from behavioural addiction the more similarities they have found.

The brains of people with addiction look similar whether the addiction is substance or behaviourally based. Under fMRI scanning the same reward centres are activated. And the physical symptoms, including withdrawal are also the same.

Rodent studies even show that it is possible to swap one addiction for another, a phenomenon called "addiction transfer". And this can play out in real life situations where a person might overcome a food addiction and turn to pills instead. It would appear that some people are simply addicted to addiction. Researchers now think that the long held notion of the "addictive personality" can be linked to a genetic predisposition. But it is generally agreed that manifestation of the addiction is down to circumstances.

Oniomania is the psychiatric term for compulsive shopping, or shopping addiction. People with oniomania shop on impulse, initially for pleasure, and then as a way of coping, and find it difficult to control their spending or shopping behaviours. This is perhaps the most socially reinforced of the behavioral addictions, and therefore most people don't even see that they are affected.

⁴ *Addictive Personality; Samantha Murphy; New Scientist; 8th Sept. 2012; p. 37-9*

Martin Lindstrom says that a true addiction can be defined as *“a persistent, uncontrolled reliance on either a behaviour or a substance, whether it’s alcohol, a particular food such as chocolate, prescription pills, smoking, gambling, shopping or even sex.”*⁵

According to Lindstrom, brand addiction, and its slightly less severe cousin, brand obsession, are subsets of shopping addiction, and he finds them alarmingly common. A former senior executive at Philip Morris identified two stages on the road to being hooked – the first is the “routine stage”, when certain brands or products are used as part of the daily habits and rituals. The second stage is known as the “dream stage” when we buy things, not because we need them but because we have allowed emotional signals about them to penetrate our brains. We move into the dream stage when we are relaxed, when we have let our guard down. Then through habit we move back into the routine stage bringing our new found longing with us.⁶

Self confessed compulsive spender, Alexis Hall⁷ wrote a book about how she painfully dug herself out from under a shopping debt of over £31,000. This lump sum stretched across four credit cards and two loans, both of which were taken out to clear the credit cards. The debt did not include her half of the couple’s mortgage or the amount of money her partner gave her over the years to help solve the problem. Most of Alexis’ purchases were clothes, many of which remained unworn at the bottom of her cupboards. She even managed to buy some items twice, forgetting that they were already languishing in her wardrobe. *“It’s all about the purchase. That exquisite moment when the object of your desire suddenly becomes yours”*, she says.

Professor Francisca Lopez Torrecillas at the University of Granada⁸ says, in principle, and as long as the hobby is performed under control, collecting things is good from the psychological point of view, as it helps in developing perseverance, order, patience and memory (Phew, because I have recently become a vintage tea set collector of all things...long story).

However, collecting can also become an obsession, especially among the vulnerable - individuals with low self-esteem, poor social skills and difficulty in facing problems (yikes).

In recent years, she says there has been a very significant increase in cases where uncontrolled collecting has caused obsessive-compulsive disorder and shopping addiction.

Torrecillas also states that certain attitudes such as the need for control, perfectionism, meticulousness and extreme order are very frequent traits in people who enjoy collecting, but they are also closely related to psychological disorders (Hmm....)

In November 2008, a Wal-Mart employee was trampled to death in a stampede of shoppers trying to get into a Wal-Mart sale blitz in one of their New York outlets.

Apparently the crowd had been building all night. By 3.30am the police had to be called as tension mounted prior to the 5.00am opening time. By 4.55am the police could no longer hold back the throng of more than 2,000 people. Employees inside the building tried to push back, but suddenly, the doors shattered and the crazed mob surged through in a blind mob to get to the bargains. A 34 year old worker, Jdimytai Damour, was thrown back onto the floor and literally trampled to death.

Shoppers who had seen the stampede said they were shocked. One said the crowd had acted like “savages.” Shoppers behaved badly even as the store was being cleared, they recalled.⁹

⁵ Martin J Linden (2012); *Brandwashed-Tricks companies use to manipulate our minds and persuade us to buy*; p. 56

⁶ *Ibid*; p.60

⁷ Alexis Hall (2008); *In the Red- the diary of a recovering shopaholic*; p. xi

⁸ http://www.upi/Health_News?2011/03/16/Collecting-can-become-obsession-addiction/UPI-59301300299887/

⁹ <http://www.nytimes.com/2008/11/29/business/29walmart.html?hp>

OVERCOMING ADDICTION

The Twelve Step Programme is renowned as a trusted method of curing addictions to drugs and alcohol (Alcoholics Anonymous). As summarized by the American Psychological Association, the process involves:

- admitting that one cannot control one's addiction or compulsion
- recognizing a greater power that can give strength
- examining past errors with the help of a sponsor
- making amends for these errors
- learning to live a new life with a new code of behaviour
- helping others that suffer from the same addictions or compulsions

Empowerment and self-determination are said to be important to recovery, including having control over one's actions. Developing a sense of meaning and overall purpose is said to be important for sustaining the recovery process. This may involve developing a social or work role. It may also involve renewing, finding or developing a guiding philosophy religion, politics or culture.

Being able to move on can also involve having to cope with feelings of loss, which may include despair and anger. When an individual is ready, this can lead to a process of grieving. It may require accepting past suffering and lost opportunities or lost time.

HABITS

A habit is a routine behaviour carried out on a regular basis. Habits are recurrent and often unconscious and they are acquired through frequent repetition. You do them without even thinking, like putting on a seat belt, tying your shoes, biting your nails. Habits are learned, not instinctive and they seem to occur without the explicit intention of the person. The habit almost takes on a life of its own.

The line separating habits from addictions is not very clear. Many researchers say that, while addiction is complicated and still poorly understood, many of the behaviours associated with it are driven by habit. Some substances like drugs and alcohol can cause physical dependencies. However, many of the lingering urges, still present months after you have given up the drug, relate more to the memory of taking that first morning puff and the rush it then gave you. You are missing the behavioural habit.¹⁰

In their study on habits, David T. Neal et al,¹¹ note that approximately 45% of our everyday behaviours tend to be repeated in the same location on a daily basis. These are not decisions, but habits. Without habits, people would be doomed to plan, consciously guide, and monitor every action, from making that first cup of coffee in the morning to getting dressed and driving to work.

Habits drive consumer choices, they influence social processes, become shared between individuals and within groups and communities.

Our habits help us cope with risk because risk is everywhere. You could choke on your toast, trip down the stairs, fall over the cat, or get mown down by a truck. We need an "off" switch so as to get through the day. However, as with everything the unconscious mind does, it cannot account for science and statistics.

¹⁰ Duhigg, Charles (2012) *The Power of Habit - Why we do what we do and how to change*; p. 69

¹¹ *Habits - a Repeat Performance*, by David T Neal, Wendy Wood and Jeffrey M Quinn
<http://dornsife.usc.edu.wnedywood/research/documents/Neal.Wood.Quinn.2006.pdf>

If you've smoked cigarettes every hour, every day, for years, without thinking and without suffering any apparent harm, the cigarette in your hand won't feel particularly threatening. The same process can explain why some people don't think it is risky to drive without seat belts, or cycle a bicycle without a helmet, or drive a gas guzzling SUV.

The mechanisms of habitual control pose a particular challenge for changing behaviour. Many habits, like driving and eating, are extremely resistant to permanent change. Public health campaigns and other informational interventions are designed to change beliefs. However, as we know, changing minds does not necessarily change habits.

Gregory R. Maio et al,¹² say that habits can lead to "tunnel vision". When they develop, an individual is less motivated to attend to, and acquire new information, particularly information that is not consistent with the habit - so habits tend to resist information-based interventions. They also say that habitual behaviour seems less guided by attitudes and intentions than behaviour that is conducted in a more deliberative and thoughtful fashion. When a particular behaviour is repeated over and over again, the original reasons and arguments why that behaviour was adopted in the first place may vanish over time.

OVERCOMING A HABIT

Charles Duhigg¹³ points out that habits are powerful. They can emerge sub-consciously, without our permission. They can creep up on us - an action gets repeated, turns into a pattern which becomes a routine. Habits can cause our brains to cling to them, to the exclusion of all else.

Once the behaviour becomes a habit, the brain no longer fully participates in decision making. It stops working so hard or diverts its attention to other things. So, unless you consciously fight a habit, and find new routines, the pattern will continue to unfold automatically.

Duhigg talks about the habit loop, whereby a cue causes a routine, which results in a reward. A habit not only relies on a cue, but the cue must also trigger a craving for the reward to come. Cravings are what drive habits, which of course is grist to the mill of the advertisers. All they need to do is work out how to spark the craving which drives us towards their product.

Charles Duhigg outlines what he calls the Golden Rule of habit change.¹⁴ To change a habit you must keep the old cue, deliver the old reward, but insert a new routine. Duhigg also says that for the Golden Rule to work you must also have a belief that it *will* work. In the AA movement, they talk about trusting in a higher power, a god outside of yourself.

¹² *Social Psychological Factors in Lifestyle Change and Their Relevance to Policy*
<http://www.cf.ac.uk/psych/home2/papers/maio/Maio%20et%20al.%20SIPR%202007.pdf>

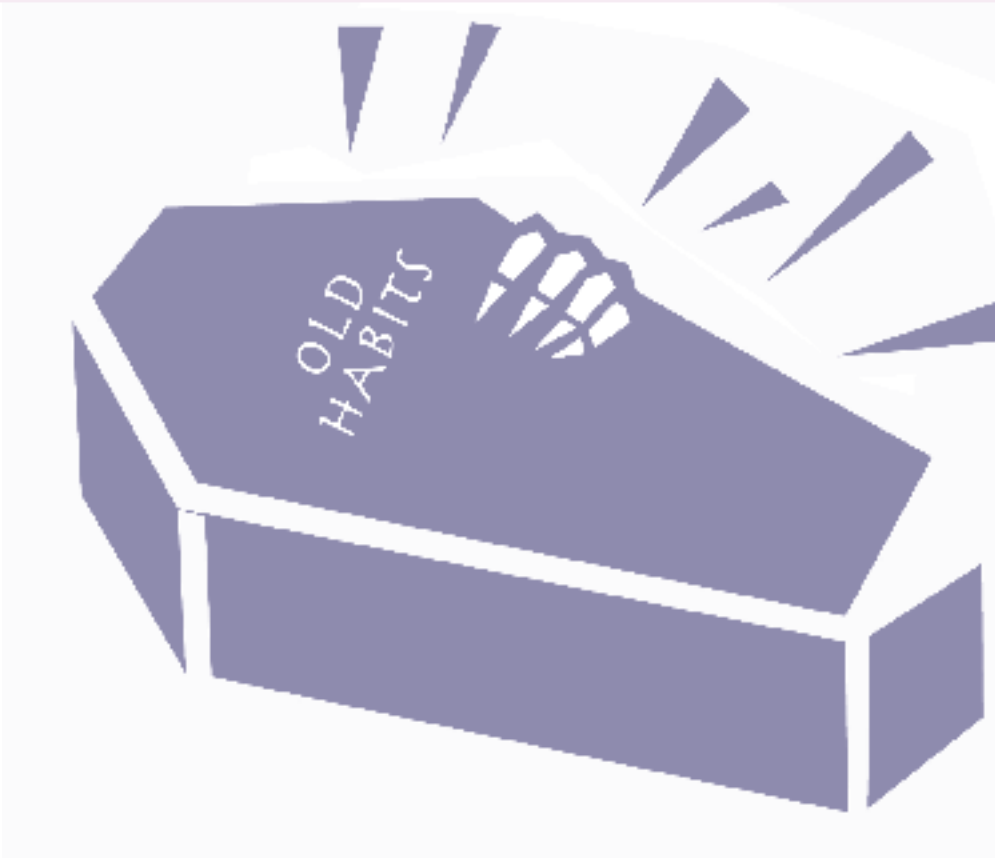
¹³ Duhigg Charles (2012) *The Power of Habit - Why we do what we do and how to change*

¹⁴ *Ibid.* ; Chapter 3

Lisa Allen started smoking and drinking when she was 16 years old and had always struggled with obesity. When she was 30, her husband left her for another woman. After four months of crying, binge eating, sleeplessness, anger and depression, she escaped to Cairo. On her first morning there, she awoke jet-lagged and exhausted and reached for a cigarette. It wasn't until she smelt the burning plastic that she realised that she was trying to light her pen. Suddenly, her world came crashing down and she knew she had to do something. She needed a goal, something to work towards. So she decided that day that she would come back to Egypt and trek through the desert. She hadn't a clue what she was letting herself in for, but she made the commitment and then gave herself one year to prepare. As part of the plan she had to stop smoking.

That one small shift in perception and then the commitment to go trekking led to her giving up a longstanding smoking habit. This then touched off a series of changes which transformed her life. Over the next six months, she replaced smoking with jogging, and this in turn changed how and what she ate, how she worked and spent her money, the hours of sleep she got. She started running races, then a marathon, and she travelled the Egyptian desert. She also went back to college, bought a new house, got a job and became engaged.

Her total physical and mental transformation became part of a scientific study looking at how people overcome their addictive and destructive habits. The scientists concluded that Lisa's seismic shift was not caused by the divorce, her initial trip to Cairo or the desert trek. Her transformation began when she decided to change one bad habit - smoking. By focusing on one pattern or "keystone habit", Lisa then taught herself to re-program other damaging routines in her life. When researchers examined images of her brain, they discovered that one set of neurological patterns - her old habits - had been overridden by new patterns. They could still see the neural activity of the old behaviours, but these impulses had been pushed aside by new urges. As Lisa's habits changed so did her brain.¹⁵



¹⁵ Duhigg Charles (2012) *The Power of Habit - Why we do what we do and how to change; Prologue*