



education



support

BOOKLET

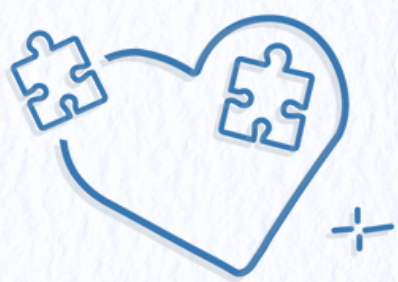
2024

<b>BE</b>	<b>AWARE</b>
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*Output of Be Aware Youth Exchange implementation powered by New Wellness Education*



# BRINGING MINDFUL AWARENESS OF ADDICTIVE BEHAVIORS



well-being

awareness



## POWERED BY



### NEW WELLNESS EDUCATION

*We are Italian NGO with international team, that aims to raise mental and physical wellbeing of youth, working on youth employability, activeness and responsible involvement into cultural, social and educational life of the communities, as a part personal and social wellbeing*

## PROJECT PARTNERS



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# Introduction

## What is Be Aware and why we wrote this project

*Mindful awareness involves directing our attention not only to our thoughts but also to the emotions and mental states that inform those thoughts. It is Being Aware of the process of our mind even as we work through its materials. Mindful Awareness is the key to unlocking the automatic patterns that fetter the addicted brain and mind.*

*Gabor Maté, In the Realm of Hungry Ghosts – Close Encounters with Addiction, 2008*

Be Aware was a Youth Exchange developed by New Wellness Education and written by Raúl Gil and Timothe Elie, which took place in La Sorgenti, Lecce, Italy, from the 6th until the 14th of December, 2023. The New Wellness Education team in charge of this project, additionally, was composed by Damiano Angelini, Ana Cobano, and Veso Marinov.

The need to write this project was born during winter of 2022, in the village of Bergolo, where we -the two co-writers of the project- were living during an ESC long-term volunteering project of 1 year, coordinated by New Wellness Education. Through working together already for 9 months and through all informal conversations, we realised s:

- 1) Both of us faced problems with addictions in the past, and even if we had worked a lot on them, and we overcame some in some way, addiction was still a relevant topic in our lives.
- 2) The important misinformation that exists towards this topic in general, and all the issues that it causes to youth people around the world, and in terms of taboo to speak explicitly about the topic and the stigmatisation towards those who face this struggle.

This common denominator on our lives, plus our orientation towards quality education — we both studied social sciences, sociology and history, respectively — were the spark the gave birth to the idea of creating a project in which, together with other people concerned on the topic, we can deepen in the complex and multifactorial nature of addictions.

## The vision of Be Aware

In order to start introducing the topic, we used one Ted Talk from one of our main references on the topic, Gabor Maté — [🔗 \*Power of Addiction and Addiction to Power\*](#). His understanding of the phenomenon, together with the work of other experts, helped us to build the vision we carried over this project and its conceptualization.

Firstly, to understand what is an addiction and what is not, we follow the definition of Gabor Maté about addiction: Any behaviour that provides temporary relief or pleasure, but causes harm in the long term and cannot be given up, despite the negative consequences.

Secondly, what we were aiming was on a change of perspective on how we conceive addiction. That is, not wonder what's wrong with the addiction, but to start asking what's right about it. As Gabor Maté mentioned, addiction occurs as a relief to pain and provides calmness, a sense of control, etc. To change the perspective, we must asking what is missing in the life of a person facing addictions: **why the pain? Why are we afraid of our minds? What happened to our brain, why do we need external chemicals to feel good?**

Thirdly, now that we understand that addiction provides “benefits” to a person, but not everyone has an addiction; we need to understand why some people are vulnerable to being addicted. This point highlights the need to search for the roots of the pain and the addiction. Some hits Maté provides in his talk are:

- a. We search for what we didn't get when we were kids
- b. Our addiction is a reflection of the society we live in
- c. We perceive that the emptiness we have inside needs to be fulfilled with power and control (or at least an illusion of them)

Fourthly, as the way Maté concludes his talk, the key idea of our vision is that the real power lies within ourselves, and Be Aware is built in the way to foster the process of examining inwards in order to find this real power. Therefore, we need to stop looking outside at what we need on the inside and to stop searching for quick fixes of internal problems that need a deep process of self-reflection and change of action and observation. What we need is to find our inner nature, our inner light, to be kind to ourselves and to the world around us.

This is why we stressed about the idea that each participant needed to acquire ownership of their own learning process. The process only belongs to the person and the facilitators cannot give the definitive answers needed to solve the problem. The person is the one who needs to find these answers because they lie within himself.

*We know very little about how to create effective changes in the environment around us because we have not learnt how to communicate directly about what we want and feel (often we don't even know ourselves) and we have not learned problem-solving techniques such as reflecting, self-observing and cooperating. We are much more used to denying our true feelings, avoiding reflection and self-observation and blocking any possible awareness; through an uninterrupted succession of experiences aimed at altering our mood.*

*Washton and Boundy (1990)*

This project focused on the three problem-solving techniques expressed in this quote:

### **1) Reflecting 2) Self-observing and 3) Cooperating**

To recover from (but also to prevent) addictions, to reflect and to learn to observe ourselves, and the way we observe our reality, is needed a breakthrough. Building a new healthy lifestyle cannot be done if we don't become aware of our unconscious patterns, why we do the things we do and acquire accountability for our acts and ways.

## **The learning goals and the methodology of Be Aware**

As expressed before, addiction is a complex and multifactorial topic to address, that is why we decided to divide it into 6 subtopics to get a better analysis of the different dimensions of this concept. The 6 topics are: I. Roots of Addiction; II. Addictive Behaviours and Patterns; III. Types of Addiction; IV. Impacts of Addiction; V. Physical and Mental Wellbeing; and 6. Prevention and Recovery.

These topics were addressed during three intensive days, the core of the project. Each day, we addressed 2 topics, one in the morning's session while the other in the afternoon. Each session was composed of 3 parts:

- I. Workshop on the topic, elaborated by Self-Organized Learning Teams.
- II. Feedbacks on the workshop, by other teams and the facilitation team
- III. Content session, with additional workshops, resources and reflective tools facilitated by Be Aware team

This is the main content that could be found in this booklet, except for the II. Feedbacks on the workshop.

1. *Support participants in the process of reflection on their addictions or the learnings you want to get on this topic.*
2. *Create a safe space of cooperation and community sense to reflect together on this complex topic.*
3. *Bring awareness of the different dimensions of addictions → Workshops.*
4. *Taking ownership of our lives and our processes → Self-reflection and self-observation tools.*
5. *Improve accountability about the ownership of your learning goals.*
6. *To improve physical and mental well-being*
7. *To immerse participants in the process of learning → Disconnection process*
8. *Creation of a physical output which sums up all the learnings produced in this project → Booklet Approach to addictions from non-formal education methods.*

The learning goals the project aimed to achieve were the following: As mentioned before, improving accountability in the learning process is fundamental to us, that is why this project is conceived under the framework of heutagogy. Heutagogy is defined as: “a strategy where the instructor facilitates the learning process providing guidance and resources, but fully relinquishes ownership of the learning path and process of the learner”. On the one hand, we shared resources, as the guideline and self-reflection and self-observation tools which will guide you in the learning process. On the other hand, we expressed that they were the ones who decided what to take and how to apply this learning in their life. With this strategy we aim to develop your “learn to learn” ability and boost autonomy in your life. The more able oneself is to learn about different topics, the easier it will be to observe and reflect properly on addiction issues.

That is why the work is organised in Self-Organized team, which are the responsible to create, lead, decide how far they wanted to see their objectives and how deeply they wanted to impact the group and themselves

## Why this booklet

The aim of this project was to approach the problem of addictions from a non-formal education methodology. Therefore, this booklet is the final output of the implementation of the project, and precisely, has the goal to be a guide on how through non-formal education is possible to reach a different, but rich comprehension of the addiction phenomenon.

Hence, we tried to create a grounded guide, integrating academic and non-formal education content. On the one hand, with academic research on the topic and using the conceptualization and perspectives from experts in the subject. That is why we created the [Be Aware Guideline](#), a document that gathers the research made by the project writers and was presented to the participants during the preparation phase. On the other hand, with the 1) workshops made by the Self-Organized Learning Teams created in the project on each subtopic, which shares the vision and perspective of the participants, without stigmatisation; and 2) the tools and resources provided by the facilitators to deepen the reflection on the topics and foster self-reflection processes.

This booklet is structured around the 6 topics of Be Aware and contains all the work on each topic, including, description and workshop on the topic; and the respective content session, with additional workshops, resources and reflective tools facilitated by the Be Aware team.

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# I. Roots of Addictions

## I.I. Description of the topic

*Not all addictions are rooted in abuse or trauma, but I do believe they can all be traced to painful experiences. A hurt is at the centre of all addictive behaviours. It is present in the gambler, the Internet addict, the compulsive shopper and the workaholic. The wound may not be as deep and the ache not as excruciating, and it may even be entirely hidden – but it's there*

*Gabor Maté (2008). In the Realm of Hungry Ghosts – Close Encounters with Addiction*

With this topic, we proposed to focus on the deep reasons WHY we are addicted. We want to start with this topic due to one of the major misconceptions towards addictions, which is: to consider that the origin of the addiction comes ONLY from the substance/activity. However, all our research on this subject tells us that the roots of addiction have to be found within the life of the person addicted. The object of addiction is the effect, rather than the cause. Addiction is a symptom of deeper unresolved problems within the subject.

*Addiction is a human problem that resides in people, not in the drug or in the drug's capacity to produce physical effects*

*Lance Dodes (2002). Psychiatrist at the Harvard Medical School Division on Addictions*

We cannot correctly understand the problem of addictions if we look for its roots exclusively in the actions of chemicals, no matter how powerful they are. Even in the case of hardcore drug addicts, the substance is not the cause of the addiction but the consequence.

*Some people will indeed be hooked on substances after only a few times of use, but to understand why, we have to know what about those individuals makes them vulnerable to addiction*

*Gabor Maté (2008)*

Gabor Maté, throughout his many years of experience working with hardcore addicts in a recovery centre in Vancouver, claims that addiction is not the problem, but an attempt to solve a life problem. Addiction is a relief from emotional pain.

*To properly address addictions we have to understand that the cause of addictions lies within us. We need to address our belief system, our approach to problems and to what extent we are able to satisfy our personal, social and spiritual needs.*

*Washton and Boundy (1990). Willpower is Not Enough: Understanding and Overcoming Addiction and Compulsion*

Washton and Boundy, in the book, claim that willpower is not enough to stop addiction because this “solution” comes from the same mindset as the problem: trying to find a quick solution to stop the suffering. The real power to intervene comes when we surrender and understand that we have a problem, and when we start addressing our real selves and understand how the context that surrounds us affects us. If we don't heal our inner illness, we are likely to continue to suffer the emotional pain that led us to seek a mood-altering element in the first place.

For Washton and Boundy, there is a combination of factors which produces *addictive bad-being* which drives us to be more vulnerable to acquiring addiction. these are:

*Addictive belief system*: beliefs in how we are, how the world works; and how we should be and how the world should work (towards the inside and outside). They are unconscious. One of the most relevant factors to address the roots of addictions. For more information, check *Annexe 1* of this guideline.

*Addictive personality*: certain personality traits come from our addictive belief system. I.e.: perfectionism, emotional insensibility, need for external validation, shame, hypersensibility to critics and rejection, inability to tolerate frustration, the need for power, isolation, impotence feelings... These personality traits emerge to protect the addict from the suffering his addictive belief system brings to him.

*Inadequate coping skills*: we pursue quick problem-solving rather than long-term effort (need for instant gratification)

*Unmet needs*: Bring us to chronic negative feelings, such as anxiety, rage, isolation or depression. They become triggers which push us to feel relief or evasion through addiction.

*Lack of social support*: lack of sense of belonging to any community, lack of societal support and isolation.

One of the main ideas of their book is that the current outbreak of addictive behaviours is a consequence of our social context, where instant gratification is boosted and alternative gratifications are lacking. People resort to mood alternators as their needs are unmet in the social, cultural, spiritual and economic context we live in. To consider that addictions are a way to adapt to a dysfunctional culture seems to be another symptom of narcissist concern. However, we obsess with ourselves (narcissism) because we are in desperate need of real attention and gratification.

Recognising our unmet needs is the first step to leaving behind our addictive vulnerability and our narcissistic concerns. Only by understanding where we are now, we can begin to find real efficient ways to recover.

To sum up, the object, form and severity of addictions are shaped by many influences that can be due to social, political and economic status, personal and family history, and even physiological and genetic predispositions. A context of stress or pain can also be a trigger as well as cultural and societal influences. The examples can be infinite because we can count as many roots of addiction as people facing addictions. In the famous 12 Steps programme of Alcoholics Anonymous, as well as for all the researchers that worked on this topic, finding out the reasons why we are addicted is always the first step, but also the most important one, to heal from addiction.

*Addiction is a complex condition, a complex interaction between human beings and their environment. We need to view it simultaneously from many different angles – or at least while examining it from one angle, we need to keep the others in mind. Addiction has biological, chemical, neurobiological, psychological, medical, emotional, social, political, economic and spiritual underpinnings – and perhaps others I haven't thought about. To get anywhere near a complete picture we must keep shaking the kaleidoscope to see what other patterns emerge*

*Gabor Maté (2008)*

## I.II. Workshop on Roots of Addictions

### I.II.I. Objectives and impacts pursued

#### **Objectives**

- a. Being aware that the roots of our addictions are coming from our past and not the substances/activities we are addicted to;
- b. Reflecting on the general factors that generally influence addictive behaviours (family environment);
- c. Searching in ourselves what made us addicted when and where was the first time;
- d. Reflecting on not being judgemental towards an addiction and empathising with the lived traumas of the addicted person.

## **Impacts pursued**

- a. Involve people emotionally and make them express their emotions;
- b. Make participants reflect on their past traumas;
- c. Make participants share their lived experiences and traumas.

### **I.II.II. Description of the workshop**

The workshop was divided into two parts:

#### **Part 1 (50 minutes) INTERACTIVE EXPERIENTIAL PERFORMANCE**

We gathered participants outside the place where the performance was about to take place and we made a brief explanation about how we wanted them to approach the process (Trust the process, have fun and observe). For the organisers, the performance had already started.

The beginning of the performance started with a party where participants and performers were interacting. Afterwards, the organisers were about to present to the group five different stories related to the same addiction (alcoholism). Those stories represented five different roots of alcoholism addiction. The performance alternates between party moments and storytelling by acting.

#### **Part 2 (20 minutes) SHARING & REFLECTIVE CIRCLE**

We gathered all the participants in a circle and asked them what they understood from the performance. Right after the facilitators explained what the performance represented, in particular, that they were personal experiences and not invented (We invite the workshop maker to reflect with the team and themselves about their own experiences and represent those, in order to connect deeper with participants and the performance itself). In a second moment, we invited the participants to share with us thoughts on how they felt while looking at the performance and share their reflections, if willing to do so.

### **I.II.III. Reflective questions for the facilitator group**

#### **Why did you choose it (workshop type, how is it connected with the topic)**

We chose this topic for the workshop which is called "Roots of addiction" because we think this is a very sensitive topic, very difficult and deep to be approached in a typical way. That is why we decided to do it in such a way so we can get a good chance for participants to search for themselves.

#### **What did you get?**

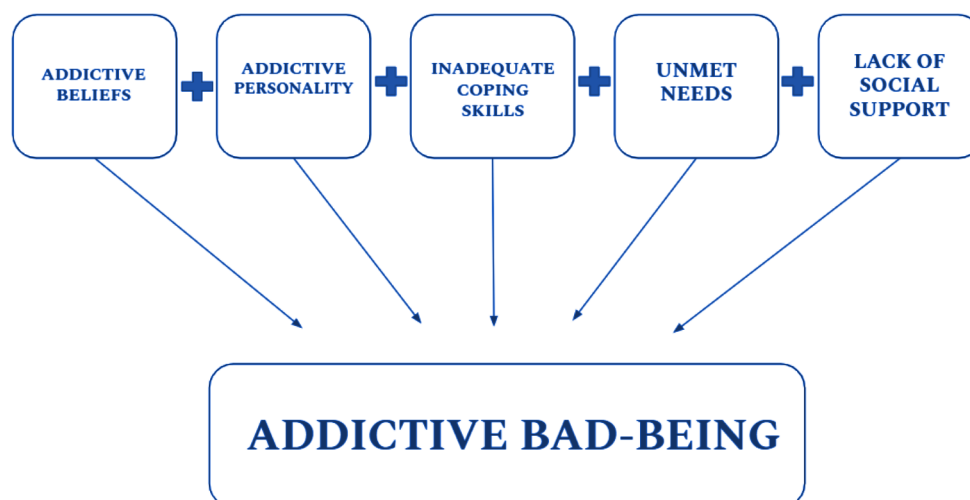
It was a good example of how non-formal education can help us be aware of topics and situations that we face every day but we aren't aware of. We strongly believe that arts and especially theatre can play an important role in this goal.

### I.III. The cause of addiction lies within us. But, why are we so vulnerable?

#### I.III.I. Understanding the roots of addictions

Is time to stop blaming only the chemical components of substances - and other external factors - as the main reason for our addictions; though it is fundamental to understand their influence on our behaviours and cognitive processes. To **Be Aware** of where our addictions come from, we need to take a deeper look inside of ourselves. To recover, we need to address our belief system, our approach to problems and to what extent we can satisfy our personal, social and spiritual needs.

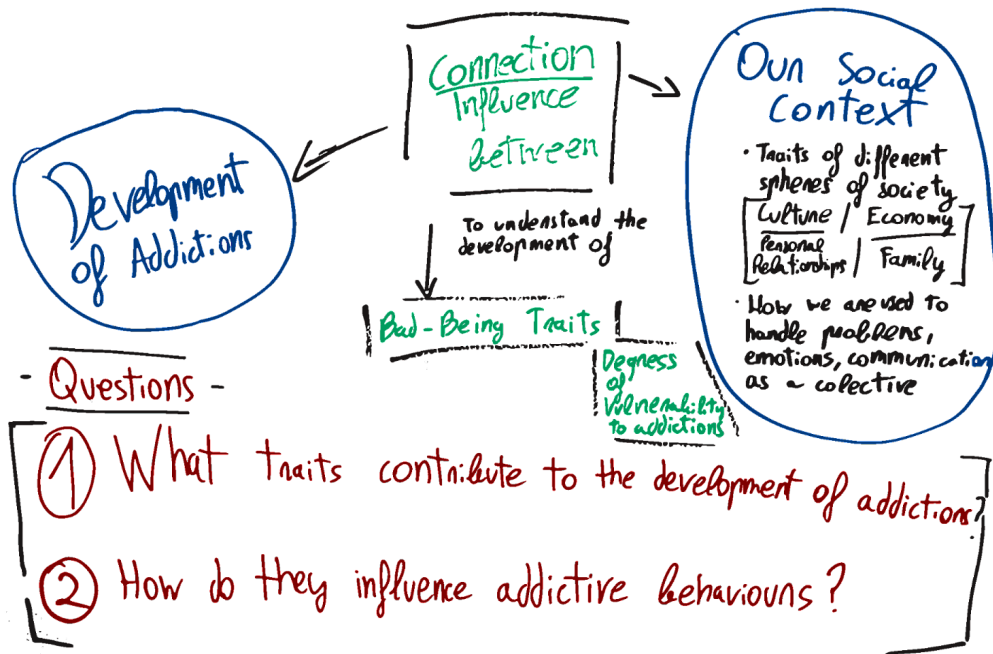
The *Addictive Bad-Being Model* (Washton & Boundy, 1990), already explained during the description of the topic, was introduced to the participants to generate awareness of the different degrees of internal vulnerability we may have towards addictions.



But to understand where this vulnerability comes from, and before addressing our internal causes; is fundamental to take a look at the social and cultural context in which we've grown up and developed these "bad-being" traits.

#### I.III.II. Brainstorming and discussion in groups of societal traits that affect addictions

Participants were invited to create 4 groups to reflect and discuss the connection and influence between the development of addictions and the features of the current world we live in, as well as how we are used to handling problems, emotions, and communication as a collective.



The topics to discuss were:

- a) **Culture:** a set of shared beliefs, values, norms, and practises gathered in a society. It defines what is good/bad, what could be spoken of or what shouldn't. Culture influences the construction and definition of our identity and how we see ourselves as part of society. Consider here the culture of the globalised world -in general- and the culture of your environment (neighbourhood, city, nation) impacts the development of addictions.
- b) **Economy:** how the economic relations and its products, such as marketing, inequality, etc; affect the development of addictive behaviours.
- c) **Society and personal relationships:** on the one hand, are related to the interactions and personal relationships the persons have between themselves. On the other hand, it refers to our perspective on the world and the things that happen.
- d) **Family traits:** how the dynamics and internal relationships of the family and how it was taught to handle emotions, communications, etc; affect addiction development.

Each group will take care of one of these aspects. We will provide you with one flipchart paper to write about these two questions:

- 1) What traits of these spheres of society contribute to the development of addictions?
- 2) And how do they influence addictive behaviours?

Is important to notice that sometimes it is difficult to separate between one sphere and another, but the purpose is to reflect on the external circumstances and context and their influence on addictions.

# I.III.III. Sharing of the results

## Results from each group

### ① CULTURE ②

\* promoting alcohol as a way to celebrate and social inclusion

- ③ promoting different and specific gender roles
- ③ each political system defines legal and illegal products, services
- ③ each religion forbids some habits

normalize the consumption of things that are dangerous for our health (alcohol)

- men are exposed to sources of substances or behaviour that can lead to addiction
- people in different countries are exposed to different rights
- people choose to follow those religious instructions or not which affects their exhibition on an addiction

### ① ECONOMY ②

advertisement  
WORK/SCHOOL  
HUSTLE CULTURE  
BAN OF RES OF CIGARETTES/MOCHA  
AVAILABILITY OF ALCOHOL

↑ prices of cigarettes  
People who can not find a job  
• Both lower and higher classes are addicted, but for different reasons  
• FOOD INDUSTRIES  
• TECHNOLOGY (social dilemma)  
ADDICTIONS LET ALONG  
BANKING (CREDITORS) vs P.R. (REPUTATION) & P.P.R.

gloryfying addiction subconsciously  
addiction sponsor  
STRESS / ANXIETY  
→ results to non consciousness  
→ will influence citizens between  
→ No effective measures  
→ Extra income (selling drugs, gambling)  
→ Shopping addiction related to buying of drugs  
→ Many → addiction centers and programs  
→ NOT NEEDED

### ① SOCIETY AND PERSONAL (micro) ②

What leads contribute to the development of addiction? (Causes)

- community
- nightlife
- media (internet, social media)
- working environment (see below)
- government/policies (to decrease market)
- religion
- promoting/exaggerating bad behaviors
- globalization
- school (classmates) environment
- love
- friendships
- sport clubs/centers
- sexual partners/interactions/family
- company yourself
- conflicts/limits

RELATIONSHIPS  
How do they influence addictive behavior?

- create needs
- create taboos
- temptation
- aggressive/promiscuous behavior
- transgression
- need to disconnect / escape reality / workload
- Stress, don't talk about your feelings
- by pressuring people
- create guilt
- depression / mental health problems
- availability (substances, money)
- overthinking
- creation of good things
- feeling of not being
- banalization
- feel helpless & not being able to bring

• toxic relationships  
• rude behavior  
↳ aggression  
• social pressure  
• trying to fit in  
• PREJUDICE  
• need to be productive  
• POSITIVITY  
• FEELING OF NOT BEING  
• FEELING OF NOT BEING  
• FEELING OF NOT BEING  
• FEELING OF NOT BEING

### ① FAMILY TRAITS ②

disfunctional patterns in family

- lack of communication
- drug/alcohol, fighting
- violence
- abuse
- divorce
- lack of attention
- spoiled → material things are provided
- lack of boundaries
- lack of trust
- overprotection
- religious
- generational trauma
- abandonment
- environment (e.g. drinking accepted in family)
- stereotypes
- lack of mental health education, stigma

- another way to deal with problem
- inability to express emotions, talk openly
- isolation ↔ overprotection
- becoming a parent to your parents
- being able parental figure
- paying for two sides of your family
- seeking attention from outside environment
- becoming rebellious, breaking rules
- trust issues
- seeking external love
- over-taking too much responsibility for your self
- peer approval, trying to fit in
- unworthy of love
- lack of self respect
- accepting toxic relationship patterns

This table clarifies better the results of each area, plus some extra added by the facilitators of the exchange:



Area	What traits contribute to the development of addictions?	How do they influence addictive behaviours?
<b>Culture</b>	Huge importance on aesthetics and the image we project	Rejection of the true self and our <u>intrinsic value</u> , so we value ourselves according to the image we project. We compare ourselves to <u>unreal models</u> which make self-imposing unreachable expectations on ourselves. <u>Boost</u> the use of drugs/activities which “improve our image” (as winners, productive, sociable) or make us insensitive (food and calm drugs)
	Normalisation of fakeness and lack of role models for honesty	We learn that honesty is not good. We lie to ourselves, as an addict does about his addiction
	Instant gratification and quick-fix solutions	We learn to search for something which can solve our problems quickly / provides instant gratification rather than focusing on long-term, sustainable strategies.
	Cultural expectations of constant productivity and external stimulation	Feeling unproductive becomes a motive of guilt. We pursue entertainment in order not to feel bored and spend time alone with ourselves. Therefore, we are in constant search of external stimulation.
	Promotion of alcohol as a way to celebrate and social inclusion	Normalisation of its consumption
	Promotion of different and specific gender roles	Men are more exposed to sources of substances or behaviours that can lead to addictions
	Each political system defines what is legal or illegal	People in different countries are exposed to different perceptions of what’s right and what’s not.
Each religion forbids some habits	People choose to follow those religious instructions or not, which affects their exhibition of an addictions	
<b>Economy</b>	Commercialization of addictions. Creation of “fake needs” through marketing strategies	Institutionalisation of drugs and addictive behaviours. Fun and identity are pursued through external inputs. These behaviours are normalised. We build our identity according to what we buy or what we consume.
	Promotion of instant gratification during free time	The possibilities of leisure are reduced to the consumption of activities focused on short-term pleasure. (i.e. going to bars, shopping, fast food, parties, smoking joints) It becomes the only vision of “having fun”.
	Food industries	Make food more addictive through ultra-processed food which makes it more tasty, and by adding big quantities of sugar and other addictive substances.
	Pharmaceutical industry	Fostering solving people's health issues through the overconsumption of institutionalised drugs
	Technological industries	Creation of daily use of technological resources (i.e. social media) made with the purpose of being highly addictive intentionally
	High rates of unemployment	Pursue extra income through dealing drugs and gambling. Also raises the possibility of developing addictions as a consequence of having a purpose in life and a lot of free time.
	<b>Society</b>	Lack of control in our lives and uncertainty about the future

Difficulties to fit. Community longing

Addiction clubs make you feel like you belong in a “pseudo community”. However, is fundamental to maintain the “mask” to belong

Addictive environment

Addictive behaviours are normalised in the environment of the person. Addictive beliefs are normative and not questioned.

Stigmatisation of addicts.  
Banalization of mental health problems.

No room for expressing vulnerability. Expressing bad emotions in a healthy way as well as speaking about addiction problems aren't common in social circles. Personally, they are taken as something to be ashamed of; and socially, their importance tends to be reduced, with statements such as “is only a period, will pass” and “that's not a real problem”. The person remains silent, not being able to solve his problems

## Family

Dysfunctional communication system (i.e. indirect communication, deaf violence, intimidation)

Children don't learn healthy communication practices. Raises confusion and stress for not being able to be honest. They reproduce these ways in their relationships, bringing more problems they are not able to solve.

Lack of resources to face our emotions (i.e. proper communication, lack of problem-solving models,

Children develop the feeling of being unable to face problems and life challenges. So they opt to evade through mood-altering when they become available (normally during the teenage period).

Denial of problems to maintain a “happy family” image

Negation of problems makes them unable to be open to solving them to protect their self-image. This trait is translated to the personality of the future addict

Trauma

Raises the probability of developing addictions to numb bad emotions

Lack of recognition of the emotional needs of the child

Children learn to repress their true selves. Develop of addictive beliefs (I'm not enough, I need something external to fix my flaws, feeling unworthy of love)

Overprotection and spoiling children

The kid develops in an extremely safe environment, which doesn't allow him to face the real battles of the world. In addition, as a consequence of being too spoiled during childhood, the subject will seek material conformity to solve his emotional discomfort and he will lack the ability to set boundaries in his life.

## II. Addictive Behaviours and Patterns

### II.1. Description of the topic

This topic focuses on the realities of an addict. How does a person facing addiction behave, what are the triggers, how does addiction take place in our life...

We can begin considering the evolution of the addict's behaviour through 4 progressive stages described by Gabor Maté:

- 1. Compulsive engagement with the behaviour, a preoccupation with it.**
- 2. Impaired control over the behaviour.**
- 3. Persistence or relapse, despite evidence of harm.**
- 4. Dissatisfaction, irritability or intense craving when the object – a drug, activity or other goal – is not immediately available.**

Is interesting to understand these stages within the frame set by Washton and Boundy about the phases of addiction's development:

- 1. *Infatuation*** → First experiences with substance/activity which produced a pleasant effect. Limited use, normally in social settings.
- 2. *Honeymoon*** → When in tension, we come back to this pleasant experience. We only obtain the positive effects and we think they will last forever. The use becomes more consistent.
- 3. *Betray*** → It starts going against us and starts creating negative consequences.
- 4. *In ruins*** → We try to come back to the honeymoon, without taking into consideration the increase of negative consequences. The stage when physical dependence develops stronger, leading to withdrawals.
- 5. *Apprehended*** → The more we try to break through addiction through only our willpower, the more we fall into their clutches. Compulsive behaviour and inability to quit. The addiction impacts significantly significant life aspects, such as health, work, relationships, etc.

The person suffering from addiction is trapped in a loop difficult to break, a *pattern*. Normally, people who surround this person can see the disease of addiction in him, but normally the addict tends to be the last person to know about it. The main 4 symptoms to define addiction, according to Washton and Boundy, are:

- 1. Obsession to receive the stimulus**
- 2. The negative consequences that it creates in various dimensions of life**
- 3. Loss of control**
- 4. Negation of the problem**

The last one is particularly important and tends to be the reason why the person going through this disease is not able to recognize the impacts of his behaviour. Terence Gorksi

(Staying Sober, 1986) identifies different ways in which individuals in addiction engage with denial. Some of them are:

1. *Denial of dependency and avoid the topic* → “I don't have any problem”
2. *Minimization* → “Is not so bad” “I don't do it that much” “I can stop whenever I want”
3. *Rationalisation* → “Well, I don't drink as much as x person”
4. *Projection and blame others* → “Who wouldn't be drinking that much having the kind of job I have” “Of course, I spend the whole day playing video games and scrolling on social media, is not worth it to go outside, everyone is mean and greedy”

As negation is a fictional mental process, the negation of the addiction and its consequences means being completely out of reality. However, when the addict denies, he believes he's telling the truth. Is a defence mechanism in order not to face the painful reality. So, he pretends that “everything is alright”, and this strategy is effective in the short term. When reality says otherwise, the person addicted doesn't receive this information as he's protected through denial.

There are a lot of ways to address addictive behaviours and our purpose is not to list all of them. Our objective is to reflect all together on the realities of an addictive life. The work of Gabor Maté is precious in this sense because he takes the time to describe the feelings of his patients, but also his own addictive behaviours and reflection on what an addict feels and how he acts:

*Like patterns in a tapestry, recurring themes emerge in my interviews with addicts: the drug as an emotional anaesthetic; as an antidote to a frightful feeling of emptiness; as a tonic against fatigue, boredom, alienation and a sense of personal inadequacy; as a stress reliever and social lubricant. And, as Stephen Reid describes, the drug may – if only for a brief instant – open the portal of spiritual transcendence. In places high and low these themes blight the lives of hungry ghosts everywhere. They act with lethal force on cocaine-, heroin- and crystal-meth-wired addicts of the Downtown Eastside.”*

We also personally appreciate the movie references that he proposes as a perfect metaphor for addiction:

*The hit musical Little Shop of Horrors proposes a brilliant metaphorical image of addiction. Seymour, a little nebbish of a flower shop clerk (played most famously in the 1986 film version by Rick Moranis) takes pity on a “strange and unusual ” little plant that's dying of malnutrition. It brings the shop some much-needed business, but there's a problem. No one can figure out what the plant, named Audrey II after Seymour's sweetheart, needs for nourishment until one night Seymour accidentally pricks a finger and the plant hungrily swallows the drops of blood dripping from the wound. Only temporarily appeased, the plant wants more, and Seymour dutifully offers up another dose of his precious plasma. The plant then takes on a personality and voice of its own. Piteously the little plant pleads and cajoles, promising to be Seymour's slave. But then it issues an abrupt command “Feed me, Seymour!” Terrified, Seymour does as he's told. The plant thrives and becomes huger and hungrier, and Seymour weakens and becomes anaemic – morally, as well as physically. When it looks as if he's going to be bled (literally) dry, Seymour stumbles on the idea of feeding the plan human corpse and is led into a*

*new part-time vocation: murder. By the finale, Seymour is forced to wage a heroic battle against the bloodthirsty Audrey II. Bent on conquest, the plant no longer even bothers to feign friendship.*

*So it is with addiction. Beginning with only a few drops of blood you're ready to donate at first, it soon consumes enough to dominate and rule you. Then it starts to prey on those around you, and you struggle to extinguish it*

Here is a video: [🔗 Little Shop of Horrors - Feed Me](#)

This self-reflection about our own addictive behaviours and patterns can also help us to understand the signs and triggers that show that we become addicted (sense of deficiency and emptiness, craving, the feeling of unbearable urgency, relapses, shame, insatiability... )

## II.II. Workshop on Addictive Behaviours and Patterns

### II.II.I. Objectives and impacts pursued

Through the workshop we have designed and implemented, we aimed to raise awareness of the different addictive patterns and behaviours according to our knowledge; this means that we have not used academic, specific or even recognized knowledge supports to design our workshop. In fact, we wanted to shape a non-formal learning process through a small set of activities related to the topic. The main idea was to tackle several games to highlight the physical representations that we have of addictive behaviour.

### II.II.II. Description of the workshop

#### **1) Energizer (10 minutes)**

For the first game, the whole group was arranged in a circle so that everyone could see each other. This "energizer" (as it can be considered to start the workshop) is called the Creative circle of self-body expression. It is a common short game to introduce a workshop that can help people to get mentally immersed in the topic. One by one, we have expressed an addictive behaviour through an invisible ball to shape our personal representation of the behaviour. For example, a person who receives the ball decides to form a narcotic with it, whatever it is (cannabis joint, pill...) or any object related to addiction, simulates its consumption, then reforms the ball to pass it onto the next person.

#### **2) Theater (15 minutes)**

For the second game, three volunteers came on the stage and, one by one, simulated for a few seconds addictive behaviour at different levels of intensity in front of the others. This activity is a theatre show to emphasise the personal representation that volunteers have about addictive behaviour. In preparation, we have chosen three different situations

related to three types of addiction that can be mimicked: a situation of a person in a state of alcoholism, a bodybuilding addict and a person "somehow" addicted to oneself.

A note to this last statement: a short debate has been started after the performance to discuss the fact that being addicted to oneself might be considered more as a pathology or a mental disorder rather than an addiction properly said. Besides that, we have looked in scientific literacy the fact that an addiction can be defined as a mental disorder.

### 3) Experimental patterns and behaviours activity (40 minutes)

Since our topic was about addictive "patterns and behaviours" we thought of a little game in order to try and observe some similarities among people, their lives and what they choose to be their addiction.

Firstly, we wrote some life-scenarios for the participants to base on those. For example, some of them were:

- |                                  |                          |
|----------------------------------|--------------------------|
| - supportive family              | - strict family          |
| - no friends                     | - some intern friends    |
| - middle-class family (finance)  | - poor family            |
| - calm ( no stressful life)      | - stressful life         |
| - countryside ( place of living) | - living in the big city |
| - facing some health challenges  | - healthy life           |

**\*inter friend:** these ones that see you, they have the same addiction as you, and do not try to help you overcome it.

**\*extern friends:** the ones who help overcome addiction

And some scenarios based on that logic. After that, we wrote on the paper three "goods" / positives, " bad" / negatives. These ones they had to do about what will improve and what to worsen.

Life scénarios, some of those were

- |   |   |                      |
|---|---|----------------------|
| *   | *   | *                    |
| - no stress for a few hours                   | - Person and friend to talk               | - Strong self-esteem |
| - some friends                                | - Knowledge about society                 | - Taking decisions   |
| - push/keep in you back in your everyday life | - No critical thinking                    | - Big ego            |
| - health challenges positivities              | - Move interesting life for a few moments | - Being alone        |
|   | - Family problems                         | - Vanity             |

The purpose of the game was for people/ participants with different life- scenarios to “choose” an addiction that through it, they would gain something, but instead they would sacrifice something else.

For instance, a person with no friends in his life scénario could probably choose to have some family issues but gain some friends (through the addiction).

In the end, after all the people had chosen, we would ask questions to the people to see what they chose, like:

**“Which one of us has a good/bad family?”** Or **“Who here has a financial problem”**. So the people would like to raise their hands ( for those of whom the question was true) And, observe which addiction most of them had chosen ( in the specific question).

After that, we would reveal what was the addiction they chose. Such as:

**1) Addiction to alcohol**

**2) Addiction to social media**

**3) Addiction to power**

Something we didn't do but we think it would be nice, was to write down our observations. For example:

*Most people with good family → chose social media*

*Most people with family issues → chose alcohol*

The duration of this was like:

- **5 minutes** for describing the fame/experiment
- **10 minutes** for letting people read the positive and negative of each addiction and let them choose.
- **20 more minutes** for announcing the results and taking some time to observe them.

#### **4) Moving debate (20 minutes)**

Having a moving debate consists of submitting a proposition to a group, and then asking participants to physically take a position for or against it, by going to one side or the other of the room, corresponding to the statement or the negation. After allowing time for reflection to develop arguments, we launch the debate with the following rule: formulate arguments to explain your position and change "side" if the arguments of the other camp are convincing.

The moving debate thus allows participants to develop and justify their opinions by constructing arguments. Their physical position indicates their theoretical position and involves them in reflection ("Why am I here?") as much as in listening to arguments, while their movement concretely reflects their intellectual activity. So, here we ask questions hidden like with the subject addictive patterns and behaviour.

This activity can be in the animation, but it's important to keep people focused. So, I advise you to don't do after 2 big activities but more in the central activity around 1 or 2 others short.

The first one question was put into the context of disconnection.

*1) How are you? How has it been since you left your phone yesterday?*

The second was more a question to enter into the topic.

*2) In life, the more experience you have in something, the more you get control of it. According to you, it is the opposite of an addiction. What do you think about it?*

*3) According to you, to have an addiction to something can be a way to escape your under-control life?*

*4) According to you, can a person who is addicted to something recover alone?*

*5) According to you, to stop an addiction, you always need to know what are the roots of that?*

*6) According to you, the society where you live can influence your addiction?*



## II.III. The way we face triggering situations has a lot to do with the way we observe these situations

### II.III.I. Triggering experiences - Self-Reflection Process.

Participants were asked to represent in a drawing, using whatever style they want (do a river, tree, or other graphic possibilities), their own processes when they face triggering situations in their life which drive them to addictive behaviours. They had to represent this process:

#### **Trigger → Craving → Behaviour → Result**

Note that:

- Triggers could be internal (i.e. emotional state) or external (i.e. social situation)
- The behaviour refers to what is the reaction to the craving → Addictive behaviour or coping somehow?

After 15 minutes, tell them to keep the draw for them.

### II.III.II. The Observer-Action-Result Model

[Write in flipchart]: **Action → Result**

When we want different results, then we take different actions. Right?

So, it is easy to say that if we want to face the cravings, then behave differently, and cope with the addiction anyway. Is simple, right?

Or maybe it is not that simple? Maybe the real question is, why is it so difficult to face these addictive patterns and why is it so difficult to take a different behaviour?

Then, these questions were asked:

- ***What actions are influenced by?***
- ***Then, how can we influence the way we take action?***

We miss a piece in this model (ask what piece is missing):

#### **Observer → Action → Result**

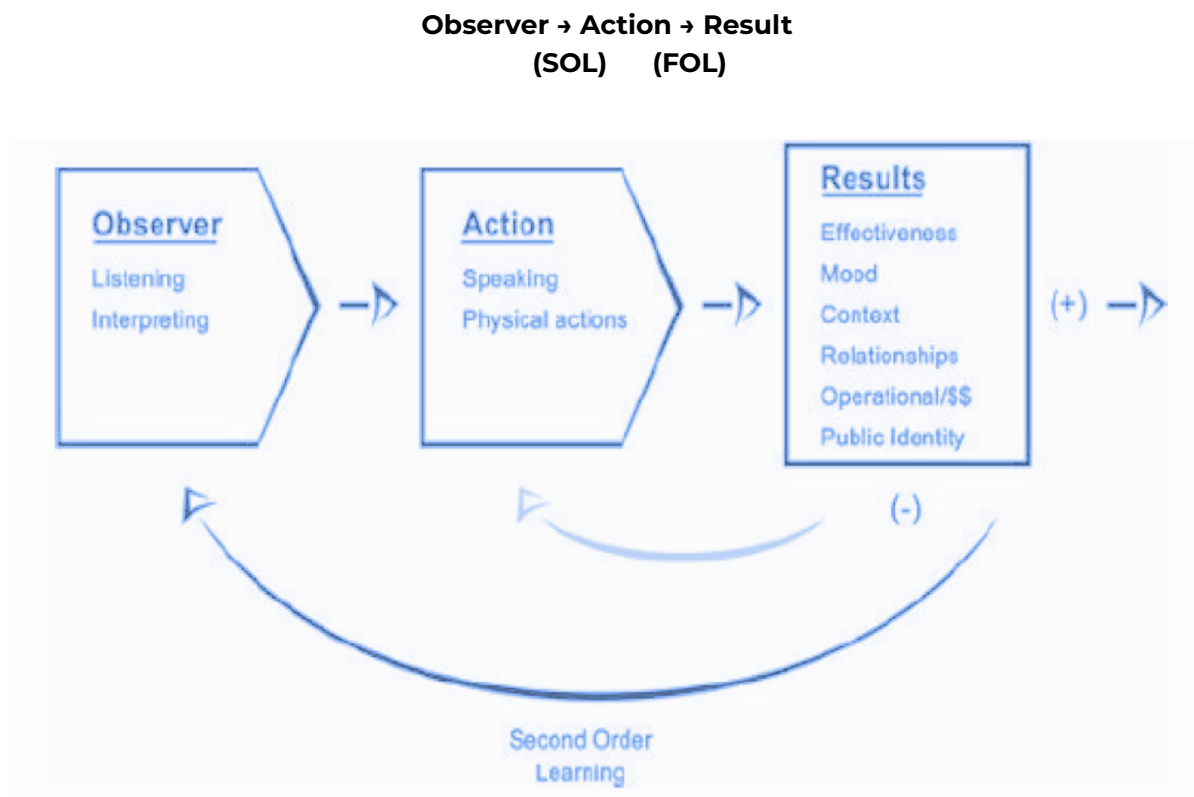
We need to start observing ourselves. But not only observing how we act but **observing how we observe** (observing our perspectives, how we react emotionally towards something, the narratives we build toward x)

#### **Observer → Action → Result (FOL)**

Thinking that changing the actions to change the results is the most common approach we are taught on how to solve problems. And it's called First Order Learning (FOL)

But what if we don't solve them?

We perceive we don't have more possibilities. But just because we don't see them, it doesn't mean they don't exist. It means that from the particular way you see, there are no more possibilities.



Deep learning comes when we become aware of ourselves as observers of our *own reality* and our *own particular way of seeing*. This is called Second Order Learning (SOL). We become aware of the full process of what happens inside of us when we experience cravings and triggering situations. Taking this step requires courage and assuming fear. Because we will have to question our beliefs and stop acting in the way we are used to acting. It is important to notice that this change arrives slowly and through time. You don't see/observe the same nowadays as you did when you were a teenager.

So if we are not producing the desired results in our lives, then we can 1) Do nothing; 2) Change our actions (FOL); 3) Change the way we look at things (SOL)

### II.III.III. Why willpower is not enough to overcome addictions?

Using our willpower to cope with addictions comes from the same mindset as the addict:

- We believe we have control over the situation, as we consider ourselves always in control.
- We try to establish a quick-fix solution to stop the suffering

Is a **First Order Change** → Consequence of a First Order Learning

Normally this mindset is prone to suffer from relapse.

The **Second Order Change** arrives when we address the observer, ourselves:

- When we question our addictive beliefs
- When we see how factors, such as our cultural traits, our social relationships, and how we grew up in our family; influenced our addictive behaviours
- When we stop denying the problem. When we admit we don't have control. In the end, when we learn to surrender and accept ourselves as a person passing through addiction.
- When we observe from the scope of Compassionate curiosity.

Compassionate curiosity is an invitation to observe things differently. The four components of Compassionate Curiosity are the following:

- LOVE
- CURIOSITY
- ACCEPTANCE
- OPENNESS

Usually, shame and negative self-judgement are common addictive patterns but it only intensifies the desire for escape and oblivion. But more importantly, it prevents the addict from thinking creatively, out of the box. Compassionate curiosity is first an invitation to bring back self-love and self-care in the life of the addict.

There is the idea that if the addict brings back love, he/her will have the chance to think about it with genuine curiosity instead of harsh self-recrimination. "Posed in a tone of compassionate curiosity, "Why?" is transformed from rigid accusation to an open-minded, even scientific question [...] Taking off the starched uniform of the interrogator, who is determined to try, convict and punish, we adopt toward ourselves the attitude of the empathic friend, who simply wants to know what's going on with us." (Gabor Maté)

Love and Curiosity will bring new perspectives but it is important to Accept things as they are, with honesty. The purpose is not to justify or rationalise but to understand. While the need to be justified is another form of judgement or denial, understanding and acceptance can help the addict assume his responsibility. In the classic methodologies against addiction like AA or the 12-step program, the first step consists of admitting that we were powerless over our addictions, that our lives had become unmanageable because of it. Compassionate curiosity can help to pass this essential step with love and self-care.

As a result, seeing things with genuine curiosity, and accepting the results of this new investigation as they are, can help to reconnect with oneself. It leads to Openness.

**Observer → Action → Result**  
**(SOL/SOC) (FOL/SOL)**

\*These reflections were not asked of the participants due to the lack of time, but they are interesting to consider when reflecting on this model.

- a) What patterns do you tend to repeat when triggering situations appear?
- b) What are the main barriers you face when you try not to fall into your addictions?
- c) How would you describe your emotions when engaging in addictive behaviour?
- d) Is the way you're currently looking at things working for you?
- e) Is it allowing you to produce the results you say you want? (vs. being right or wrong)

## III. Types of Addictions

### III.I. Description of the topic

*All addictions, substance-related or not, share states of mind such as craving and shame, and behaviours such as deception, manipulation and relapse. On the neurological level, all addictions engage the brain's attachment-reward and incentive-motivation systems, which, in turn, escape from regulation by the "thinking" and impulse control areas cortex*

*Gabor Maté (2008). In the Realm of Hungry Ghosts – Close Encounters with Addiction*

The topic of "Roots of addictions" stressed that there are as many causes of addictions as there are addicts. With this topic, we will also add that there are as many types of addictions as different external substances and activities in general.

An addiction is manifested in any BEHAVIOUR, in which the subject finds pleasure or relief, and then craves for it and cannot give up on a long-term scale, even when this behaviour becomes harmful. However, addiction is not defined by the quantity or frequency of its consumption or use, but by how it affects all the areas of the life of the subject and what is the reason why the person uses or does certain substances/activities. And this concerns any type of addiction.

*If someone engages in something to change his mood because he finds it intolerable, it will lead him down the road to addiction*

*Washton and Boundy (1990)*

Many researchers observed similar neurological and psychological dysfunctions in drug addicts and pathological gamblers, food/sex addicts and even compulsive shoppers. But we can take many other examples.

*It's safe to say that any pursuit, natural or artificial, that induces a feeling of increased motivation and reward – shopping, driving, sex, eating, TV watching, extreme sports and so on – will activate the same brain systems as drug addictions*

*Gabor Maté, 2008*

On the one hand, any passion can become an addiction starting from the moment this passion provokes this type of relief and becomes an obsession unable to rule. Substance-related or activity-related addiction, all of them have their roots and their similarities regarding addictive behaviours and patterns. However, we don't want to erase the particularities of each case. All addictions have their specificities and particular impacts on the addict. Many non-substance and behavioural addictions can be highly destructive to physical health, psychological balance, and personal and social relationships but it would be nonsensical to compare this to the huge suffering of some hardcore addicts that faced childhood abuse for example.

Some addictions are difficult to identify as they are promoted, supported and valued by the culture and social structure; such as compulsive shopping, work-alcoholism or social media addiction. There are others which provoke condemnation, stigmatisation and shame, such as heroin -drugs in general-, and sex or pornography addiction. Even within substances, illegal drugs are “demonised” and its users are more stigmatised, being considered as “junkies”; in comparison with the users of institutionalised drugs, such as tobacco, alcohol or caffeine.

The environment is not only impacting the causes of addictions but also the way we work and talk about them.

## III.II. Workshop on Types of Addictions

### III.II.I. Objectives and impacts pursued

Through the activities, we aimed to clarify the diverse types of addictions that exist. We tried to explain the division between substance-related and behavioural addictions. Also, through the spatial rating of addictions, we wanted the participants to reflect on how different backgrounds and personal experiences affect the perceptions of the given addictions. Thus, this activity sparked a debate on a specific addiction – marijuana – which is a highly controversial topic.

### III.II.II. Description of the workshop

Our workshop consisted of 5 activities:

1. Shopping Mania Challenge;
2. Naming Addictions;

3. Substance vs. Behavioral Related Addictions;
4. Spatial Rating of Addictions;
5. Debate.

All the activities lasted about 50 minutes

### **1. Shopping Mania Challenge**

Participants are divided into teams of 5. Representatives engage in a 45-second shopping run to collect items from a table, one by one. Each team stands in the line around 5-10 metres from the table with the items. Each team has the same number of items to collect from the table. The goal is to collect as many items as possible within the given timeframe. Participants must wait for each other to come back to the line, and once they clap the other hand, that team member can start the run. The winning team gets a symbolic prize which serves as a motivation for the teams. Post-activity discussion to share participants' feelings and reflections.

**Aim:** Experience the rush of satisfying cravings and energise the participants for the following activities.

**Duration:** 5 mins in total with the introductory part and the reflections, the run itself is 45 seconds.

### **2. Naming Addictions**

Participants are divided into teams of 5. Each team gets a paper with a blank list of 30 items. Within 1 minute they have to list/write as many addictions as they can on the paper. After the activity, participants are asked to briefly reflect on the addictions written (whether it was hard to list them, how much time it took, etc.). The activity moderators go through the list and explain the misconceptions between real addictions and mental disorders.

**Aim:** To see how familiar the participants are with the addictions, brainstorm them, and introduce the following activity - Substance vs. Behavioral Related Addictions.

Between this activity and the following one, the moderators briefly explained the difference between substance vs. behavioural-related addictions.

**Duration:** 5 mins approx.

### **3. Substance vs. Behavioral Related Addictions**

Participants remain in the same 5-member groups. Tasked with sorting addictions into substance or activity categories. They have to underline the substance-related addictions and circle the behavioural ones. They work with the addictions that they listed in the previous activity. Additionally, a prepared poster with pre-grouped addictions serves as a reference for participants to understand the categorization criteria better. Also, there is a

poster explaining the difference between substance vs. behavioural-related addictions more in detail. It includes more formal information on the differentiation.

**Duration:** Until each team finishes the classification. In total, the exercise took around 10 minutes because the participants were given the chance to openly discuss the results. If they struggled to categorise certain addictions, we tried to clarify them through an open discussion.

**Aim:** To ensure that everyone knows the differentiation, and learns about less common addictions and the difference between habits and addictions or how something can become an addiction.

#### **4. Spatial Rating of Addictions**

Everyone is participating individually. There are 5 carpets in the room, and each of them has a rating from 1 to 5. The lowest number represents the least harmful addictive behaviour, while 5 stands for the most severe addictions. Participants are asked to judge the addictions based on their personal experiences, societal impact, and cultural background.

There are 7 addictions they have to judge – alcoholism, marijuana, cocaine, gambling, tobacco, social media, coffee. When a high discrepancy is present among the judgments, the participants are encouraged to share their perceptions and reasons behind different voting.

**Duration:** 10-15 minutes.

**Aim:** To illustrate how different cultural backgrounds and experiences can affect our judgments about certain addictions. Also, this was the first individual exercise, and therefore, we wanted to show how heterogeneous the group was due to their own experiences, the country they came from, etc.

#### **5. Debate**

The previous activities opened a space for a debate and the participants were eager to share their opinions. Thus, we decided to choose a highly controversial topic for the debate – marijuana. Through a series of questions, the group exchanged their thoughts about the topic.

Examples of questions: Legalisation of marijuana, whether they used it before, how addictive it is, etc... The activity included an informational aspect, where moderators shared some facts about marijuana usage and its consequences.

**Duration:** 15 minutes.

**Aim:** Foster open discussion, recognize the impact of personal experiences on our perspectives, and understand how society moulds the narratives we believe in.

## Feedback

The group liked the mix of learning and fun activities. There was a bit of confusion about teamwork because one person felt more comfortable working in the background due to social anxiety. But overall, everyone was happy with how things went and enjoyed the activities.

### III.III. Our behaviours are influenced by unconscious cognitive patterns and the beliefs we've built through our lives

#### III.III.I. Our Internal Map of Reality

As we saw, addictions could appear in different ways, so this reveals the complexity of this concept, as the addiction doesn't only come from the *input* itself, but goes further. Understanding this allows us to start seeing the common denominators in all types of addictions.

Regardless of the type of addiction we have, it is fundamental to understand how *our behaviours are influenced by unconscious cognitive patterns*. By bringing these patterns to conscious awareness, we may gain insights into the root causes of addictive behaviours and work towards changing those patterns.

This tool comes from the NLP approach and can help to understand how we act concerning these cognitive patterns.

#### **[Framework of Internal Map of Reality NLP]**

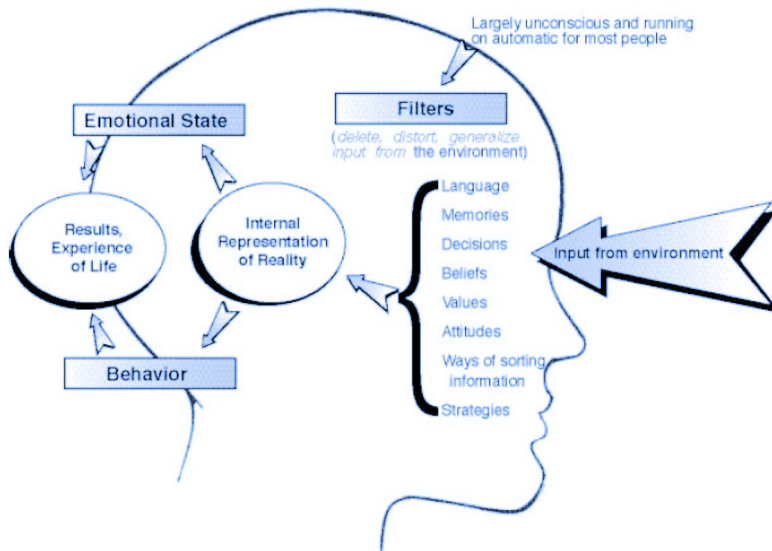
(environmental) Input → Filters (cognitive processes) → Make a sense (interpretation) → Generate a new state → Behaviour → Results (Outcome Feedback Loop<sup>1</sup>)

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<sup>1</sup> The result of our actions influence future cognitive processes. Behaviours are reinforced if results are good. Or maybe not if we don't become aware of these processes.



## Our Internal Map of Reality



### III.III.I. The addictive belief system

Is fundamental to understanding how these cognitive processes are highly conditioned by our **beliefs**. We can define *beliefs* in this context as the interpretations, the story we build towards an experience. Part of these *filters* we have in our minds. And we need to justify our justifications, we need our *beliefs* to *Be Right*. They **strongly influence the way we orient toward action** in the future, so the ones we take or don't take (as we can see in the previous model). Beliefs are *assessments* of the experiences, not *assertions*. And we tend to look *through* them, not *at* them. Now we have the task to *look at them*. By bringing our beliefs into light and being aware of how they influence our behaviour, we can decide if we want to follow them before we take/don't take certain actions.

These are the belief systems that are described by Washton and Boundy (1990) in *Willpower is Not Enough: Understanding and Overcoming Addiction and Compulsion*, which makes people vulnerable to addictions:

1. **I should be perfect (and perfection is possible):** the individual is pushed to pursue this illusion. Boost addition to physical exercise, shopping, work and drugs such as cocaine
2. **I should be powerful:** the person doesn't consider the limits of his power.
3. **I should always get what I want:** "We shouldn't have any limits". Paradoxically, is this rejection of limits that confines the subject to a life of relentless pursuit of gratification.
4. **Life should be pain-free and doesn't require any effort:** one of the most important ones. If we insist on avoiding emotional pain, then we will have the need to avoid and escape reality and our emotional state. The more we resist pain, the more pain we suffer.

These are the “4 shoulds”. As they are impossible to reach, the addict believes he’s always lacking something. Through these distortions, can emerge other destructive beliefs - the operating principles the addict needs to act in the world:

5. **I’m not enough:** a complete rejection of oneself. Expressed through statements such as “I’m bad”, “I’m silly”, and “I’m selfish”. Everything that happens goes through this filter and it is used as the base of his behaviour.
6. **I’m incapable of making an impact in this world:** unable to satisfy his needs or solve his problems. The addict substitutes the lack of real power with an illusion of power.
7. **Some external factors can give me the power that I lack:** addicts allocate the power they lack to other people, substances or activities. These mood alternators help to cope with the horror when the subject realises its limitations and brings us to a world where we have control.
8. **Feelings are dangerous:** repression of feelings believing that nothing good will happen if they are expressed. The subject cannot get the feeling of being accepted because he hides his real self
9. **Image is everything:** [how we really are vs. how we should be] The individual prone to addiction will take any risk for himself and others in order to preserve the identity (“the mask”) he built. The harder he tries to maintain this image, the emptiest he will feel, as he rejects our true selves. The external factors -substances, activities, people- will help to make the individual feel alive.
10. **I should satisfy my needs indirectly** (through people, substances or activities - everything that comes from the outside): Resides in the belief that it is impossible to find long-lasting gratification, so the solution has to reside in instant gratifications. i.e. better to drink a few beers instead of paying attention to social skills.

Facing the gap between the fake self and the real self will give us the needed freedom to search for authentic experiences and not rely upon mood alternators, in order to live more fully.

## IV. Impacts of Addictions

### IV.I. Description of the topic

Is well-known how addiction and its development have multiple effects in different life areas of a person as well as in his environment.

First of all, the addictions perturb the functioning of the brain. This thing may be more visible and impactful for substance addicts but we already point out that the addiction provokes a different state of the brain, no matter the addiction. More specifically, the addiction over-stimulates and deregulates 3 chemical molecules in the brain:

- The *dopamine system* that makes us “feel good”. The problem is that the more we stimulate it, the fewer receptors we have, and the more the addict needs to supply his brain with an artificial chemical to make up for the lack.

- The Opioid apparatus (well known as *Endorphins*): the molecule of emotions
- And finally the Self-Regulation System, the *grey matter*, that influences our social behaviour. A lack of grey matter can affect cognitive processes, such as decision-making or reasoning; as well as memory loss and motor problems.

Addiction can also have repercussions such as a loss of *white matter* that will provoke a loss of learning capacity and dismiss the ability to make new choices.

Besides these chemical consequences, what interests us in the context of this Youth Exchange is to discuss the repercussions of addiction from the social point of view; in our lives and in the way we interact with our environment. For example, addiction can totally isolate people from their surroundings, as a patient of Gabor Maté describes it:

*“I didn’t notice that life was still existing around me. I just knew my little world. What I wanted was what I revolved around - when was I going to have my next fix or next toke or whatever? Now I actually go for walks a couple of times a day, and I go out and I see all the people, and all the tourists. And I say, “Hi... how are you doing...?” I don’t know what’s wrong with me... and it’s so strange... It’s a good feeling, I like it, but it’s all weird. Is this going to stop, is this going to change anytime soon? I’m not trying to be pessimistic. It’s just that it’s unusual, so foreign to me.”*

It could be interesting to understand what the mood alternators (i.e. substances or activities) do for us (Washton & Boundy, 1990):

1. *Relief to isolation* → Bring belonging and intimacy with other addicts (short-term).
2. *Avoid certain feelings* → Avoid facing internal emptiness.
3. *Pseudo Pleasure* → Opportunities to have fun / to flow and let ourselves go.
4. *Control illusion* → Numb impotence. Boost power and competency feelings.
5. *Constant crisis* → Helps with the need to feel alive.
6. *Predictability* → Make life simple. No need to opt for other harder options.
7. *Image enhancement* → They help us to feel accepted and to numb self-assessment.
8. *Time freeze* → stops -freeze the time- the need to take action to solve problems.

Our brains are programmed to seek pleasure and avoid pain. This had a clear adaptive value, as we learn through our environment and experience. When we engage in a pleasant experience, our brain reinforces its continuation, which is understood as good for survival. This mechanism had a clear adaptive value. If we were starving, our brain would set the need to be fed as a priority. However, what we are looking for is not food. What we are looking for here is to gain a sense of power, control and confidence. Then the drug (or whatever experience creates the illusion of pursuing those goals) will cause the brain to register it as something that should be pursued as a priority. That makes us reinforce addictive behaviour as if we need it to survive.

As this loop is fed, and the addiction digs deeper, the addicted person loses more and more control over his life, convincing himself of his lack of power, belonging, etc; while doesn’t have any incentive to quit the stimuli, as the person believes that the issue cannot be overcome anyway. Is better to remain in the predictability of the addiction rather than facing the long-term discomfort of the real world.

This example is quite specific but all addictions negatively impact the addict on a long-term scale. It impacts not only ourselves but also our surroundings and relatives:

*“There is no such thing as a good addiction. Everything a person can do is better if no addiction pollutes. For every addiction – no matter how benign or even laudable it seems from the outside – someone pays a price.”*

*Gabor Maté (2008)*

Our objective with this topic is to understand clearly how much our addictions prevent us from living the life we want to live. If we decide to participate in this project Youth Exchange, it's because our addiction impacts our life negatively and we want to change it. Putting words on it is important to find the resources to change it.

By the way, truth-speaking is also step 4 of the Twelve Step program called “taking inventory”. This step is made to make the addict aware of the impact of his/her behaviour on others. The meditation teacher, musician and recovering alcoholic Kevin Griffin wrote his feelings about step 4 in his book entitled *One Breath at a Time: Buddhism and the Twelve Steps*:

*“What’s odd about the inventory is that, for me, it was an admission that I had power in the world, power to hurt others, which I’d never acknowledged. Besides denying my own responsibility, I’d also often denied that my words or actions could have any effect on anyone. So, even though what was revealed was painful and destructive, just admitting that I had hurt others was empowering”*

Another important step to acknowledge the impact of addiction in our life is step 10 of the same program:

*“Continued to take personal inventory and when we were wrong promptly admitted it ” By structuring such responsible but non-judgmental self-examination into our routine, by owning the impact of our behaviours on others, we are lighter and freer. We have less need to escape into addiction”*

*Kevin Griffin*

## IV.II. Workshop on Impacts of Addictions

### IV.II.I. Objectives and impacts pursued

- Expression for change
- A wake-up call
- Free ourselves through creativity, communication and expressing ourselves (sharing)
- Awareness about the impacts of addictions, both on ourselves and on others
- Support the process of them changing their own situation through actions
- Zoom out → to not judge ourselves and the others (addicts are human beings)
- Listening to others (“Listen from the heart”)

### IV.II.II. Description of the workshop

#### **Energizer (15 minutes)**

Embodiment energizer related to the impact of addiction.

The participants were invited to walk in silence, and to get in pairs. In each exercise, one of them was the leader. When the exercise changed, they exchanged roles.

**In the first one**, the leader had to use one hand to guide, and the other participant had to follow the movement with his/her eyes. The leader symbolises the addiction and the follower, the addict. The point was to show that addictions can lead us to do things we don't realise, what we are not aware of.

**The second one** was a “mirror” exercise where the follower had to mirror (or imitate) this movement, in order to show the influence of addictions on others and our environment, and to question the reasons why we tend to follow others' (addictive) behaviours.

**In the last exercise**, one of the two was invited to close his/her eyes and the other had to show how an addiction feels (for him or her) using the other's body. Then they changed roles. The purpose was to share with someone else how an addiction feels (physically), and how it feels to lose control of your body, and the marks/impacts it leaves on you.

#### **The Theater of the Oppressed (revisited) (40 minutes):**

Participants were divided into 3 groups (of approximately 10 persons per group). They were given the following instructions: they would have 10 minutes to prepare a small play about an idealistic situation (family, friends, and classmates).

The performance wouldn't be longer than 1 minute and they would present it in front of everyone one time. Then, they would do the play a second time, and the crowd was encouraged to join the representation whenever they felt like it.

They could join by doing a clap with their hands to change the role with someone from the play, and by doing that the person joining would bring in an addiction, in order to see how it impacts the idealist situation. After each scene, we were doing a reflection time, questioning the addictions that were brought and how it impacted the idealistic situation.

#### **Reflection time (20 minutes):**

The participants were invited to form a circle, and sit. First, they were encouraged to take a deep breath and stay silent. Then, the team highlighted the fact that addiction always has an impact on people, whether it be negative or positive, leaving a mark on them for the rest of their lives. In order to symbolise this mark, the participants were invited, if they felt so, to burn a cork while telling how addiction has impacted them, and to leave a mark on

their skin with the burned cork. The point was to visually represent that impact with the black mark on the skin and also to realise that many people have this mark on them, but we just don't see it.

#### IV.II.III. Reflective questions for the facilitator group

##### **Why did you choose it (workshop type, how is it connected with the topic)**

It was interesting for us to see how we could represent this impact, making the participants really feel it, physically and emotionally. The point of the workshop was the embodiment of this impact. We chose this topic and these exercises because we wanted to do something less theoretical and more emotional (and practical). Because an impact is something that we feel.

##### **What did you get?**

First of all, we've got a lot of emotions. We were proud that the participants really got involved in this workshop, and that they enjoyed it. Also, we were proud that we managed to be impactful, and of our teamwork, and that we were part of this too.

Then, we learned that each of us has some mark on himself/herself, and that we are not alone. We realised how much addiction changes our lives and ourselves. We also got a better connection between us. Finally, we felt the power of impact, and the power of sharing.

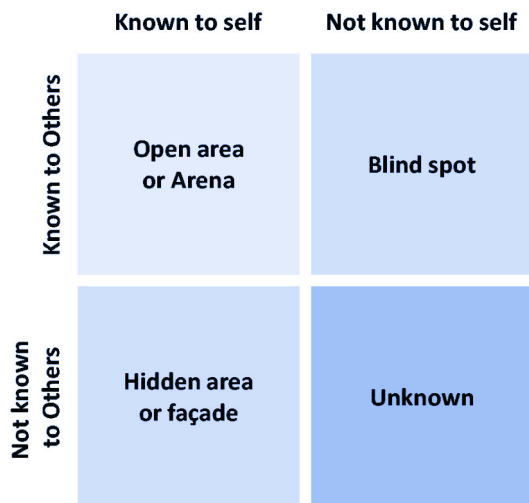
#### IV.III. One step forward into the unknown. A model to analyse the impacts and roots of our addictions

##### IV.III.I. The Johari Window

So, to compile what we have seen until now. So far we know that:

- 1) The roots of our addictions come from our past and are influenced by an important quantity of social factors;
- 2) The way we face triggering situations has a lot to do with the way we observe these situations;
- 3) The beliefs we've built through our lives influence the way we observe and behave.

But now, we will take one step further into the unknown, as another way to deepen our understanding of our unconscious patterns which foster the continuation of our addictive behaviours, despite their impacts on our lives. One tool which is really interesting to self-discover yourself and change the perspective of your life 180°; is the **Johari Window**. This tool was developed by Joseph Luft in 1955, and is a psychological model normally used to improve communication, relationships and self-awareness, and it can perfectly be used as a tool to assess addictive behaviours and its impacts. Looks like this:



These four quadrants represent different “areas” of information about an individual:

1. **Open Area:** information is known both to the individual and to others.

2. **Blind Area:** information is known to others, but not to the individual. Is the perceptions and observations the others have but the individual is not aware of

3. **Hidden Area:** information that is known to the individual but not to others. Is kept private and not shared with others.

## The Johari Window Model

4. **Unknown Area:** could be the most interesting area. This information is not known neither for the individual nor to others. It includes unconscious and undiscovered aspects, skills, and knowledge that have not yet come to light.

What is interesting about the Johari Window is to understand how we can move through the areas and, ultimately, expand the Open Area.

- Through asking (Feedback) we move from the Blind Area unto the Open Area, so an individual can know more aspects of himself that before was unaware of.
- Through showing/speaking we move from the Hidden Area unto the Open Area, so others know more about the person.
- But to move from the Unknown Area unto the others, we need to experiment new things, to open our minds to new reflections and conceptualizations of reality, and try things we never thought of trying beforehand. Moving from the Unknown means learning and growing.

If you feel stuck in some moment in your life and you feel a change is needed, trying to observe the possibilities of action through the Johari Window provides a completely new brand perspective, and ultimately, new ways to observe the observer.

### IV.III.II. The River of Life

The **River of Life** is a tool which consists in using a drawn river to represent, metaphorically, the path of our lives and the key past events that had taken us to the point in which we are right now. Through this exercise, our aim was to focus on the impacts relevant events in different areas had on our life, but also, understanding how others' had influenced our path. The exercise was developed in the following way:

We asked the participants to represent in their river, 3 key events in relation to:

1. Family
2. Friendship
3. Love

We provided 5 minutes between each topic. Afterwards, the last question asked was “think about a situation in which you realised you were able to make an impact in your life or someone else’s life.”

Finally, to conclude this introspective session, we invited the participants to sit together in a circle. We drew a big river in a flipchart, which was titled “The River of Be Aware”. We asked the participants to reflect on their path and experiences during the days on this project, and we invited them to write a word in this river, which could represent how Be Aware was for them.



Through the creation of a river which compels the beginning of our life until now. The main point will be to specify the main events and environmental factors in our lives which have the major impacts on the addictive behaviours we carry with us today. Through this graphical representation of the roots of our addictions, we can be more aware of the main event in our lives that makes us develop these behaviours.



## V. Physical and Mental Wellbeing

### V.I. Description of the topic

*[If] mental health is the poor sister of the health system, then addiction is probably the second cousin who lives in the slums*

*Dr. Henry, British Columbia's provincial health officer*

The previous topics were designed to raise awareness of the problem of addiction. We reflected on the roots of our addictions, the different forms they can take, and finally identified the extent to which they have a negative impact on our lives.

But after the acceptance comes the action! We believe that one of the most important things you can do to overcome an addiction is to work on your physical and mental well-being. Behind every addiction lies suffering, and that's why taking care of ourselves is so important.

We can resume addiction as a habit that becomes harmful and highly impacts the addict's life. Our addictions can influence a lot of our behaviour, increase our suffering, the image we have of ourselves, and our shame, increase our stress, make us more reactive...

*Emotionally drained, people often lack energy, as anyone who has experienced depression knows, and this is a prime cause of the bodily weariness that beleaguers many addicts*

*Gabor Maté*

Consequently, an addiction influences our mental and physical state. Though, working on our well-being, in the way that suits us best, is essential to live better and go through our addiction.

By the way, the idea of self-care, including healthy nutrition and body-work modalities such as yoga or martial arts, along with mindfulness practices such as meditation are highly recommended by the specialists of addiction we read. Because addiction deregulates our brain reaction, influences our emotional state, makes us more reactive and increases our stress reaction.

For Gabor Maté, the three essential environmental conditions for good brain development are nutrition, physical security and consistent emotional nurturing. Taking care of ourselves through well-being is essential to healing from addiction:

*“Healing, then, must take into account the internal psychological climate – the beliefs, memories, mind-states and emotions that feed addictive impulses and behaviours – as well as the external milieu. In an ecological framework recovery from addiction does not mean a “cure” for a disease but the creation of new resources, internal and external, that can support different, healthy ways of satisfying genuine needs. It also involves developing new brain circuits that can facilitate more adaptive responses and behaviours”*

## V.II. Workshop on Impacts of Addictions

### V.II.I. Objectives and impacts pursued

- Create space for self-reflection and questioning about the habits of participants regarding their physical and mental health.
- Share in smaller groups the examples and good practices in coping with their addictive behaviours.
- Do a workshop outside, in nature.

### V.II.II. Description of the workshop

#### 1. **Energizer:** Simon (Alba) says (15min)

All participants stand in a circle, one person is the conductor and stands in the middle of the said circle. This person starts to say some orders, for example “*Simon says do squat*”, and participants have to follow the order. If the conductor gives order without “*Simon says*” at the beginning of the sentences and someone follows/does the order, they are eliminated. The winner is the last person who stays in the circle.

#### 2. **Silent walk:** What it is and questions for self-reflection (20min)

Participants were asked to walk in complete silence on a predetermined route in nature (route around the temple). It was explained to them that they are supposed to keep quiet throughout the whole walk, to try to connect to their inner world and focus on present feelings. Before starting the walk, they were given questions they should think about and reflect on. The questions were following:

- What are the habits/routines that help you manage your addiction(s)?
- How often do you ask for support from your community (family, friends, youth organisation...) when you are struggling with your addiction? If rarely, why?
- When you aren't physically active on a regular basis, how does that affect your addictive behaviours?
- How often do you spend time in nature and how do you feel when you are in it?
- Do you think you are doing enough for your own physical and mental health? If you are not, what could you do?

#### 3. **Reflection time** (15min)

After participants had finished the walk and arrived at the temple they were given blank paper to write down what they reflected on. They were encouraged to stay alone with themselves during this time, to be in that silent headspace for a bit more, before rejoining others. Also, instructions were put out for them to return to the training room after 15 min is up for the next phase of the workshop, keeping in mind they should bring back papers with them.

4. **Sharing in the groups:** space to get ideas, advice and suggestions how can one work on improving and implementing healthy practices for better mental well-being and physical health (30min)

All participants were split into 4 groups of (approximately) five people. Each group was approached by one of the organisers (us) who took papers, mixed them (just those papers of the group we approached) and gave back each person one of the papers. Among their assigned group, the participants took turns reading the paper they got, and after each read, all could give their support, examples of beneficial habits/routines, and their personal success or struggle stories. This way, without knowing who was reading whose paper, everyone's thoughts could be shared anonymously, without a feeling of shame or embarrassment over what was written.

5. **Receiving feedback from participants** (15min)

### V.II.III. Reflective questions for the facilitator group

#### **Why did you choose it (workshop type, how is it connected with the topic)**

We decided it was only appropriate for most of our workshops to be held outside and with light physical activity such as walking, because we believe spending time in nature, especially when in motion, has a strong correlation with overall physical and mental well-being. In today's world, where fast way of living is a standard (being chronically stressed, always busy and in the rush, never really having time to be present and with your own self are norms of 21st centuries lifestyle, which stimulates development of all kind of addictions) we wanted to remind all our participants how important it is to step outside and allow ourselves chance to breath and still. Most of us are aware that caring about ourselves, by being regularly physically active, spending time surrounded by greenery and the calmness of nature, slowing down, tremendously helps with regulation of addictive behaviours, and in spite of that, we so often forget to practise those things. The walk itself also provided time for participants to question to what degree they are actually looking after their health and how they can work on it.

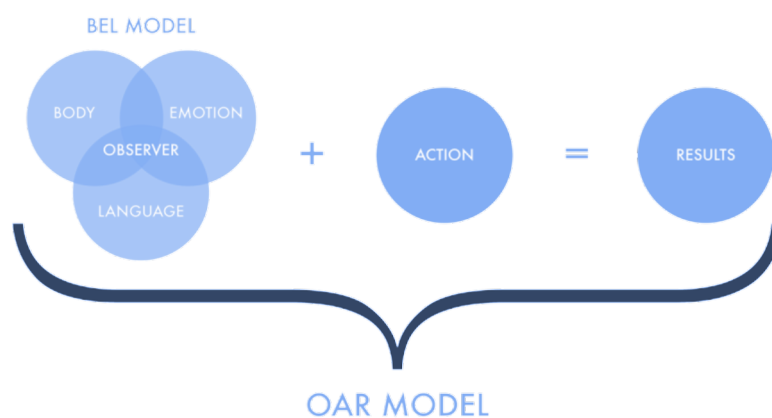
Second part of our workshop was all about bringing awareness to the positive impact supporting communities and safe spaces for vulnerability have on one's mental state and general satisfaction with one's life. It's indisputable that the support and care we receive from others make a big difference in how we handle our addictive behaviours, so we recreated environment where people can openly discuss the relation between addictions and health (physical and mental).

## What did you get?

We got a chance to deeper explore the topic at hand through a non-formal method and, by asking the purposeful and thought-provoking questions, we managed to discover more about our behaviours and inner workings regarding addiction. Also, after the workshop, some of the participants allowed us to take a look at the things they wrote as responses to questions, which gave us insight into what are the most common obstacles people face when trying to incorporate better habits, when do the majority of setbacks and relapses occur etc. It was eye-opening to discover most of the participants are reluctant to reach out to their friends and family for help when they are having a hard time 'cause they don't want to bother others, even when they know family/friends would be willing to help them!

## V.III. A better understanding of who we are as an observers

### V.III.I. Body/Emotion/Language (BEL) Model



- These 3 elements are interconnected and form the *observer we are*
- We can be **active designers** of each element and of the model itself
- By making changes in one of the areas, we can make a change in the other ones

Let's take a look to understand each one of them:

#### 1. **Body:**

- a. Is our biological structure. We are **determined** by it. What I mean with this is that:
  - i. What we do is a cause of **how we are**, not what happen to us
    1. The environment is the trigger of our experience
    2. Our actions, reactions and perceptions comes from BEL
- b. However, our structure is **constantly changing**. That means that:
  - i. New actions create new structure

2. **Language:** We started with the talk by Chalmers Brother, the author of *Language and the Pursuit of Happiness*, to approach language as the generative and creative tool in which we live every single day of our lives. Here is the [link](#). In addition, some key interpretations about language are:
  - a. Through language, we express **how we are** and **how we make sense of situations** (interpretations, narratives, story building, internal-external conversations)
  - b. We **act** according to our **opinions and judgements**
  - c. And we make opinions according to the way we observe through our **filters/distinctions**

### [YOU SPEAK YOURSELF INTO THE WORLD] [Event vs. Explanation]

**3. Emotions/Mood:** our mood/emotional space/state influences our **narratives** and our **actions**

- a. Mood is long-term and understood as the *predisposition to action*, while emotion is short-term and understood as a *temporary shift in this predisposition*
- b. We are not good observers of our moods → We continue operating out of disempowering narratives

### KEY CONCLUSION

Now we understand the 3 elements, the fundamental part is to **become aware of the interconnection**

Stories are produced by emotional states. Emotional states produce stories.

This synergic relation impacts our body (psychosomatic effect/embodying the mood) and our conversations (internal/external)

**Being an active designer of this connection is the key to re-interpret who we are as observers**

### V.III.II. Breathing workshop

In order to deepen the understanding of this model, we decided to address the power of breathing as a tool which enables us to make changes in the areas of this model. Breathing is a powerful tool that we take for granted, as we do it unconsciously. However, using breathing in a conscious way opens up different possibilities, such as being able to feel different new sensations, calm the nervous system, relieve muscle tension, enhance energy, calm stress, etc... There are lots of benefits through conscious breathing we can acquire the more we practise different breathing techniques in a conscious way. And this is known for thousands of years already. Precisely, the concept of *yoga*, in sanskrit, means "union, connection" (yog'), and in order to create the connection between the body and the mind, this ancient practise address the breathing (*pranayama*, as its known) as the core and main way to reach this connection. Reaching this connection allows us to be more present and to be able to create better spaces of understanding of truly who we are.

Together with the participants, we went over three rounds of the famous Wim Hof breathing technique in this workshop, with the purpose of understanding how changes we do in the area of the body can create changes in the areas of emotions and language. In case you want to know more about this breathings, here I address:

- A follow-along video of the breathing exercise, delivered by Wim Hof ([link](#))
- And a testimonial by one practitioner of this method, and how it help him to go over addition problems ([link](#))

Some reflective questions which can support the link between the breathings and the BEL model are:

- a. How do you feel now? What changed?*
- b. Have you noticed any change in your mood space? And in your body?*
- c. Have other thoughts come to you during the process that distracted you from being present? → The need for practise*
- d. Invite to observe your language and any alteration during the rest of the day*

### V.III.III. Creativity workshop (by Veso Marinov)

Delivering a workshop about creativity and arts isn't just about mastering techniques or memorising facts, but it's a gateway to a multitude of benefits that can significantly enrich the lives of individuals and it provides a platform for young minds to unearth their unique voices.

Engaging with the arts encourages analytical thinking and problem-solving skills and exposure to various art forms introduces people to diverse cultures, histories, and perspectives. When it comes to early exploration, art and creativity are powerful stimulants for human development and self-discovery and for a young person, being creative is a journey into the unknown regions of their minds as much as a means of escape.

The struggle for art forges perseverance, understanding different viewpoints fosters empathy, and aiming for perfection turns into a never-ending desire for greatness. Young people discover their voice via art, a potent resonance that echoes far beyond their immediate surroundings.

Essentially, studying creativity and the arts gives young people a wide range of viewpoints and skills that support their emotional, social, and cultural development in addition to their academic growth. They can benefit from this investment for the rest of their life.

## VI. Prevention and Recovery

### VI.I. Description of the topic

*“I believe that if we look with an open mind at the phenomenon called addiction, the sense of mystery will be replaced by an appreciation of complexity”*

*Gabor Maté (2008)*

We will conclude this series of topics by speaking about prevention and recovery in order to find a solution to healing, but also to stress the importance of prevention in our modern society. Indeed, there is a lot of misunderstanding and a lack of knowledge about this health problem.

The best example of this is the way our policies face the problem of drug addictions with the so-called “War on Drugs”. A policy initiated in the 1970s, with the objective of fighting drugs by punishing and severely criminalising illegal drugs users. The USA aggressively promoted this policy in the world and a huge amount of money was put into it. The problem is that this policy failed on all levels. If we read the report of the King County Bar Association in Washington State, the war on drugs:

- Failed to reduce drug use
- Provoked dramatic increases in crimes
- Sky-rocketed public costs
- Provoked an erosion of public health
- An abridgement of civil rights
- Provoked a disproportionate effect on Minorities
- And a loss of respect for the Law

We will also add that the principal consequence of this policy is that we wage war on people who have suffered the most trauma and were already neglected by society.

This only one example already shows a dysfunction in the way we work on addictions and can be a starting point of reflection that goes beyond the drug issues. We are in a society more and more addicted but society, politics and the Medical field don't seem ready and well prepared to face this phenomenon. Gabor Maté points out the lack of formation in the Medical Schools as well as the Dr. Charles O'Brien. “Unfortunately, most health care systems continue to treat addiction as an acute disorder, if at all”.

Given the increase of this huge health problem in our Society, it sounds important for us to bring this topic of prevention to face the general denial of society. And if we take the example of the "war on drugs", it's because it symbolises the whole social denial of the problem of addiction:

*"Why do we despise, ostracise and punish the drug addicts when as a social collective we share the same blindness and engage in the same rationalisation? To pose that question is to answer it. We despise, ostracise and punish the addict because we don't wish to know how much we resemble him. In his dark mirror, our own features are unmistakable. This mirror is not for us, we say to the addict. You are different, and you don't belong with us. [...] Like the hardcore addict's pursuit of drugs, much of our economic and cultural life caters to people's craving to escape mental and emotional distress."*

*Gabor Maté (2008)*

We don't pretend to be experts in the prevention of addictions and have all the keys to work properly on it. But, in the context of this Youth Exchange, it seems important for us to promote social awareness and a new state of mind in the way we treat addiction.

That's why we stress a lot in the presentation of our project about the importance of building a space of support and solidarity. We strongly believe that empathy, acceptance of the other and caring are more important than ever in this context of denial and stigmatisation of the addiction problem. We should collectively support the addicts instead of isolating and stigmatising them. Acceptance of each other is one of the greatest challenges humankind faces. For that, we will have to face some prejudices:

*"Some people may think that addicts invent or exaggerate their sad stories to earn sympathy or to excuse their habits. In my experience, the opposite is the case. As a rule, they tell their life histories reluctantly, only when asked and only after trust has been established - a process that may take months, even years."*

*Gabor Maté (2008)*

Addressing personal accountability also is essential. On the one hand, we can point out how society, in general, lacks resources to cope with struggles and properly understand the issue of addictions. But, on the other hand:

*We know very little about how to create effective changes in the environment around us because we have not learnt how to communicate directly about what we want and feel (often we don't even know ourselves) and we have not learned problem-solving techniques such as reflecting, self-observing and cooperating. We are much more used to denying our true feelings, avoiding reflection and self-observation and blocking any possible awareness; through an uninterrupted succession of experiences aimed at altering our mood.*

*Washton and Boundy (1990)*

Precisely, one of the fundamental learning goals of our project is to stress these 3 problem-solving techniques expressed in this quote:

1) Reflecting; 2) Self-observing; and 3) Cooperating



To recover from (but also to prevent) addictions, to reflect and to learn to observe ourselves, and the way we observe our reality, is needed to break through. Building a new healthy lifestyle cannot be done if we don't become aware of our unconscious patterns, why we do the things we do and acquire accountability for our acts and ways.

## VI.II. Workshop on Prevention and Recovery

### VI.II.I. Objectives and impacts pursued

Educating on addictions:

- Fighting lack of information.
- Fighting stigmatisation.
- Building community:
- Sharing our thoughts on the topic.
- Getting closer to each other.

Our workshop addresses two moments related to the process of addiction. The first one is prevention, which can help us to address the second one: recovery. This workshop took place on Monday 11th December 2023. Before its creation, on Friday 8th, Be Aware participants contributed to a brainstorm about it, and the main conclusion was that education is the key for prevention. Meanwhile, recovery is the process through which the addict gets healthy again.

### VI.II.II. Description of the workshop

This workshop includes the ninja game as an energizer, the line game, a quiz contest, a round of compliments and a pamphlet. As the pamphlet is self-explanatory and our time was limited, we simply gave it to our workshop's participants.

#### **ENERGIZER: NINJA GAME (10 MINUTES)**

In this game, each player has 2 lives, one per arm. In the beginning, everybody gathers in a circle putting one of their hands together, in the middle. To start, everybody shouts 'nin-ja', separates their hands and changes their position. Once all the people have done this, they have to stay frozen until their turn. One by one, each player is allowed to do only one movement, whether it is offensive (reach out to another player's arm) or defensive (separate from other players). When someone is touched in their arm, they lose a life. The winner is the last player who remains 'alive'.

Piece of advice: When there are more than 8 players, it is better to split them into smaller groups in case there is not much time.

## LINE GAME (15 MINUTES)

The line game was an interactive game in which the participants were given a range of statements and they had to choose their position on the topic. More specifically if they; strongly agreed, agreed, disagreed, strongly disagreed. This game fought the topic of miseducation as it is the main cause of stigmatisation. The objective was to help people visualise their thinking and to compare it to the beliefs of the other participants. An exchange of ideas/ "debates" also took place in this game, as we let people from the opposing sides share their opinions, as to why they took this stance. The statements that were made were generated from popular opinions and generalisations, but were not facts. We took extreme phrases and made people analyse it in a more vivid spectrum, showing just how difficult it is to step out of the easy stereotypical thinking. In the end the group sat down in a circle and had a brief discussion on how they felt after the exercise. We ended the exercise on the note of how it is easy to stigmatise and simplify something that is not familiar to you, but it takes more strength to accept, support, and love.

The statements were these:

- o Once an addict, always an addict.*
- o Addictions are always unhealthy.*
- o Abstinence (cold turkey) is the only way to quit.*
- o All illegal drug users are addicts.*

## BE AWARE CONTEST (25 MINUTES)

Our contest was designed for its participants, who were from Bulgaria, France, Greece, Italy, Serbia and Spain. We divided them into 4 random groups and asked them 15 quiz questions related to addictions in their own countries and in the whole world. They had 30 seconds to answer each of them. To create tension, we marked each second with a percussion instrument and we accelerated the rhythm in the last 10 seconds. When their time was over, we rang a bell. At the end of the quiz, we asked players if they considered that any kind of addiction was lacking in our quiz, or if we were focusing more on one kind of addiction than the others.

We wanted them to realise that it had been way easier to find data about substance dependency than addictive behaviours. This means that even if all addictions are dangerous, we should be conscious of our addictive behavioural patterns, as they may go unnoticed. Moreover, this reminds us that not all types of addictions are equally prevented. I.e.: The processed food approved by governments has an unhealthy and unnecessary quantity of sugar, also very addicting; some countries allow gambling advertisement.

The quiz questions:

### **1. In France, how many smokers started to smoke before they were 18 years old?**

- A. 2 out of 5
- B. 5 out of 10
- C. 4 out of 5 (correct)

D. 4 out of 10

**2. At which age do people start to drink in Spain?**

A. 18

B. 22

C. 16

D. 14 (correct)

**3. Which drug is used the most in Italy?**

A. Cannabis (correct)

B. Pictures next to Pizza's Tower

C. MDMA

D. Cocaine

**4. Which percentage of women smoke in Serbia?**

A. Everyone you know.

B. 60%

C. 40% (correct)

D. 30%

**5. Which of these countries has the highest percentage of coffee addiction?**

A. Japan

B. China

C. Finland (correct)

D. France

**6. How much sugar do kids consume in Spain?**

A. More than twice the recommended amount of sugar (correct)

B. No sugar at all

C. The recommended amount of sugar

D. 5 times the recommended amount of sugar

**7. According to the World Health Organisation, the number of deaths caused by alcohol per year is...**

A. 500.000

B. 2 million

C. 1 million

D. 3 million (correct)

**8. Which country has the most workaholic leaders?**

A. Spain

B. Italy

C. Romania

D. France (correct)

**9. What percentage of people are addicted to gambling in Greece?**

A. 20%

B. 14% (correct)

- C. 18%
- D. 23%

**10. According to the World Health Organisation, which of these 2 criteria can determine if someone is addicted to video games?**

- A. Lack of control over the game: frequency, intensity, time (correct)
- B. Playing more than 4 hours a day
- C. Progressively prioritising gaming over other activities (correct)

**11. When is Sneh's birthday?**

- A. Who is he?
- B. 15th December
- C. 9th December (correct)
- D. Every day

**12. According to a study, shopping addiction predominates in people whose age is around...**

- A. 40
- B. 18
- C. 21
- D. 30 (correct)

**13. In 2019, which percentage of people 15+ were smoking in Bulgaria?**

- A. 28% (correct)
- B. 35%
- C. 40%
- D. 80%

**14. Which percentage of teenagers in Greece are addicted to the internet?**

- A. 40%
- B. 36%
- C. 30%
- D. 24% (correct)

**15. Which are the most common addictions in Italy?**

- A. Alcohol and coffee
- B. Pasta and wine
- C. Nicotine and alcohol (correct)
- D. Cannabis and nicotine

### **COMPLIMENTS CIRCLE (20 MINUTES)**

After the quiz, we asked everybody to sit in a circle, close their eyes and take some breaths while thinking about the magical moments of this Youth Exchange. By the time they were all more relaxed, we proposed them to compliment the person sitting to their right,

with the only requirement that they should talk about personality traits instead of physical appearance.

Within the context of Be Aware, this was the last workshop, which was one of the reasons that led us to include this closing activity. By the time we did it, we had been living together for 5 intense days, so everybody would be able to compliment each other. Although it would be more impactful, it was not necessary to say something very deep, but to say something positive with honesty.

Anyhow, when we decided to include this activity, we were keeping in mind that addictions come from an inner emptiness that needs to be filled, and which is usually related to a lack of self-confidence. Victimisation is very related to these issues as well because it implies giving more importance to our weaknesses than our strengths, and consequently surrender to addictions.

Therefore, the compliment circle allows us to empower each other by recognizing our virtues. Last but not least, this also allows us to be surprised and break prejudices, which cause the stigmatisation that we want to fight. For example, one of the participants that came across as a party animal was said to be very reflective too.

#### VI.II.III. Reflective questions for the facilitator group

##### **Why did you choose it (workshop type, how is it connected with the topic)**

- Personal experiences
- Interactivity
- Practicality

Both prevention and recovery can summarise the objectives of these Youth Exchange. Through our workshop and through the whole experience we have learnt to help ourselves (also by asking for help) and others.

##### **What did you get?**

- Useful knowledge to fight addictions from an individual and social perspective.
- Understanding of how people work when it comes to stigmatisation.
- An improvement on our ability to perceive nuances.
- More consciousness of the importance of discussing assertively with people who think unlike us.
- Team working skills. In the beginning, we struggled to reach a compromise and find an organised system but finally we got to do a workshop that everybody enjoyed. In fact, one of our strengths according to the feedback had been teamwork.

#### **The Pathway to recovery: Overcoming Addictions**

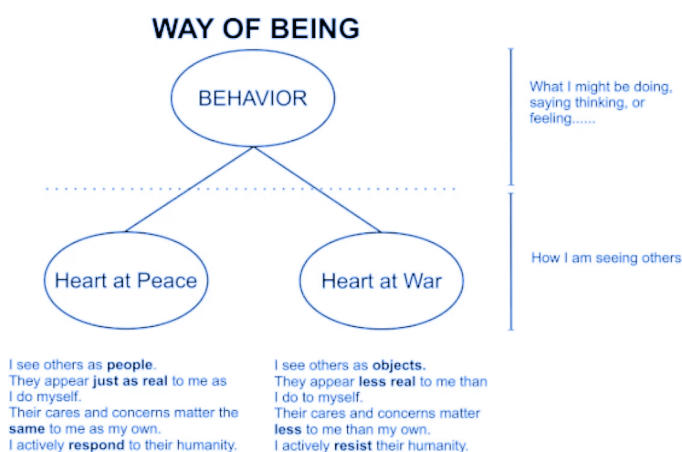
### VI.III. Maybe the key is Helping Things to go Right



The session was developed during the last day of the implementation, as the closing for the learning path of this project. We borrowed the conceptualization made by The Arbinger Institute, in their famous book *The Anatomy of Peace* with the aim to close the learnings of the project in one main idea: *helping things to go right*.

We started the session with the Ted Talk of *Resolving the Heart of Conflict*, by Jim Ferrel ([video](#)) in order to contextualise the concepts from the theory of *The Anatomy of Peace*. The book explores the principles of resolving conflicts and fostering peace. One of their main conceptualizations is based on the way we observe and understand other people:

1. We can see them as objects that count less than us, they call this behaviour a **heart at war**.
2. Or we can see others as people that count like we count and have the same value, they call this behaviour a **heart at peace**.



Of course, if I ask you whether you treat people like objects or humans, you'll probably reply that my question is absurd. That of course you're treating others as people. However, in practice, it turns out that we often act with a

heart at war. Every time we put a label on someone, every time we justify conflicting behaviour, every time we stigmatise someone, we're acting with a heart at war. If we return to the case of addictions, our public policies are clearly acting with a heart at war, because they fight substances and stigmatise addicts instead of helping them.

Therefore, one of the main problems in human interaction and communication, as this theory exposes, is the need we have "to be justified, to be right". And when we continue persuading this need, we prioritise problems over solutions, and conflict over peace.

Having a "heart at peace" is important for solving the problem of addiction because it reflects a mindset and approach that is conducive to understanding, empathy, and effective communication. Here are several reasons why a "heart at peace" is crucial in addressing addiction:

**1. Reducing Stigma and Judgment:** A "heart at peace" encourages individuals to view those struggling with addiction with understanding and empathy rather than judgement. Stigmatising attitudes can be a barrier to seeking help and can perpetuate the cycle of addiction.

**2. Promoting Open Communication:** A mindset of peace fosters open and non-confrontational communication. This is vital when discussing sensitive topics such as addiction, as it creates a safe space for individuals to share their experiences, concerns, and challenges without fear of judgement.

**3. Supporting Treatment and Recovery:** Individuals with a "heart at peace" are more likely to support and encourage those facing addiction to seek treatment and embark on the journey of recovery. This support is crucial for breaking the cycle of addiction and promoting long-term well-being.

**4. Addressing Root Causes:** A mindset of peace encourages a focus on understanding the root causes of addiction rather than simply addressing the symptoms. It allows for a more comprehensive approach that considers the underlying factors contributing to addictive behaviours, such as trauma, mental health issues, or environmental influences.

**5. Building Stronger Communities:** Communities with a collective "heart at peace" are better equipped to address addiction as a shared challenge. By fostering a sense of understanding and mutual support, communities can work together to implement preventive measures, provide resources, and create a supportive environment for individuals in recovery.

**6. Empowering Individuals:** Individuals with a "heart at peace" are more likely to empower those facing addiction to take control of their lives and make positive changes. This empowerment is a crucial factor in the recovery process, as it helps individuals regain a sense of agency and purpose.

**7. Preventing Relapse:** Ongoing support and understanding contribute to a lower risk of relapse. A peaceful and supportive environment helps individuals in recovery navigate challenges, manage stress, and avoid triggers that may lead to a recurrence of addictive behaviours.

**8. Encouraging Early Intervention:** A "heart at peace" encourages early intervention and prevention efforts. By addressing addiction with understanding and empathy, individuals are more likely to seek help at the early stages of the problem, increasing the likelihood of successful intervention.

In summary, having a "heart at peace" is essential for creating an environment that promotes understanding, empathy, and effective collaboration in addressing addiction. It sets the foundation for supportive communities, open communication, and comprehensive approaches to prevention, treatment, and recovery.

Through this conceptualization, we want to stress the idea that "helping things to go right" is more important, and it's the basis of "fixing things that go wrong". Because if we try to continue fixing our addictions, without helping all the different areas of our lives to go better; the effort will be in vain. That is why, what we are trying to foster through the conceptual framework exposed during the project is to create a *Second Order Change*, aiming at:

→ Helping things to go Right (moving our *hearts at peace*)

→ By changing the observer:

- Understanding that we are composed by a body, emotions and language, and through making changes in these areas, we can be active designers of *the way we are*.
- Understanding that our behaviour is conditioned by unconscious cognitive processes, known as our *filters*; but, that we are able to bring some of them into light, by:
  - Being aware that we go over these unconscious processes.
  - Reflecting on our belief system and putting a name to our beliefs.
  - Being aware of the huge influences of our social environment.
  - Understanding our degree of internal vulnerability towards addictions, examining the model of *Addictive Bad-Being*.
- Being aware that we can move in different areas of our personal *Johari Window*, giving us the power and opportunity to try to create new experiences in our lives and move in unknown territory

→ Practising *compassionate curiosity*.

*Compassionate Curiosity* can be seen as a way to reconnect to our internal climate. It can also be seen as a switch of perspective towards our traumas, our roots of addiction:



*“It doesn’t need to go away - indeed, it won’t go away, not completely. But I can transform my relationship to it, and become more intimately related to it. I can even gain some mastery over it, which means noticing it without allowing it to control my moods or behaviours. Similarly, I don’t have to take on the impossible task of erasing the addictive impulses that arose from early acquired brain patterns - but I can transform my relationship with them, as well. Essential to any such transformations is a letting go of judgement and self-condemnation.”*

*Gabor Maté, on his own trauma*

To summarise, compassionate curiosity is a way of asking the Why we are addicted in a non-judgmental way. In the end, stressing the idea of helping things to go right rather than fixing things that are wrong. Seeing ourselves with compassionate curiosity, can help to change the observer.

**Finally, we want to conclude with a powerful statement which shares Be Aware’s vision:**

***The opposite of Addiction is NOT sobriety.  
The opposite of Addiction IS connection***

## \* Testimonials on the disconnection process

*At first, I was a little bit scared, because it was a strange challenge for me to give away my phone and not be connected with other people. But, as the days passed I found myself enjoying my free time without a phone. I had a time to awaken my creativity and be alone with my thoughts, so in the end it turned out to be the best decision to do and trust the process.*

**Ljiljana**

*Although I usually try to disconnect, lately I've been spending a lot of time on social media. Disconnection has reminded me that what I need is quality time with others and myself. Overall, I've reflected about the best way to use social media as an artist, and about my emotional dependency on some people.*

**Cecilia**

*The disconnection was the most influential learning objective in this project because it helped me to sit with my feelings, instead of using social media blocking out my unwanted feelings. It brought awareness of the dangers of wanting to block out or numb your emotions. The things that you do when you're bored help you to find yourself. Within the context of our group it helped to create a safe space where people could share their emotions and be vulnerable without any fear of judgement. What I like the most is that before we did the disconnection we wrote our expectations of how we were going to use these experiences in real life and what we feared. When I read those after the disconnection it helped me see where my fears came from, and helped me see how I can overcome them, and use the tools that I learned from the project to apply the disconnections in my real life according to my terms. Now, if I were to go on social media, I would realise what I'm doing. I realise when I am doing it too much and I try to apply new hobbies and use good practices in my life so that I can replace the bad habit with a good one.*

**Victoria**

*Disconnection has been one of the most powerful experiences I've had in my life. I took the challenge to turn my phone off and put it in a box for one week. During this week I struggled with dealing with my loud thoughts that I couldn't shut down with some compulsive scrolling on Social media. I struggled, but I slowly started to deal with them by sharing them with the amazing people around me, who I found out were experiencing the same. I thank myself for taking this challenge and the team for inviting me to take it and supporting the whole process.*

**Elisa**

*When I first heard about the disconnection process in the project I was confused about what would be the result and stressed. However, after this procedure and even during it I felt free and very content! I got to know each participant better and I had the chance to express deeply thoughts and emotions that I would have kept hidden if I had my phone. The thing that impressed me the most was the peace I felt during it and I am not going to forget it!*

**Sotiris**



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