

The Feeling-State Theory of Substance and Behavioral Disorders and the FS Addiction Protocol

A new brief therapy that *eliminates* addictions



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Dissertation researched the Behavioral Addiction Protocol on subjects with multiple compulsions.

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Workshop Agenda for 2 days

First Day

1. Feeling-State Theory
2. Identifying Feeling-States
3. Video of the FSAP

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Feeling-State Theory

A general theory that hypothesizes:

1. How experiences become fixated memories
2. The results of those fixations.

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Behaviors for which the Feeling-State Theory is useful in understanding the psychological dynamics:

1. Behavioral Addictions
2. Substance Addictions
3. Co-dependence
4. Anger
5. Paraphilias
6. Paranoia

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The Focus for Today:

Behavioral addictions

Substance addictions

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Topics of Presentation

1. What are behavioral addictions?
2. How are behavioral addictions created?
3. How does the FSAP work?
4. Review research on FSAP on BA
5. Overview of how to perform the FSAP
6. A Case History
7. Substance addictions
8. Difference in the FSAP between behavioral and substance addictions.

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Examples of Behavioral Addictions

1. Gambling Compulsion
2. Sex addiction
3. Shopping compulsion
4. Shoplifting compulsion
5. Exhibitionism
6. Voyeurism
7. Food compulsion

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However

ANY BEHAVIOR

can become part of a *behavioral addiction*.

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Behavioral Addictions

Behavioral addictions are sometimes called behavioral compulsions or impulse-control disorders.

According to the DSM:

The person feels an increasing sense of tension or arousal before committing the act and then experiences pleasure, gratification, or relief at the time of committing the act. Following the act, there may or may not be regret, self-reproach, or guilt.

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In other words, the person feels **compelled** to do some behavior even if he/she knows that doing the behavior will have negative or destructive consequences.

The behavior is justified by the person thinking such thoughts as "I'll win this time," "she deserves it," or "they won't miss it."

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Emotional Dynamics of behavioral addictions

1. **Avoidance** of a Feeling
(gambling to avoid feelings of guilt)
2. **Desire** for a Feeling
(gambling to feel like a winner)

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The Feeling-State Addiction Protocol focuses on the

DESIRE

part of this dynamic.

Avoidance is not
an addiction

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What causes behavioral addictions?

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A Simple Idea

***A trauma can be created by a single negative event.

***A BA can be created by a single positive event.

***Both PTSD and BAs are just different forms of **state-dependent memories**.

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Doug's gambling story

Doug won a single, large poker hand. The experience of being a winner was so intense that it became fixated in his mind.

From that point on, whenever Doug wanted to feel like a winner, he would play poker. This behavior persisted over a period of 10 years—even though he lost over \$1 million.

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BAs can be caused by a single **positive intense** event.

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The Solution

Just as EMDR has been incredibly useful in resolving the state-dependent memory of traumas, the FSAP is useful in the same way in resolving the state-dependent memories related to behavioral addictions.

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John's sex addiction story

The situation: In high school, a group of guys had a contest to see who could have sex with the most number of women.

The positive event: When John won, he felt intense admiration from the other guys.

The compulsion: Years later, John was still trying to have sex with as many women as possible.

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1. John was **not** actually interested in the sex.
2. After having sex, he would always tell one of his friends what he had done.
3. This allowed John to again feel the **admiration** he experienced in high school.
4. After telling the friend about the encounter, he would lose interest in the woman and begin the hunt again.

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John's *Desire*

John **didn't** really want sex.

John wanted **admiration** from other guys.

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So did John have a Sex Addiction?

NO!

John had an **Admiration Addiction**.

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Adam's gambling story

The situation: Adam's father played poker with the guys when Adam was growing up. Adam longed to be part of the group because his father didn't pay him much attention.

The positive event: Finally, when he was in his early 20's, his father let him play poker with them.

The compulsion: Adam played poker at least 5 nights a week, playing until he had lost a lot of money. Even when he had won earlier in the night, he would continue playing until he had lost it all.

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Adam's **desire**

Adam's compulsion to play poker was really a desire to **feel** a **relationship** with his father.

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Feeling, NOT Behavior

The **Real** desire is for the **feeling** that underlies the behavior, not the behavior itself.

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Important Points

1. A single event can cause a BA.
2. BAs persist long after the original event, even in the face of intense negative events (e.g., losing lots of money).
3. What the person is seeking is the feeling, not the behavior.
4. The same behavior (e.g., poker) can be the result of different feelings (e.g., winning or a relationship).
5. There is no specific association between any feeling and any behavior.

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In other words,

Any feeling can become fixated with any behavior.

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That's **why** there are so many **different** kinds of **behavioral addictions.**

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The Feeling-State Theory of Behavioral Addictions

A new understanding of what causes Behavioral Addictions

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Feeling-States

Feeling-State Theory of BAs postulates that BAs are created when **positive feelings**, linked with specific **objects** or **behavior**, form a **state-dependent memory**.

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This **state-dependent memory**,
composed of feelings and the
event, form a unit called a
“feeling-state.”
(FS)

The **FS** is hypothesized to be
the cause of BAs.

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**Feelings =
Sensations + Emotions + Cognitions**

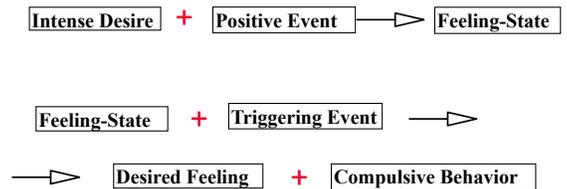
For example, when a person says, “I feel
strong,” there is a complex of physiological
sensations as well as emotions that are
linked to this cognition.

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**Feeling-State =
Fixation of [Feelings + Behavior]**

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Creating a Compulsion



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**Identifying an FS
Video**

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**How does Feeling-State Addiction
Protocol work?**

FSAP works by processing the fixated
linkage between feeling and behavior.

Once this **fixation** is **broken**, the person's
behavior will be **released** from the
compulsion.

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Perhaps the most **Shocking** thing is:

Abstinence is **NOT** necessary.

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Afterwards?

A gambler can still gamble; a shopper, shop; a sex addict have sex– in a normal way.

In other words, **normal behavior returns** and is under the control of the rational mind.

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While this may seem like **heresy** in the 12-step world,

In the **EMDR** world, we know what it's like to clear a memory in **1 session**.

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In the EMDR world, once a trauma is processed, the symptoms **do not have to be managed or controlled**.

The same is true for BAs once the **FS is processed**.

Traumas and FSs are both **state-dependent memories**.

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The Goal of FSAP Therapy

Not to quit
but
No longer to **want** to
do the addictive behavior

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Feeling-State Addiction Protocol FS Processing Overview

1. Imagine doing the specific behavior.
2. Identify the specific aspect of the behavior that is most intense.
3. Identify the specific feeling associated with that behavior.
4. Imagine doing the specific behavior and experience the specific feeling associated with that behavior.
5. Perform BLS sets to break the fixation between feeling and behavior.

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Why are some events so
**powerful they create
behavioral addictions?**

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A **positive event** can be
incredibly intense
when the event stimulates a feeling
that a person has a very
strong desire for.

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• The gambler whose feeling was “I’m
a winner” had strong belief that he was a
loser.

• The gambler whose feeling was “I’m
connected with my father” had a long-
standing need to be connected with his
father.

• The sex addict who wanted to feel
admired had a strong feeling that he
wasn’t good enough.

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The Person’s
Emotional History
sets him/her up to be
vulnerable
for **creating**
a
Behavioral Addiction

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A more general etiology of addiction

Vulnerabilities to addiction

1. Genetic
2. Neurobiological
3. Psychological

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A more general etiology of addiction

Vulnerabilities + Intense Positive Experience = FS

Eliminating the FS = Eliminating the Addictive
Behavior

The FS is the proximate cause of the addiction.

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Research on the Feeling-State Addiction Protocol

Participants had **multiple compulsions**:

Participants 1: Impersonating a police officer & Sex compulsion

Participants 2: Sex & Degrading Women

Participants 3: Gambling & Socializing

Participants 4: Gambling & Sex

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The Research Study

Published in the
November JEMDR

Manuscript in the training manual

- Single case multiple baseline design
- Each subject is his own control.
- So each subject is an experimental study of his own.
- The article

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The Role of Eye Movements

Even though the subjects had been imagining the behavior and experiencing the linked feelings many times before the intervention, **neither feelings nor behavior changed until after the eye movement component was added.**

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What are the differences between the EMDR PTSD Protocol and the Feeling-State Addiction Protocol?

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Feeling-State Theory

FST hypothesizes that there are 3 sets of beliefs associated with BAs.

1. The first set of beliefs is the apparently positive beliefs that are created during the positive events.

Example: A gambler may form the belief "I'm a winner" from a large win.

2. The second set is the pre-existing negative beliefs that laid the foundation for the creation of the FS.

Example: "I'm a loser."

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3. A third set of beliefs are the negative beliefs created from the out-of-control behavior itself.

Example: A person may develop the belief "I mess up everything" because of the problems his compulsive gambling creates.

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Phases of the FSAP

Phase I: History and Evaluation

General history of the client. The purpose of phase 1 is to establish:

- a. The overall safety of the person; i.e., not suicidal and not likely to decompensate during therapy.
- b. The general history of the addiction; i.e., when it started, how it progressed, how often they have tried to quit, the last time they tried to quit, how much they have been doing it over the last few months.

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Phases of the FSAP

Phase 2: Preparation

Explain the FSAP including the overall general theory of fixated memories and some stories of people with addictions, both similar to theirs and different. Also, prepare for doing EMDR with safe place, etc.

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FSAP Phases (cont.)

Phase 3: Processing the FS

1. Identify the exact behavior and feeling linked with the behavior.
2. Process the FS with BLS.

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FSAP Phases (cont.)

Phase 4

After processing the FS, process the NC that underlies the FS.

Phase 5

After all the FSs have been processed, process the NC that relates to their feelings about themselves in regards to their addictive behaviors

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Feeling–State Addiction Protocol Phases 1 – 3

Phase 1: History and Evaluation

1. Obtain history, frequency, and context of addictive behavior.
2. Evaluate the person for having the coping skills to manage feelings if he/she is no longer using substances to cope.

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Feeling–State Addiction Protocol

Phase 2: Preparation

3. If the person does not have sufficient resources to cope, do resource development.
4. Prepare the person for doing the standard EMDR protocol: explanation of EMDR, safe place, container, etc.
5. Explain the FSAP.

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Feeling–State Addiction Protocol

Phase 3: Processing the FS

6. Identify the specific aspect of the addictive behavior that has the most intensity associated with it. If the addiction is to a drug, then the rush/euphoria sensations are usually the first to be processed. However, if some other feeling is more intense, process that first. The starting memory may be the first time or the most recent- whatever is most potent.

7. Identify the specific positive feeling [sensation + emotion + cognition] linked with the addictive behavior and its PFS level.

8. Locate and identify any physical sensations created by the positive feelings.

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FSAP cont.

9. Locate and identify any physical sensations created by the positive feelings.

10. The client combines visualizing the performing of the addictive behavior, feeling the positive feeling, and the experience of physical sensations.

11. Eye movement sets are performed until the PFS level drops to 0.

12. Body scan for any sensation. Perform BLS until there is no sensation related to the FS.

13. Process the need for the wanted feeling: obtain a SUDS level of the feeling as a general feeling not connected with the behavior.

14. Perform BLS until the SUDS = 0 or 1.

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FSAP cont.

Phase 4: Process the NC underlying the FS

15. Identify the NC that underlies the feeling.

16. Use the float-back method to identify a touchstone event related to that feeling. If no event is identified, target the NC.

17. Process with the standard EMDR protocol.

18. Install future templates of how the person will obtain the needed feeling in the future without using the addictive behavior.

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FSAP cont.

19. Re-evaluate the FS. Perform BLS until PFS = 0.

20. Between sessions, give homework to evaluate the progress of therapy and to elicit any other feelings related to the addictive behavior.

21. In the next session, reevaluate the addictive behavior for both the feeling identified in the last session, as well as identifying other positive feelings associated with the behavior.

22. Steps 5 – 18 are performed again as necessary.

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FSAP cont.

Phase 5: Process the NC caused by the FS

23. When the FSs and the addictive behavior have been eliminated, determine the negative belief that was created as a result of the addictive behavior and have the client choose a positive belief.

24. Process the negative beliefs and install the positive beliefs using the Standard EMDR protocol.

25. Install future templates of adaptive replacement behaviors.

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Identifying the Real Compulsive Behavior

Identify that aspect of the behavior that has the most intensity.

Example: Don's apparent sex addiction was really about getting admiration from his peers. Focusing on the sex would have left the FS and the compulsive behavior unchanged.

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Identifying the Positive Feeling

Identifying the exact positive feeling is **crucial** in order to eliminate the FS.

Questions

1. "How do you feel when you are **just** about to do the behavior but have not yet begun?"
2. "When did you feel **euphoric** doing this behavior?"

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Urges and Cravings

People usually associate impulse control problems with the "feelings" of urges and craving. However, urges and cravings are not the feelings that the person seeks.

Rather, the urges and cravings are the **drive** associated with the **striving** to experience the desired feelings.

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- An **urge** is a wanting but *not* the feeling that is wanted. Don felt the urge to have sex and tell a friend, but he was not aware of his need for approval.
- Focusing on the feelings of urge or craving does **not** reveal the actual desired feeling. FSAP therapy for the compulsive behavior requires identifying the feeling that is the actual component of the feeling-state.

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Excitement

People often identify the feeling of excitement as the feeling they associate with the compulsive behavior.

However, excitement is usually the reaction that people have when they are about to get what they want. But it is **NOT** the desired feeling.

Example: Being excited because you are about to feel like a winner.

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Excitement

Unless it is.

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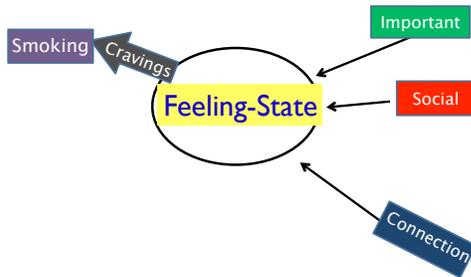
So how do you **know** if you have identified the correct FS?

If the EMs change the PFS level, then you're probably on target.

On the other hand, if after 3 sets of EMs **nothing** has changed, you probably need to **re-assess** the FS.

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Multiple Feeling-States



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Multiple Feeling-States

Jim's Feelings Identified

Impersonating

- 1. "Getting Over"
- 2. Winning

Sex

- 1. "Getting Over"
- 2. Victory

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The **Real** need is for:

Healthy Desires

Not Destructive Desires

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FSAP and the AIP Model

The AIP Model postulates that memory is encoded in isolated neural networks containing the emotions, physical sensations, and perspectives experienced at the time of the event.

FSAP utilizes the AIP as the theoretical basis for understanding how the FSAP works.

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Debbie's Story

- "My shopping compulsion started probably 25 years ago. I'd shop in the malls pretty much every weekend or more to get away from a very bad marriage. It was my escape— looking for that 'great bargain'— that perfect pair of shoes, outfit, etc.—something to make me feel better about myself and my life.
- "It extended to catalog shopping as well as online shopping, too. I describe it as 'point, click, and buy!' The excitement of having packages arriving like it was Christmas all the time. I think I was addicted to the excitement of buying and perhaps owning something 'special', something that no one else I knew owned. I could easily spend over \$1500.00 a month or more.

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- I also realized that the cost of the items I purchased was getting more and more expensive. Although, most of the purchases were returned for credits, I found myself spending a great deal on shipping charges, too. At its worst, I would place 2-3 orders in a day, sometimes 2-3 days a week and have 9-12 orders in transit and a like amount being returned for credits.

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Possible Targets

1. The process of buying or, as Debbie stated it, “the hunt.”
2. The particular purchases.
3. Spending of the money.
4. Receiving of the purchases in the mail.

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- While **all** of these targets were exciting for her, **only one** of the targets was actually the core of the desired feeling-state.
- Her compulsive behavior focused on **buying** items that **other people would not necessarily own and that would make her look good**.
- The **feelings** Debbie identified with this “buying” behavior were ones of **success and high status**.

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The Feeling-State

- So the feeling-state causing the compulsion was composed of the combination of **buying** the items that made her look good and the **feeling** of being successful.
- The embedded **belief** was “**I am successful**.”

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First Session

Before beginning the eye movement processing, Debbie intensely **visualized** herself **purchasing shoes** and **experienced the feeling of being successful** that was linked with it. After 2 sets of eye movements, the PFS had dropped from 9 to 1.

The same procedure was followed using a purse and then a blouse as targets.

At the end of this process, when asked how she felt, Debbie said that she didn't feel any different; **she just wasn't as excited about shopping**. She wasn't even sure that anything had really changed-- which is a common reaction after the first session.

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Homework

After each session in the FSAP, homework is given with the purpose of triggering the compulsive urge.

Debbie's homework was to browse her usual shopping sites on the internet and the catalogues she usually read, in order to trigger the compulsive desire to shop.

She was to take notes of what triggered her desire to buy and bring the notes and catalogues to the next session.

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Second Session Reevaluate and Process

Debbie reported that, while the shopping impulse was much easier to control, some items were still triggering the impulse to buy. The feelings linked with the items were analyzed in order to determine if there was an additional image associated with the impulse to shop beyond the “success and status” image.

In this instance, there were no additional feeling-states identified. Processing these new items with EMs changed the PFS from 5 to 0. At the end of the session, Debbie was once more assigned the homework of seeking out triggers of the shopping compulsion.

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Third Session

Debbie reported that her entire approach to shopping had changed. She no longer felt that she had to shop, and it was easy to stay within her budget, which was something that hadn't happened for a long time.

During this session, Debbie was able to identify the negative belief underlying the shopping compulsion: "Nothing I do makes any difference."

The emotion was despair. Upon processing, SUDS changed from 9 to 1. The positive belief installed was "I can do things." The VOC changed from 2 to 7. Once again, her homework was to do whatever she could to trigger her shopping compulsion.

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Fourth and Last Session

Three weeks later in the fourth and last session, Debbie reported that she was still not interested in shopping; the behavior just didn't hold her attention anymore. She was saving a lot of money and time. The focus of this session was to identify and process the negative beliefs resulting from her compulsive shopping behavior.

The negative belief identified was "I can't help myself." The emotion was sadness.

Upon processing, the SUDS changed from 7 to 0. The positive belief chosen to be installed was "I'm strong." The VOC changed from 2 to 7.

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Six Months Later

Contacted by phone six months later, Debbie reported that her shopping was still no longer a problem.

The money saved was now going into a retirement account.

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Feeling-State Theory and Substance Addiction

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Rat Studies

by Heyne et al. (2000)

The rats in the study are separated into 2 groups and segregated:

Group 1. Free-to-choose rats

Choice: to drink the water with the drug or not

Group 2. Forced-drug rats

No choice: drank water with the drug in it when thirsty

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After 6 weeks, both groups of rats were taken off the drug.

1 month later both groups of rats were given a choice between plain, unflavored water and a solution containing water plus both the drug and an aversive-tasting substance.

Result: Only the free-to-choose rats drank the bad-tasting drugged water.

Neurochemical differences: Free-to-choose rats had changes in the striatal dopaminergic signal transduction and the limbic forebrain.

Forced-drug rats did not.

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Conclusion

Addiction is not just the result of the effect of the drug but also requires **learning** and **memory**.

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The **difference**
between
behavioral and substance
addictions

Drugs and alcohol create their own FS.

Feelings/sensations of **rush, euphoria, relaxation**

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Substance addiction therapy considerations

1. Usually, process the FS created by the drug first.
2. The goal is usually abstinence as the substance could recreate the FS.
3. FSAP can be done even though the person is currently using.

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Alan's craving for heroin

Alan was a 25-year-old Caucasian single male who had previously been addicted to heroin for 6 years. At the time of the therapy, Alan had been clean for 1 year.

Alan had come into therapy for other issues while he was in rehab.

At the beginning of a session, Alan reported that he was having intense cravings for heroin for the first time in a year.

The FS of the rush/euphoria sensations was targeted.

After 2 sets of EMs, the FS was eliminated.

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Doug's cigarette addiction

Doug was a 39-year-old married Caucasian male who had been smoking since age 16. He had tried multiple times to quit but had always relapsed, usually shortly after quitting. At the time he began therapy, he was smoking 1½ pks/day.

First session: History taking and told to use nicotine gum.

Second session: Doug had begun using the gum and had smoked only 2 cigarettes since the last session.

FS = "socialability" and companionship PFS = 8

After 3 sets of EMs, PFS = 1.

Homework: continue with the gum and be aware of any urges or cravings and when they were occurring.

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Doug's cigarette addiction cont.

Third session: Doug reported that his cravings had diminished but were still present.

FS = feeling of relaxation; PFS = 7.

After 4 sets of EMs, PFS = 0.

Homework: continue to use the gum.

Fourth session: Doug reported that his cravings had continued to diminish but were still present.

FS = feeling of relaxation; PFS = 4.

After 3 sets of EMs, PFS = 0.

Homework: continue to use the gum.

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Doug's cigarette addiction cont.

Fifth session: Doug reported no urges or cravings to smoke.

Targeted the NC caused by the smoking behavior "I can't control myself," connected with the feeling of shame. Upon processing, SUDS went from 8 to 1.

PC = "I am in harmony with myself." After installation, VOC went from 3 to 7.

Homework: continue to use the nicotine gum. Next session was set for 4 weeks later to allow time for FSs to surface.

Sixth session: Doug reported no urges or cravings. VOC of "I am in harmony with myself" maintained its level. He was not interested in doing work on any NCs related to his socialability as he felt he was doing well in that area of his life.

Homework: Stop using the nicotine gum.

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Doug's cigarette addiction cont.

Seventh session: Doug reported that he felt really bad for 2 days after stopping the gum but had no urges or cravings to smoke.

Contacted a year later, Doug reported that he was cigarette free and did **not** have any urges or cravings to smoke again.

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Anger Issues

- Anger issues may seem to be the result of trauma or other negative experiences.
- Ultimately, that's true.
- However, anger may be a behavioral addiction.

Anger Issues

- Anger can have very powerful positive feelings linked with it.
- Ex: Power, dominance, control, feeling "righteous"

Sam's Righteous Anger

- Sam was treated for PTSD with EMDR and was prescribed medication to treat his anger.
- The PTSD had improved, but the anger had not.
- When Sam was asked what the positive feeling was that he associated with anger, he replied, "Righteous," and the PFS = 8.

Sam's "Righteous" Anger

- After 4 sets of EMs, PFS was still 8.
- He didn't want to give up his anger because he didn't want to be a "sheep."
- He wanted to be a "wolf."
- After discussing this, he realized that both the sheep and the wolf were afraid.
- He decided he would find a different way to assert himself.
- After 2 more sets, PFS = 0.

Sam's Righteous Anger

- The next session, Sam noticed that he just wasn't as angry as he had been.
- Even when recounting an event that had made him angry, he no longer had that super-intense affect.
- Upon re-evaluation, anger was now linked with feelings of security and safety.
- After 2 sets of EMs, Sam stated that he felt ashamed and guilty for his angry behavior.

Advantages to using the FSAP

1. Because the client is not asked to control his behavior (in fact, just the opposite approach) client retention is good.
2. There are no manuals to work through, no affirmations to write. In addition, this approach works with the clients' needs for quick results with minimal effort. Consequently, even people who are less motivated can receive help.
3. For behavioral addictions abstinence is not necessary before, during, or after treatment.
4. Irrational cognitions change to more adaptive patterns with little effort.

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EMDR and other approaches to addiction

1. A. J. Popky DETUR Protocol
Focuses on targeting cravings and triggers of cravings.
2. Jim Knipe Focused on dysfunctional positive affect of psychological defenses and addictive disorders.
3. Michael Hase Focused on the addiction memory, which involves a memory of and loss of control.

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Journal Articles

The Feeling-State Theory of Impulse-Control Disorders
And the
Impulse-Control Protocol
In the journal
Traumatology

Treatment of Behavioral Addictions
Utilizing the Feeling-State Addiction Protocol:
A Multiple Baseline Study
in the November 2012 issue of JEMDR

(can be downloaded from the website)

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People say what we're all seeking is a meaning for life. I don't think that's what we're really seeking. I think that what we're really seeking is an experience of being alive so that our life experiences, on the purely physical plane, will have resonance within our innermost being and reality, so that we actually feel the rapture of being alive in our bodies. (Joseph Campbell in [The Power of Myth](#)).

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