

REWARD DEFICIENCY SYNDROME

TOWARD A NEW UNDERSTANDING OF ADDICTION:

Could Reward Deficiency Syndrome (RDS) be the common psychological thread that links a myriad of compulsive and addictive behaviours?

What single trait is shared by...

- ? addiction to drugs (be they alcohol, cocaine, heroine, marijuana, or cigarettes)
- ? sugar and carbohydrate bingeing
- ? pathological gambling
- ? sex addiction
- ? ADHD
- ? Tourette's Syndrome
- ? Autism
- ? Anorexia and Bulimia
- ? Being a Workaholic
- ? Risk-taking behaviours
- ? and even many of the compulsive disorders?

Sound like a trick question? It isn't. The answer is **Reward Deficiency Syndrome** (RDS). There are many faces to this one disorder. Paradigm shifting research is linking this mind dysfunction with all of the impulsive, compulsive and addictive disorders. This means that there may be a common thread connecting as much as thirty per cent of the population.

DISCOVERING RDS:

The impulsive and compulsive disorders encompass many behavioural traits including the worlds' most concerning paediatric diagnostic trend – ADHD. Addictions range across the broad headings of Drugs, Food, Sex, Gambling, and Work. The revolution in medical understanding of these conditions that underpins RDS began several years ago with the discovery of the “Gene for Alcoholism”; the A1 Allele of the D2 Dopamine Receptor Defect. Subsequent studies confirmed this genetic trait, and isolated similar and related defects. The next trend was that the same biogenic flaws started to be isolated in many other, seemingly unrelated, maladies.

This new model was seen as a shift in the foundational understanding of these disorders. So much so in fact, that an entire edition of the *Journal of Psychoactive Drugs*, the scientific journal initiated by the founders of the famous Haight-Ashbury Free Medical Clinics in San Francisco, was dedicated to outlining RDS. This 100-page feature was supported by over 400 scientific references.

For many years, and even within many rehab circles still today, the predominant model of psychosocial dysfunction viewed addiction as being a result of either;

- ✘ poor choice making and bad peer-group selection or
- ✘ a history of an abused childhood or dysfunctional family upbringing.

This model traps sufferers into an ongoing demand for learning better behavioural strategies, enforced agreements to strive to be a better “addict”, and/or chemicals of choice being replaced with chemicals of prescription. There is little doubt that these approaches can help and there is no doubt that they save lives. However, a house of harm minimisation is at best a half-way house of addiction maintenance: There is a more permanent home that awaits those who are willing to embrace a recovery model that includes strategies to repair the effects of *Reward Deficiency Syndrome*.

THE BRAIN REWARD CASCADE:

Much like a diabetic, who has inherited a genetic predisposition to metabolic problems in their blood sugar balances, an RDS sufferer has inherited a predisposition to metabolic problems in the mind's molecules of emotion. We all have a Brain Reward Cascade, which if operating properly is a chemical

chain reaction of “neuropeptides” which excite or inhibit each other to result in feelings of wellbeing, focus, attention, reward, satisfaction, enjoyment, clarity and fulfillment. Most people are becoming used to terms such as “endorphins”, “dopamine”, and “serotonin” that are all ingredients of this chemical cascade. Put blockages in that Brain Reward Cascade and you develop a mind that lacks the ability to achieve reward and the accompanying positive functions, feelings and emotions.

COMPULSIVENESS:

The primary human compulsion is the need for reward: Brain reward is our highest payment – more valuable than gold and dollars. The sum total of each individual’s habits and repetitive behaviours is the result of the perceived rewards that we receive or desire from the planet, the people around us and our own thoughts, actions and intakes.

The problems begin when we have inherited a reward deficiency syndrome. Our inner compulsion drives us on a journey of exploration to receive the thing we need the most. When we have a lack, it puts us in a situation of experimenting with more, higher repetition, unusual, extreme, and at times illegal behaviours. And when we find the “stuff” that does it for us, or we perceive that it will give us the greatest high, then we will continue to use that stimulus, regardless of how it is perceived by others.

THE LONG AND WINDING ROAD TO ADDICTION:

A recovering addict has several stumbling blocks to overcome to secure a successful recovery: Withdrawal from and cravings for a substance or behaviour to which they have become dependent; repair from the damage produced by the negative consequences of their abuse; and finally a battle against something known as “abstinence-based symptoms”. David Miller, an addiction professional with 30 years experience in facilitating the recovery of numerous addicts, and himself a successful escapee from the grips of alcoholism, has found these symptoms to be the primary reason for recovery failure or relapse. And upon deeper exploration he has discovered the trend that many of these symptoms actually preceded the entry into abuse and addiction by the majority of sufferers.

Abstinence-based symptoms include: restlessness, anxiety, “emptiness”, lack of energy and satisfaction (dysphoria), vague or specific cravings, depression, mental confusion, inability to concentrate and remember, irritability, sleep disturbances, and hypersensitivity to stress, sights, sounds, touch and pain (stimulus augmentation).

Just as a person with the genetic trait for diabetes doesn’t wake one morning a diabetic; an RDS sufferer doesn’t suddenly become an addict. The symptoms of abstinence and the symptoms of RDS are one and the same, and bear common themes with the symptoms of ADHD. The behaviours associated with ADHD are well-publicised and caricatured, and produce an all-too prevalent diagnostic trend. But to understand how someone with RDS and/or ADHD is predisposed to become an addict we need to understand what it feels like on the inside to live with this human variant.

The Brain Reward Cascade deals with more than just emotions, having pivotal roles in attention, focus, awareness, filtration of external stimuli, responsiveness, and modulation of fight and flight mechanisms. This understanding has led many experts to see the Limbic System as the seat of the emotions, and the home of the subconscious.

You don’t usually have to think about or decide if you are going to be happy, sad, attentive, calm, or peaceful – you just are. Someone with RDS will find this achievement more difficult and will be more prone to feeling anxious, flustered, melancholy, and irritated by external sensory bombardment. One term to describe this phenomenon has been “Overload”.

Built into each of us is an internal drive and desire to achieve reward – we all need to feel affection, touch, accomplishment, exhilaration, movement, exertion, and self-esteem. And we all experiment with a wide variety of behaviours and substances (natural and otherwise) to discover the ones which give us as an individual the greatest “highs”. If we imagine an RDS sufferer as someone who has a filter inside their body/mind that reduces the normal reward responses, then we start to understand that they may need to experiment with more, stronger or different inputs to attain the same level of “feel-good”.

Many chronic addicts still harbour fond recollections of their honeymoon period with their substance/s of choice, some remember their first encounter as being the first time they felt euphoria and a sense of completeness. This is because many addictive substances have the ability to bind to the same

receptors that normally receive the chemicals of brain reward. And most of these externally supplied chemicals produce heightened temporary feelings of everything being fun and OK.

And in the early days this feels like a good thing, often the best thing ever to that person. Some even find that while they are under the influence of their new-found best friend, they function, relate to, and perform better within the home, the workplace and society. But this love affair is not one of interdependency and growth. The all too common trend is that the user becomes an abuser, as they find that larger quantities and more regular intake is required to continue to achieve the same degree of fulfillment. The body is not stupid. As we synthetically supplement our deficient reward process, our body adapts to the strong stimuli and moves towards tolerance. Some of the synthetic chemicals are poorly digested and continue to bind and block the receptor sites. At the same time the body reduces the production of its own “endogenous” reward chemicals, initiating the downward spiral towards addiction. Why should it make its own chemicals when we are inhaling, ingesting, injecting or obsessively bombarding them instead?

From here things can only get worse: Now we need to take our “stuff” just to feel OK, and if we continue the abuse or even start to layer on more forms of abuse in a vain attempt to find new rewards we regress to the point of not even feeling good when we are using: But somewhere imprinted in our subconscious is the memory and the uncontrollable desire that it just might work again. This is why recovery can never be solely a process of conscious decision, willpower or better choices. One sufferer described it as though she had two brains: One that recognised the negative consequences and costs of the abusive behaviours and substances that she had become embroiled in, then this other “mind” that wanted to feel the way she did when she first started using. She would set out with the best intentions driven by her conscious mind, but would eventually be persuaded by this internal voice that convinced even her purest intentions that it would be OK and necessary for survival to use one more time.

EARLY DETECTION AND PREVENTION:

One word separates use from abuse – “compulsive”. A user doesn’t spend much time in the day contemplating or planning use of a mood altering substance or behaviour. They can go out and use, or not. An abuser will look forward to use, will plan their week or day to ensure that they are in a situation where they can use, and may prioritise use over and above other normal activities. They will find that certain substances or behaviours give them a heightened sense of wellbeing that attracts them to repeatedly or increasingly use. And if they spontaneously happen on a situation that offers an opportunity to use then they will rarely say no.

Two words separate abuse from addiction – “negative consequences”. When an abuser first experiences negative consequences from their habit, they may stop or at least modify that behaviour: When they get caught for drink driving they will stop or at least minimise their alcohol consumption when they are on driving duty, or they will make arrangements for transport or a place to stay so they can enjoy their use and avoid loss of their license. An addict will continue to drink and drive as their denial mechanisms will disconnect their own abuse from the consequences. They may blame others or their external circumstances for the fact they have been caught. And they will often even be convinced that they are perfectly competent to drive even when under the influence.

Denial is a hallmark of RDS sufferers and becomes more complex and established as addiction develops. The key to prevention is to recognise the early warning signs that you have RDS, or be responsive to the early signs that you are progressing from use to abuse, and take proactive steps to managing your state. By the time addiction sets in it will take an absolute “bottom point” to challenge the protective denial mechanisms. And if you suspect any of the above trends are being displayed in a loved one then the sooner the issues are confronted the better.

THE ROAD BACK TO HEALTH:

Ground breaking natural treatment strategies can now be utilised to enhance recovery if they are based on an understanding that each piece in the treatment jigsaw fits neatly together in an attempt to produce recovery of the Brain Reward Cascade mechanisms. Many diabetics can keep their genetic predisposition at bay by making better dietary, lifestyle and emotional choices, and by accessing health care services that support them with nutritional supplementation and coaching. So too, can a sufferer of RDS access a range of strategies that nourish, repair, reactivate and release the mind-body towards a state of wellbeing.

TOP TEN TIPS FOR CONTROLLING RDS NATURALLY:

Regardless of how you are manifesting RDS, whether ADHD, impulsive, compulsive or addictive behaviours, the recovery steps are basically the same:

- 1) Seek help: Make a conscious decision that today is time to get back in control of your life and mind. If you're not ready then no-one can help you.
- 2) Jump start the brain reward cascade: Find a chiropractor that uses Torque Release Technique. This is a newer, gentler form of chiropractic adjustment that has been proven to drastically improve recovery outcomes, and helps to activate the Brain Reward Cascade which actually starts flowing in the spinal cord. (www.torque-release.com.au)
- 3) Wake up the brain reward centres: Find a practitioner that does Auriculotherapy (micro-current ear stimulation), or failing this Acupuncture. Both have long-standing histories in helping recovery and significant scientific evidence supporting their effectiveness. The ear reflex points represent the shortest neurological pathway to the brain.
- 4) Feed the chemistry: Access (with professional advice) some natural nutritional supplements which should include the Amino Acids: L-Tyrosine, D- and L-Phenylalanine, 5-Hydroxytryptophan, and L-Glutamine, and preferably some Magnesium and Chromium. Take these in doses recommended by your practitioner on an empty stomach to maximise their availability to your nervous system. (In some places you can even receive these intravenously.) These amino acids are the dietary building blocks to the brain chemicals of reward.
- 5) Balance the brain: Purchase some Binaural Beat Meditation CDs to assist your brain to enter Theta and even Delta Brain waves. Listen to these in stereo headphones.
- 6) Wash out the toxins: Drink heaps of filtered and alkalised water to help detoxification.
- 7) Replenish the nutrients: Take some multivitamins/minerals preferably in a "Green Superfood" form along with a probiotic to help repair the chemical and metabolic damage resulting from abuse.
- 8) Break down the denial: Consult a Counsellor and or twelve-step support group to facilitate emotional and psychological recovery.
- 9) Reconnect with our unreal world: Start to focus more on your spiritual side, worship your creator, pray, meditate, and connect with healthy people.
- 10) Take advantage of synchronicity and multiplication: Do all of the above simultaneously to maximise the healing comprehensively and to attack all angles of your RDS at the one time.

TESTS FOR RDS:

- 1) You have completed the questionnaire in David Miller's new book "Staying Clean and Sober" and show signs of having RDS.
- 2) You have been diagnosed with ADHD with psychosocial testing by a suitably qualified health care professional.
- 3) You have been diagnosed with a known addictive, impulsive or compulsive disorder.
- 4) You have had brain EEG or other electrical brain mapping tests showing the characteristic brain findings.
- 5) You have been genetically tested (mouth cell swab) for the genetic trait (20-30% of the population are positive).

ABOUT Dr NICK HODGSON: Dr Nick Hodgson has been responsible for introducing Torque Release Technique (TRT) to the Australian Chiropractic profession by teaching, coordinating and facilitating numerous training programs, and has been personally mentored by Dr Jay Holder, the developer of TRT. Nick is the only Australasian provider of TRT Training. Nick is a 1990 graduate of the Phillip Institute of Technology (now RMIT) where he received the academic award for Chiropractic Science. Nick has been recognised by both the Chiropractors' Association of Australia (Victoria) and RMIT University Alumni for his contributions and service to the chiropractic profession, most recently as 2005 VICTORIAN CHIROPRACTOR OF THE YEAR. He has been practicing full-time in Ocean Grove for seventeen years, running the largest natural healthcare practice on the Bellarine Peninsula, and is one of Australia's most-experienced TRT practitioners. Nick is a Fellow of the Holder

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Learn more about RDS and TRT at www.torquerelease.com.au

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