

A NEW PARADIGM FOR TREATING ADDICTIONS

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An interview with Dr. Roger Callahan by Dr. Christopher Hegarty

CH: I have read your new book Why Do I Eat When I'm Not Hungry? It is a totally different approach than all the other diet books.

RC: First, this is not another diet book. There are many good and some not so good diet books. Most reasonable diets work; that is, if one sticks to them over time weight will be lost. Millions of people have experienced this fact. The only problem is that most people are UNABLE to stick to a diet over time. Most of those who do, alas, find that they usually gain the weight back plus heavy duty interest in the form of additional weight gained. Most experts are properly concerned about the possible health problems which might arise from the "yo-yo" syndrome as many call it. Another diet book isn't needed. What is needed is an understanding and a treatment for what I call the food addiction problem. Fortunately, we found a successful way to treat all addictions. The book is addressed to food addicts who make up the biggest group of addicts.

CH: I am intimately familiar with the astonishing success you have had using your rapid treatment of fears and phobias. How did you develop your treatment for addictions?

RC: I have been in the practice of psychotherapy for forty years and have been puzzling over the problem of addictions for decades. I was trained in the conventional idea that addictions are physiological problems. Therefore, I was quite surprised when I quit smoking about 28 years ago and found that I was climbing the wall for a cigarette (experiencing withdrawal) for about a year after I quit. Now this was surprising because I knew that the physiological addiction to nicotine was over with in two or three days. Although the surgeon general just recently announced that nicotine is an addictive drug, we in the field knew this three decades ago. I wondered, "if the physiological addiction is over with why am I craving a cigarette?" It wasn't until about 20 years later that I had figured out the mystery. Briefly, the answer is this: I found that the key to understanding ALL ADDICTIONS is to grasp the meaning of the anxiety-addiction connection. All addictions are addiction to a tranquilizer. Many people (wrongly) believe that tranquilizers help anxiety. They don't. At best they mask anxiety and at worst they create an addiction problem. What is called "withdrawal" is actually a severe anxiety attack. There is a small basis for the physiological addiction but it is vastly overrated. Since I found out how to cure anxiety problems, it was just a step to treat addictions successfully.

CH: Do you believe that you can really "cure" an addiction or does the addict have to eliminate the addictive substance for the rest of his life?

RC: For decades I believed with the majority, that addictions could not be cured. This was correct, but the problem is no one has really understood addictions or how to treat them. Drying people out is hardly a treatment for the problem. All addicts have the yo yo syndrome whether it is for food, or whether it is for tobacco, alcohol, love and sex, cocaine, chocolate, hair pulling, nail biting, or obsessive washing. I know that we can cure an addiction problem because we have found the cause and how to treat it and remove it. However, I have a certain sympathy for the AA philosophy if the person has practically wrecked his life, say with excessive drinking. I do believe it is prudent in such extreme cases to recommend abstinence because of the great risks. But I strongly disagree with those who say that all addicts can never be cured. There is growing evidence to the contrary, and certainly my own work refutes that over-generalization.

CH: I understand that you treat psychological problems over the telephone. Can you treat addictions by telephone with the same degree of success?

RC: Yes, with one caveat. We have to have the addict's full cooperation. We can eliminate withdrawal and desire in the first meeting, but addictions are among the most difficult problems to treat and we found another complication which we call psychological reversal which is the cause of the frequent self-sabotage we see so often among addicts. Any kind of stress, conscious or subconscious can trigger the addictive urge in the early stages of treatment. If we have their cooperation it's no problem since we are able to eliminate their urge over the telephone, within minutes. The treatment of psychological reversal is a keystone in the treatment of addictions. It is too technical a phenomenon to cover adequately here but if the reader would like to learn more about it, it is covered in [Why Do I Eat When I'm Not Hungry?](#)

CH: Your phone treatment of clients all over the world is certainly a radical new approach to treatment. Is it as affective as in personal office visits, even for panic or agoraphobia?

RC: It's much better because we can treat the panic victim when he needs it. We usually eliminate a panic attack by telephone in minutes. Telephone treatment is the treatment of the future. The most obvious value is we can actually treat people when they need it not when they can get into an office. We are especially proud of our ability to treat freeway phobias, bridge, height phobias, public speaking phobias and others by telephone. The invention of the cellular phone has made this quite convenient and has contributed to effectiveness in getting these people better faster. Many airlines now have telephone service and this is a great boon to our treatment. Also we treat our flying phobics at the airport before they leave. We have treated people in Finland, France, Korea, Hong Kong, South America and, of course, all over the USA.

CH: Your book has a chapter titled "Psychological Reversal." Is that what is more commonly known as self-sabotage"? Could you explain that concept to our readers?

RC: I referred briefly to it above but I'm happy and eager to go further into it. Psychological reversal is the most exciting concept I have heard of in psychology. It refers to a state in the person which blocks their psychological growth. I discovered this about 11 years ago. At first, I knew what the problems was but I had no treatment for it. Once I discovered how to eliminate it my treatment success more than doubled. There are some other psychologists who are using the concept and they wrongly believe that it is merely some kind of metaphor. Actually it is a real, palpable, demonstrable state in the person which causes blocks against treatment, natural healing, and high achievement. What I used to call "psychological block" but never knew just what it was, has turned out to be this real state in the individual which keeps him down. In extreme cases, it causes the kind of self-destruction tendencies we see in severe addiction cases. It has application in all fields of endeavor from education to athletics. We have used this with world class athletes to help them out of a slump or to remove their blocks to further success. We have found that high achievers have a special form of the problem which holds them back. Most chronic illnesses are complicated by this condition. I could talk to you literally for weeks about the implications of this problem. I have written about it in my current book and I have made some further theoretical discoveries which I am currently writing in a new book.

CH: Are these problems of anxiety, panic, fears and addictions hereditary or are they environmentally caused?

RC: Most experts in the field agree that there is a strong hereditary component to all these problems. I am currently working on the very interesting question regarding "exactly how and what is inherited?" I have received great stimulation from the creative English biologist Rupert Sheldrake along these lines and am quite excited by his work. This work will be a part of my new book. I am convinced that most people inherit these problems but that doesn't necessarily mean their parents had the same problem. There are some concrete problems which could not have been inherited such as a phobia for computers, supersonic flight, or for the bank teller machines. What can be inherited in these cases is a fear of the unknown. Some of us inherit merely a predisposition to develop these problems and it takes a certain amount of stress to push us over the brink, where we may develop a severe problem. Interestingly, even though these problems are inherited, we can cure them.

CH: There is a chapter titled "Treatment For Urge Reduction." Once a person eliminates their urge for something, like chocolate, for instance how long will that treatment last?

RC: That is a good question and we really have no way of knowing until we wait and see what happens. The surprising thing is that a small number of addicts are actually cured with just one simple powerful treatment. That is rare however, it does happen. For most of us the treatment lasts for hours unless some unusual kind of stress comes along to upset us. It is important to realize, however, that each time we do the addictive urge treatment we are, for the first time in the person's life, actually addressing the CAUSE of his inordinate desire. Over time, we look for the person to actually be cured of the problem.

CH: What about exercise? Do you think that it is necessary for any successful weight loss program?

RC: First let me say that it is not important from the standpoint of the calories that are burned but rather for the good effect exercise has on the body and the mind. I don't think exercise is necessary but I think it is highly desirable. In [Why Do I Eat When I'm Not Hungry?](#), I received permission to copy the beginning part of what I believe is the best exercise program for the average person. That is, Professor Morehouse's "Total Fitness" program. He designed our astronauts exercise program while at UCLA. His philosophy of exercise seems similar to my philosophy as a psychotherapist. I would sum up that philosophy by saying

It should be brief, highly effective, and involve no suffering or people won't do it. I strongly recommend Morehouse's book to all my clients. His exercise program takes but 10 minutes a day three days a week and it is shockingly impressive how rapidly fitness can be developed on this simple but powerful program.

CH: Dr Callahan, you again are leading the way into a new Paradigm - your treatment of fears and phobias is a proven success - if your treatment of addiction can match it, you will have made two major contributions to solving problems faced by a large number of people. Please keep us posted. Thank you.