

Understanding Addiction with Judith Grisel

Judith Grisel: the bottom line there is that whatever you take a drug to do, and with addictive drugs, we take them to create a sense of meaning. The brain produces the exact opposite effect, and so the net effect is neutral, and that's why we get tolerant so the drug doesn't work so well because the brain is counteracting it.

That's why we're dependent, because when we take the drug away, we've got this lower baseline now to kind of keep things even, and that's why we crave drugs and go to any length and, you know, pay a high price sometimes with our lives because of tolerance, independence.

That was Judith Grisel on Psychologists Off the Clock.

Yael Schonbrun: We are three clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work and health.

Debbie Sorensen: I'm Dr. Debbie Sorensen, practicing in Mile high Denver, Colorado, author of ACT Daily Journal, the Act Daily Card Deck, and the upcoming book ACT for Burnout.

Yael Schonbrun: I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist, assistant professor at Brown University, and author of the book Work Parent Thrive.

Jill Stoddard: And from Coastal New England. I'm Dr. Jill Stoddard, author of Be Mighty, The Big Book of ACT Metaphors and the upcoming Imposter No More.

Debbie Sorensen: We hope you take what you learn here to build a rich and meaningful life.

Jill Stoddard: Thank you for listening to Psychologists Off the Clock. Hi everyone. Today we are here to talk to you about addictions. I have a really fascinating guest today, Dr. Judith Grisel. She's the author of a book called

Never Enough the neuroscience and experience of addiction and I'm here with Yael today to introduce the episode and I'll just say that part of the reason this book was fascinating as was my conversation with her In part, because she is a truly renowned expert on the science of addictions, and she really did a nice job of explaining it in a way that is really interesting and makes a lot of sense.

Debbie Sorensen: And not only that, but she herself has a lived experience of addiction. She had a really serious addiction when she was younger, and she turned... that ship around for herself and went through a process of, sobriety and recovery, and went on to become truly a renowned expert in the field of addictions.

And so you get to hear both what it was like her personal experience and her own thoughts around living with addiction, and then also some of the research based science of addiction. And so to me, it was a really fascinating combination. Yael what do you, what did you think about the conversation?

Yael Schonbrun: I loved it. It really was powerful for exactly the reason that you're describing. And I do think that when we're talking about addiction, getting the more personal side of it helps to destigmatize it. And there is so much stigma. And I was really glad that you guys addressed that head on. And that she was able to kind of use her own story to help to De stigmatize and de moralize what is often a condition that we have a lot of judgment around.

I talked about this a lot with, uh, Dr. Carl Eric Fisher, who similarly had his own struggle with addiction, uh, that prompted him to write his book, The Urge. So that was episode 235. And also there, there's so many great episodes that we've had. have similar themes and, and the addiction inoculation with Jess Leahy, which is episode 202.

And, and that kind of brings me to one quote that I absolutely loved from this episode, was where she said, you know, drugs aren't good or bad. It's the way we use them.

And for me, this really speaks to this core construct of psychological flexibility that we talk about a lot on this podcast, which is, you know, it's not, most things are not dichotomously good or bad. There's usually some good to be had and some challenge to be had. It's really more about our relationship with things like

alcohol or drugs or chocolate cake or Netflix and that we can recognize that these things that feel good in the moment may, our vices may have some bad qualities to them if we use them in really rigid ways, but that we can give

ourselves permission and explore ways to use them in more flexible, healthier ways.

And that that approach helps us to be more open and flexible with ourselves and with others to reduce our judgment and that we can look at it as an opportunity to figure out how do we help ourselves or people we love develop healthier relationships with things that can, when we use them in more rigid ways, be quite unhealthy.

Debbie Sorensen: Yeah, absolutely. And this, ever since I read this book and had this conversation with her, it has come to mind in so many situations, just how I'm thinking about the world, conversations I'm having with clients and with people in my personal life, where there's just these little nuggets of it that come in.

And I was thinking, you know, behaviorally, all the co hosts on this podcast have a bit of a behavioral orientation to our work. And I think a lot about, okay, function, how's it working, but then also like what's reinforcing about a behavior? What are the consequences of the behavior in terms of, is this a problem for you? Is this working? And one of the things she talked about is how sometimes that drive to acquire the substance, to use the substance, almost overrides the negative consequences, and in some cases, the negative consequences can be severe, but it gets to this point place where people don't even care that much.

And I can think of that on a low level in my own life sometimes where I'm doing something and I know this isn't really good for me, but there's this part of myself that's like, in this moment I really want this thing and I don't care. And I think we all probably have had that experience at some time, but I think it can get to the point where it's really a big problem in people's lives.

It can be really costly with the things that matter most to people, you know, their relationships, their work, just being able to have a healthy life. And that's where it's, it's really sad and can be a really big problem.

Yael Schonbrun: Yeah, it kind of gets to this cognitive bias that everybody has, but to varying degrees, which is that we tend to overvalue the costs and consequences of the present moment more than the future. And I believe there's research showing that people who are more predisposed or more vulnerable for addiction have that.

To an even stronger level. In other words, that they are more likely to discount the future costs and we're likely to, uh, emphasize the current gains of whatever might feel good in the moment, but you're right, Debbie, we all have that to some extent. That's a part of the way human brains work. And I think that's a super important thing to recognize that it makes sense.

Right. And Jill often says that like we do something because it works for us. Otherwise we wouldn't do it. And that in the moment, something can work for us, even though it doesn't work for us in the long run. And that can be a part of what is really self-perpetuating in an addictive cycle. It also brings to mind some of the research that I used to be really heavily involved in, which was studying couples treatments for substance use.

And what we know is that couples treatments for, for things like, um, alcohol abuse are really effective, except when both partners are engaged in excessive use because it's like a shared activity. And as you were saying, like the consequences, the reinforcing pieces of using as something that helps the relationship along helps you enjoy one another more, make it less likely that a couple's intervention would work because neither person is willing to give it up.

Whereas if one person is not struggling with an addiction, but one person is there's more consequences in the immediate future for the person who's using. For example, a lot of partners might say I'm gonna leave you unless you work towards becoming sober. And that isn't always motivational, but it is certainly more motivational than somebody who's using alongside you.

Debbie Sorensen: I remember a conversation you had back in episode 101 where you talked about addictions within the family system and within relationships and, you know, that situation where maybe you have a partner or a family member that you love and care about and you're watching them go through some really problematic situations.

addiction behaviors and you don't know what to do and I think that there's some, there's some talk about that in this conversation as well.

Yael Schonbrun: Yeah, I hope that people listen all the way to the end because you ask her what are things that we can do, what are practical things that we can begin to do to make it easier to help people that we care about and help the world that, you know, that is facing rising, trends in substance abuse. And she offers some really helpful advice.

Debbie Sorensen: Well, there's a lot of food for thought in this conversation, and it's a really interesting one.

So we hope you enjoy taking a listen.

Dr. Judith Grisel is a behavioral neuroscientist and professor of psychology at Bucknell University with expertise in pharmacology and genetics whose research focuses on determining root causes of drug addiction.

She's published widely in academic journals and the popular press, and her book that we we're here to talk about today is called *Never Enough, the Neuroscience and Experience of Addiction*. . She researches sex differences in the role of stress and endorphins on drug reward and works to identify innate factors that contribute to individual differences in the liability toward addiction. Welcome, Judy. I'm so glad that you're here with us today. It's

Judith Grisel: you. I'm very happy to be here.

Debbie Sorensen: Well, it's very exciting for me to talk to you because I think your book is phenomenal. I actually have to say one thing I loved about your book. I often have looked at books on addiction and the brain science behind addiction. You know, as a clinician it's important for me to know a little bit about that and find them, you know, a little bit dry to read.

Your book is so fascinating. It's really amazing. And one of the things about it that I think is really interesting is that you're so open about your own personal history, and I think you're in a unique position to be writing about this because you have some learned experience with substance abuse and addiction as well as top-notch scientific training and the research background in addiction. So it's really pretty amazing to read. I think it's rare to find someone who has that level of experience in both of those areas. I mean, honestly, you also tell some really fascinating kind of wild stories from your past that are many are very sad and also some are just very interesting, I think to read.

And so, I was wondering if I could ask you to start out by talking a little bit about your thoughts about what drug and alcohol use did for you on kind of a psychological level. We'll get to the brain stuff later, but you know, and as a behavioral psychologist we talk a lot about how behavioral, sometimes it don't seem to make a lot of sense on the surface.

There's something reinforcing going on, right. So for you, could you just say a little bit about. Why you ended up kind of in the situation you were in back when you were using.

Judith Grisel: Sure. One of the things I noticed before I kind of drenched back the past, my ideas of. Addiction and what it is from an app academic perspective, but also what it is for me are constantly being revised. And I think that's the field in general. It's just hard to put your finger on behavioral disorders. So today I, I see that my addiction really, my addictions really came from a feeling of being lost. And lacking meaning and, connection with myself and with other things in life. And so , I didn't realize exactly that. Um, People talk about this all the time that they, they have like a hole in their soul or something.

So I don't know what that is, but I do know that the first time I got my hands on alcohol and I would say, you know, it, it happened for the reason that it usually happens, which is just random chance, you know, coupled with probably a bit of a risk-taking personality. I, so I got my hands on it. It was transformative.

It really changed the trajectory of my life. And I think at that moment, you know, I was 13, I was so insecure. I was kind of full of my coming self or coming into myself and also scared to death and feeling overwhelmed by that. And so it was like an antidote to everything. It, it made things bright and wonderful and also soothed all the rough edges.

So I think that was really the time that it got turned on and the rest of it was just the sk of chasing that feeling.

Debbie Sorensen: Hmm. Yeah. And again, we'll get a little bit more into the brain science later, and also your decision to stop using and go to school and learn everything you could about this area. We'll, we'll get to that as well. But I guess I'm just curious, so you've been clean and sober for quite a long time now, and do you still face some of that?

I think as part of stopping the pattern is that you have to face some of those inner demons, I guess.

Judith Grisel: Yes. Oh yes. Well, I think partly I'm grown up and I have an identity and I, um, you know, I've kind of faced and learned about myself and created myself as part of becoming an adult person. So it's not sort of the same, triggers. However, I would say that being sober at this point in my life, I'm about to turn 60 been clean for, uh, 37 years I think, in a little bit.

And, uh, so it is both, it's really rich. I guess that's a good way to say it. It's full of amazing wonder and joy and travesty of course, but also, sometimes lonely, sometimes fraught with, um, you know, frustration. I was just actually giving a toast, holding a glass of champagne at a party, and I was just worn out.

It was, uh, kind of the end of a long week and I happened to be the one who had to give this toast, and I usually hold the glass of water, but I was just so, I tired that I thought I, I don't know. I felt less fragile, but I, was thinking, this isn't really where I wanna be. This isn't really what I wanna be doing.

So it's not a walk in the park, but it is, it's much more interesting. It's much more open-ended and fulfilling than using was for me.

Debbie Sorensen: Yeah, and that's well put. this state of being allows you experience it all and sometimes it is hard and there's nothing to blunt that effect for you, but that that's also the great thing about it. Right?

Judith Grisel: Exactly.

Debbie Sorensen: Yeah. So I hear people sometimes use this term, they say I have an addictive personality.

When people say that, I'm always a little skeptical and also a little bit like, what does that mean exactly? But after reading your book, I think there might be a little something to it in the sense that there are certain factors that might predispose someone to get an addiction, right?

Some people can use moderately or just once in a while, or it's just they're not interested. And the other people, it's like really, much more of a struggle. Could you, and I know this is a complicated one, right? This is not a simple, people are still researching this, but what are some of the factors that contribute to being high risk for an addiction?

Judith Grisel: Yeah, so I think there are three mainstreams for that. The first is genetic liability and about half of the risk comes from the . , what we inherit and some of those factors are related to our personality, which as you know, is pretty stable throughout our life. So being, um, a risk taker, being high in novelty seeking, being kind of low in harm avoidance. I like to say that, people who are kind of genetically prone tend to be people who are really motivated by carrots and not at all, deterred by sticks, and that was me in a nutshell and still kind of is I, I really am just drawn to. You know, what's possible out there that might be tasty. So I think, that's a big part of it. , the other half really is, is environmental.

And a big portion of that is, like I said, random noise and access and family environment.

And I didn't say all that, but culture. But the biggest part is using when you're an adolescent. And so I think the fact that my personality, my tendency to kind of say, oh, sure, what the heck? You know, I'll do that, I can remember being, you know, four or five and I would be the one who would jump off the, out of the tree or climb up to the top of the tree or just that what the heck kind of thing, which is still a part of me.

I don't kind of like to play it safe. I think that combined with this random idea at a friend's house and you know, the half gallon of wine really lit the fire.

Debbie Sorensen: You know, I think one of the reasons why I really appreciated the personal aspect of your book, you know, writing about your own ex. Experience is that it came across as very non-judgmental. You know, that it's, there's not a lot of moralizing in it. You help it make sense that this can happen to all kinds of people.

And one of the pieces of it is that repeated early exposure. Right? But it's not, I mean, I think often people tell me if you agree about this, people look at it as this kind of moral weakness or like, quote bad behavior. But I think that you make the point that that's, that's not really what's going on here.

I like that framework. Could you say a little bit about that?

Judith Grisel: Yeah, I could say a lot about it. I think I'll, you'll probably have to stop myself or you'll have to stop me. I think that, you know, drugs aren't good or bad, obviously. I think it's the way we use them and one of the things that I've learned is that people don't start out at the same place with that.

You know, people who suffer trauma, for instance, early find drugs, especially helpful in a way. And I think some of those people probably wouldn't survive if they couldn't escape a little bit or mitigate a little bit. You know, that wasn't my experience. But I do think we don't, you know, we don't all find it equally fun.

Some people don't like the feeling of being outta control. I relish the feeling of being outta control. I still do. so that kind of takes the moral part out of it. I think that it's a confusing thing for all of us because certainly I made choices that were harmful to myself and other people, but nobody is perfect.

And those choices were kind of weighted by these proclivities that I was born with. And I think that is really the case. And I think we're seeing as the, um, tendency to struggle with substances goes up and up and up, that people more and more people are suffering. So in that way, it's like being on an island that's shrinking.

You know, there's, we can't really look at it like us and them, because eventually the water's gonna be up around dollar necks. There's also a lot of ways to use, so drugs were my way, but people use with work or they use with social media, or they use with, binge watching tv.

I mean, there's, there's all kinds of escape. And the escape that worked so well for me and many others is drugs because they're really potent and pretty reliable, at least at the beginning. But I think that all of us struggle to show up for things as they are.

Debbie Sorensen: Yeah. You know, you make the point throughout the book several times about alcohol and how it's so kind of socially embedded in our culture that it becomes a very fine line. Where is it problematic and when you have this large percentage of the population using it in socially acceptable ways, but then there's other substances or you know, alcohol where people go a little too far with it and then all of a sudden it's a problem.

So it's sort of interesting cuz there's all kinds of things we use that are considered fine.

Judith Grisel: Yeah, well, alcohol is actually a perfect illustration of this because when I was writing the book I believed that low-dose alcohol, so just moderate use was fine. Maybe even beneficial. So the research on that is pretty clear now. It does not help anybody with anything. Even a drink a week has a measurable

detrimental effect on your wellbeing, your physical health. I mean, it increases the risk for cancer and heart disease. I It's kind of amazing. So let's just go back, you know, 40 years where people would say, oh, this poor person under the bridge, I'm so glad you know that I drink my alcohol and pretty glasses and, in front of the fire or whatever, right before dinner or, you know, , in a good way.

But if you look at the science of alcohol. It's a toxin. It's a toxin for everybody no matter what you drink. Now, if you can drink less, it's certainly better than drinking more, but there's no kind of moral high ground there.

Debbie Sorensen: Yeah. Well, and that's a good point about the stigma of the person under the bridge versus the person drinking out of a fancy wine glass. And yeah, I've been following that news with a lot of sadness that I keep reading those articles about the health effects of alcohol. And I enjoy moderate wine especially, and I'm trying to just keep that in check, but , I bought into that.

Oh, a glass of wine with dinner is good for you. It's like, well.

Judith Grisel: I feel for you. I, I also think, we wanna be careful because probably chocolate cake isn't good for you. And, oversleeping isn't good for you. And staying up late, listening to concerts, you know, and we, we make choices. You know, it doesn't, it's not that we have to treat ourselves like a Petri dish, so I think less is better than more, but it's not the case at any rate that anybody is really, um, Well, I, I think you'd have to wonder whether the costs are outweighing the benefits, and I think that's the key point. For some of us it's really obvious, but it's hard to draw the line there. And so it, it really does take each person kind of looking at themselves honestly, which is, as you know, and I know hard to do.

Debbie Sorensen: Yeah, we had an episode back in January with Amanda White who has a book called Not Drinking Tonight, and she's like, take a look at how is alcohol working in your life. And so if you're questioning the role of alcohol in your life. Take a listen to that cuz I think that she kind of highlights that idea of, you know, how's it working for you? And you don't have to necessarily meet some sort of criteria for alcohol abuse or, alcoholism, whatever that means for it to be something that, that's not really functioning well for you personally in your life.

Judith Grisel: And I think that's true with all drugs. You know, it's true with cannabis now, you know, at first it's seems perfect, but there's no perfect drug. And so there's consequences in, the long run it, you know, it takes a good, hard look.

Debbie Sorensen: So let's talk a little bit about the neuroscience and what's going on with the brain when it comes to addiction and in the book you go into a lot of the specifics around some of the different drugs and so, we probably will have to nutshell this a little bit because there's so much information and it's really fascinating in your book, but I wonder if we could start with some of the more general concepts of how addiction works with addictive substances, just in terms of, you know, the, the reward centers of the brain and dopamine and that kind of thing. I wonder if you could give us kind of like a high level like nutshell of what's going on there. I know it's probably overly simplistic, but.

Judith Grisel: No, no, it, I think it's good to do the nutshell, because otherwise it's hard to remember all the details. So I'd say there are two really key concepts. One is that every addictive drug, is a drug that releases dopamine in a particular circuit called the meso limbic dopamine circuit. And this is a small group of neurons that used to be called kind of the pleasure circuit, and certainly activating or releasing dopamine in this circuit is pleasurable, but it's kind of a lot more than that. It's a circuit that tells us when something is important or valuable or meaningful. So it's kind of the aha, what's that? And it could be something pleasurable like foreplay or chocolate or a little bit of wine or it could be something, um, you know, dangerous, like, aha, what's that? You know, I'm worried. So it, it just tells us when it's time to kind of wake up and pay attention. And in a way then you could say it's, it's signaling meaning, it's signaling that something is important and that I think is very compelling for young people especially.

So that's kind of what I was getting at earlier. But the second principle and the one that's really, um, driving addicted addiction is this one of equilibrium or homeostasis. And that is that the brain is very adaptive. That's why the brain is the brain. So, and not say bone, I mean, bone can change, but the brain is just a master at responding and adjusting itself to experiences.

Which is, how we develop a personality or memories or, you know, a life for that matter. So what happens is in order to notice something that's important, it's really key to have a baseline of just normal, uh, in other words, if everything was really meaningful, Then nothing would matter because you couldn't kind of sort.

So what we need is kind of a baseline or a level field upon which something important occurs. So the brain imposes that baseline. It makes sure that the, it's almost like a pond that's still, so it makes sure the pond stays still. The pond is your brain activity so that if a stone gets dropped in, you can tell.

And it's critical to tell, because if we don't know if something important happens, we'll die, right? If we, if we don't notice a potential mate, we won't procreate. You know, if we don't notice potential danger, we'll get eaten. So for the sake of survival, so therefore, for the sake of evolutionary fitness, we need to know if something important happens.

Okay? So the brain imposes that level field, and when we take drugs, we think I did anyway. Oh my gosh, I found a way around this. Anything uncomfortable, anything unpleasant, anything damn boring I could just fix with a little medicine

here, but the brain doesn't go for that. So it counteracts it. And the bottom line is, it's kinda like a seesaw.

Anything that makes us feel better than our normal, neutral self, the brain counteracts to make us even. And so for instance, if you take a stimulant to boost your activity, your brain will produce lethargy and kind of a lack of arousal. If you take a drug that blocks pain, your brain will produce pain.

If you take a drug that makes you relax, the brain produces anxiety and tension.

Whatever you take a drug to do, and with addictive drugs, we take them to create a sense of meaning. The brain produces the exact opposite effect, and so that the net effect is neutral, and that's why we get tolerant. So the drug doesn't work so well because the brain is counteracting it.

That's why we're dependent, because when we take the drug away, we've got this lower baseline now to kind of keep things even, and that's why we crave drugs and go to any length and, pay a high price sometimes with our lives because of tolerance, independence. So we're trying to feel normal and, and for people who are regular users of any addictive drug or any drug that affects the brain, actually, but the

talk cares about addiction for any of those people they can only feel normal with the drug in on their brain. And so they're kind of, you know, enslaved by that. So they have to keep the drug there. And you know, if you talk to somebody who's a regular weed smoker, let's say, they're not really laughing hilariously like they used to or really enjoying the rich thing of everything.

They just feel like without the drug, Things are kind of beyond bland, and bleak and uninteresting and uninspiring. So the short way to say this and is that there's no free lunch. So if you take any drug to feel better than normal on a regular basis, it'll work less and less well, so that you need the drug just to feel normal.

Debbie Sorensen: Yeah, As a clinician, myself and a therapist, I just, I guess I wanna highlight that. I think that's really important what you're saying for when people are trying to cut back or quit, that they get to the point with enough use, enough repeated exposure, you need it just to feel normal, which makes the cravings that urge us to use the withdrawal effects just so painful and difficult for people.

Judith Grisel: Yes, that's exactly right. And because those changes are due to the brain adapting and the brain is so good at adapting, it will get better over

time. But for many people, that initial period is so , bleak , and unpleasant. And, you know, we could say we that because every single addictive drug makes us feel kind of better than normal.

You're gonna go through a period of feeling not as well as normal. And, the longer you've used, the more you've used, uh, the more potent the drugs are like they are today, then that trial or that little dip can be, Insurmountable in a way. But I think the big message is that there is sort of these diminishing returns because you're really spending this money or this time or suffering these consequences only to get, you know, not quite high enough.

And that is really unfortunate. Yeah, it's really unfortunate. It kind of goes back to what we were saying earlier about. What being sobers like, because I think in the beginning it just did not seem like what I wanted. I really felt, and like other people, that if I didn't try it, I would die.

But, this was not much better than death. It didn't seem like, so that's why, you know, I went into science cuz I thought I'll fix this and then I'll be able to use and I won't self-destruct.

Debbie Sorensen: Well, could you talk about that moment? Cuz actually your book title *Never Enough* is based, I think on that moment when you decided to make a change. And that story I think was a really powerful one for you that you ended up doing this clearly meaningful work, but it was a very, I'm sure it was a really difficult road to go from where you were to where you are now.

What was the motivation for you behind deciding to make that change?

Judith Grisel: Yeah. So, you know, after that first drink, , I took as many drugs as I could get my hands on. I don't, I don't know why, I really was kind of dying. I was physically impaired. I had hepatitis from sharing dirty needles. I was right at the beginning of the AIDS epidemic, and I could have had H I V.

I guess I couldn't get high really, so drugs were the very thing that made life worth living was killing me. So I was kind of in that terrible trap, and I, didn't have the insight. I knew I was trapped, but you know, I thought, well, maybe this next bag of whatever it is will get me out of that for a moment. So I went to treatment, and this was in the eighties. I feel so lucky because I had no idea what treatment was. I honestly thought it was gonna be like a spa. I didn't know exactly like a spa, but I thought, you know, sounds good, and I need a break.

So I got there and I quickly saw, you know, people were wearing nurses uniforms and nobody was having any fun at all. And I realized, wow, I'm screwed now. And I was also about 2000 miles from home in South Florida. So I don't know, this is just how I am, and I think a lot of us are this way.

I figured, okay, I'm gonna get through this, whatever I have to do, This is kind of how I survived, partly on the streets. I'm gonna just do what I need to do to get through this. And when they said, you're gonna die if you keep using. I was, I had just turned 23. So you have to be abstinent.

I thought, no, there shouldn't, there's gonna be another way. There's always some tricky backdoor and you know, I'm so smart, I'll figure it out. Anyway, so my backdoor, and this is like, what the heck? I, I did have a tendency to like biology all along. You know, I was kind of a mechanism person, so I figured, okay, they think I'm d um, Dying.

And it's obvious now that I look at it a little bit without any big drugs that things aren't going well, so I'm gonna fix it. It was a very immature and very arrogant view. I mean, I, I just thought, don't tell me I can't use, I'm gonna cure it and then I'll be able to use

which so, I feel so grateful because I had this time I went to a halfway house, which is just miserable. So I was, you know, four months of intense supervision, let's say. And I'm doing that only because I'm gonna fix it. I felt miserable the whole time.

I hated pretty much every second of that. I was gritting my teeth, but I started to feel better. The drugs weren't there, so that, um, equilibrium came back ever so slightly. And I had this goal to become a neuroscientist and it is really interesting to do science, just like, it's interesting probably to build houses or rocket ships or

be an artist or a musician. So I had given all those kind of interests up because my sole interest was getting wasted. But as they started to come back, I kind of threw myself and my little addictive personality, as we said, uh, into research. And it was a lot like cocaine in a way because it was unreliable and challenging and frustrating and sometimes very exciting.

And I had given myself seven years. Let's just, I, I don't know why. Just I'm this way so I, I can do anything I think for a short amount of time. So I said, I'm gonna take seven years, I'm gonna solve it. Well, seven years, uh, came and by

then I was toward the end of my graduate school and uh, I thought, you know, my life is a trillion times better.

And this is kind of interesting, this science, so I'm gonna keep going and I do wanna say it's not in a way that it's a substitute for the quick fix of drugs. Like, let's not gloss over how it is to be showing up all the time, whether you like it or not. You know. My big escape is a movie or, a bathtub.

But. On the other hand it's definitely more interesting and science is a big part of that for me.

Debbie Sorensen: Yeah, and I wonder, I mean, I don't know if, if you would agree with this, but there was something really meaningful to you in your life. You had this curiosity about the science behind this and plunged into the work of doing it. And I'm sure that was really hard at times, but would you agree that having something meaningful maybe helped it feel worth it to go through all that? Because I'm sure it was very, very difficult.

Judith Grisel: You know, at the time, I don't know that it felt meaningful to me. When I look back on it now, I, I certainly see it that way, and I think that the reason the first drink was so important in my life is because it's substituted for the meaningful feeling. I mean, it gave me this sense of purpose in a way and expectation.

So I didn't really see it that way, but I am curious and I also did what anybody who stays sober a long time does is I kind of just do it a little at a time. I didn't imagine that I would even wanna live to this ripe age, you know, or be clean for it's 30 some years. And I didn't think, you know, oh, I have a new sense of meaning.

It's just as good as shooting coke. No, that wasn't quite it. I think. Um, yeah, it was a gradual thing and some days, you know, an experiment would work and I would think, wow, this is like shitting coke and many days it wouldn't be like that and I would just drag myself through. But I think during that time my brain was healing and probably still is, and I, found that the trade-offs were worth it.

Debbie Sorensen: Yeah. Well, generally speaking, one thing we know is that substance abuse disorders are pretty treatment resistant, right?

I would say a lot of people try to heal and recover from substance abuse and really struggle to. I guess I'm wondering, so you did it and it took time, and I'm sure it was really hard. Do you have any tips or thoughts about what might help

someone be more likely to recover? I'm imagining a listener who has maybe a family member that they love or someone they care about, or even someone who themselves struggles with addiction.

Is there anything that helps people be more likely to recover?

Judith Grisel: Well, certainly support does and support I think is in my story was reflected in the fact that I had a place to go with professionals. I didn't have to worry about paying rent. I had a kind of a, an easy road in a way. It wasn't easy, but it was, it was very well supported.

And I think also, you said it earlier, but my curiosity I had this innate, uh, just wondering, you know, what would it be like? And I imagine if you're listening to this, you'd think. Is it true that life is not bad be without drugs?

Because I, you could never have told me that, but I'm saying it now, it's absolutely a thousand, you know, much, much better. But the third thing really for me, I think was getting to treatment early. So just like the tendency for addiction is Stronger when young people are using. It's also helpful to get support and be curious.

When you're young, you're naturally more curious is because the brain is quicker. So I think the fact that I was kind of able to bounce what looks like bounce back is, um, Partly that, you know, there's always time, you know, it's possible to heal anywhere. So I guess my hope would be that people would just be curious and sometimes I say to young people, my own children, even, you know, if you can just hold off and see if you can do something meaningful aside from drugs while you are.

In this precious plastic phase of brain development, then you might not, uh, find drugs so reinforcing and you also might not, uh, need them. And if you do use them, you might be able to use without falling off the deep end.

Debbie Sorensen: What do you think are some of the hardest of all the drugs out there, what do you think are some of the hardest ones for people to quit? Because I, I feel like there's some variation there, and maybe it varies person to person a little bit, but I think some are especially treatment resistant.

Judith Grisel: yeah. Well, the stimulants are the hardest, notoriously, so methamphetamine and cocaine are the hardest, and that's because of the way specifically that they act on the brain and what they do to the brain. So by driving the meaningful or pleasurable pathway that mesolimbic dopamine

pathway, so, so hard and effectively, it kind of gets numb and in some ways maybe permanently numb.

Now there's always healing, but. Perhaps not all the way. And, my husband, so he'll laugh at me because he says, you are never satisfied, still. And, um, you know, he's talking about, do I need another house or do I need another vacation, or do I need another color on the wall? I mean, I'm just kind of constantly wanting to do new things And that I think may be from those drugs.

The other thing about those drugs is a lot of times people will get clean. And then they are for a while, maybe even a few weeks, but then they're susceptible to relapse because things seem so uninspired and bland. Whereas for, say, alcohol or opiates, the hardest time or, or nicotine, the hardest time is at the beginning.

So these are a little insidious that way. But I'd say, opioids, if you have a lot of support and maybe some medication assisted therapy, you can recover really thoroughly. Your brain is not really damaged. So, they're kind of on the other end. Alcohol's probably somewhere in the middle.

Debbie Sorensen: That makes a lot of sense if you think about it behaviorally, that you know something like even heroin, it's very, very terrible and uncomfortable when you're first going off of it, but if you can make it through

Judith Grisel: that,

Debbie Sorensen: you know, then the cravings, the withdrawal effects will subside. But with some of the stimulants that dopamine hit is so reinforcing and it, like you said, it, it kind of doesn't go away.

You know, you make it through the the withdrawal period and you're still having the urges and the cravings. Is that right?

Judith Grisel: Exactly. Yes, exactly.

Debbie Sorensen: Yeah. Well, one of the concepts from your book that I think will absolutely stay with me is this idea that the opposite of addiction isn't sobriety, it's freedom, or just having the choice to make a decision.

Oh, wow. That, I think that is so interesting to think about it that way. Could you say a little bit more about that? Like what does, what does that

Judith Grisel: that mean to you?

Yeah, I'd love to, well, it's funny, the word addiction comes from this Latin term for slave and, so it was really originally for gamblers. And the idea was that if you owed somebody money, Because you lost like people like me kinda lost.

Then you were made the property of the person you, owed to. And so I think this really fits because you're, I think by, by getting all the good feelings I could get as quickly and as, you know, massively as I could manage with all the chemicals, I was kind of having a debt to this counteracting state.

So my brain was busy adapting to all that. And so then when I took those away, I felt terrible. So it is, it is kind of like being a slave and that obviously is the opposite of being free. And so, um, that's like one of the many ironies. But, you know, I loved being able to do exactly what I wanted to do, when I wanted to do it and how I wanna do it.

And nobody could really get in my way. But on the other hand, I was subject to my feeling states, like I just had to constantly be worried about where am I gonna get the next whatever. So what I thought at the beginning was, I have to get through this and then I just gotta trudge through my life, you know, sober.

I mean, is it even worth living like that? On the other hand, I've realized, oh my gosh, it's so much more wide open. And, I remember I was, this is a silly example, but I was probably. Two or three years clean and I, um, I realized I can do whatever I want. I'm, I'm not, not gonna brush my teeth. I don't have to.

And I just, I really, I guess I fiercely defend my consciousness and my opportunity to choose how I'm gonna respond, what I'm gonna do, where I'm gonna go. It is kind of the best gift of being a human being I think.

Debbie Sorensen: You know, maybe that's a good way to define addiction. Cause I know that there's, the definition's always changing, the terminology's always changing, but when it gets to that point, you know, you tell some stories in the book. People are so driven to acquire their next whatever it is, their next hit of something or whatever, that they really lose control of their behavior, of their lives.

Everything. It just becomes this automatic drive for people. Maybe that's where it's at the point that, it doesn't feel like a free choice that you're making anymore. It feels like you're out of control in terms of being able to, to make

Judith Grisel: make a

choice.

Yeah. No, I think it's absolutely, there's no choice. It is automatic and automatic is such a, kind of industrial terrible thought. I mean, who wants their lives to be automatic? Here we're going for these high peaks and what we end up doing is just, um, like a machine, pushing the button, pushing the button, pushing the button.

So I definitely think that's a, a good way to look at it.

Debbie Sorensen: Behaviorally. I mean, I keep tying this back to my field of behavioral psychology and it's like we wanna help people. If we're working with addiction, we wanna help people be able to pause in those moments and make a more intentional and conscious choice. And it's. It's not always easy to do that when people are so driven by that automaticity, but that's really where the freedom lies, is just being able to pause in that moment and make a more intentional, conscious decision.

Judith Grisel: Yeah. Well, it's important I think, to bring the neuroscience back in here because what happens with regular use, just like with any kind of habit, is it becomes automatic. So if you drive home a certain way every day, You know, you don't even have to think about it. And in order to go a different way, you really have to think about it.

So let's say you were supposed to stop somewhere new, you know, it, it takes effort. So I know what happens is in the beginning, you know, people pick up because, oh, this seems like it could be interesting usually, or fun or something new. And usually within kind of short order, Subcortical, uh, habit and even compulsive structures take over.

And so the difference between a habit, which is just kind of an automatic behavior and a compulsion, is that compulsions have this sense of negative urgency. Like, I must do it because otherwise I'm miserable. And so you have a habit with a must doing it, and there's really not much choice in that.

There really isn't. I mean, you could say if someone is holding a gun to your head, would you stop? And the answer's gotta be no, because look, people are having guns held to their head. It might not be a revolver, I just have a friend who recently died of liver failure, which is terrible.

She was in her forties. She had two kids and that was a gun. But she couldn't stop drinking. We lose everything we care about, including ourselves. So, yeah, no, I think it's really important to recognize that the people we know and love who are suffering with substance use disorders have very little choice.

And that's why the support and the time is so critical, because it's not like, you know, a pat on the back is gonna help.

It's

Debbie Sorensen: That's not enough. Well, that's a good. Segue to the final thing I wanted to ask you about today, which is I think just about the level of all the addiction happening in the world around us here in the United States, but also other places around the world. And I think in the aftermath of Covid, it's, you know, certainly escalated even more. Clearly the war on drugs approach was not successful. Do you have any ideas that you really stand by in terms of what we should be doing as a society?

Judith Grisel: Yes, I do. Of course. I have two ideas. One is just that we should recognize that it is a hard time to be alive. I just saw a report that said 27% of adults in the US are so anxious that they have a hard time functioning. You know, more than one in four adults feel like they can't function because they're so anxious.

So this is not just a few people. This is your neighbors if it's not yourself. So, let's just all say I don't care what the commercials are showing. Things are rough. It's hard. It is dang hard. So that I think is the kind of the first step that what we're doing isn't really working.

And that's true kind of for all of us or for many, many, many of us. And then the second thing, And the reason I think that's important, I guess, is because I think if we can't tell the truth to ourselves, then we we're, you know, hopeless. The second thing is that, imagine how this is for kids. And I hate to focus on this so much, but, um, I feel bad for the adults, but we kind of made our lives.

But kids right now seeing, you know, they know that, that this many people are anxious and depressed and things aren't going well. And what they also know is that there's a lot of opportunity to take drugs, to mitigate those feelings. You know, I mean, the climate's getting warmer, their neighbors are getting more and more stressed.

What do they do? So we have to show up for each other and for especially young people. And I think that that is a messy, like there's no good way to do it. I can just say this from my own experience, it was not pretty, it is not pretty often, it's not graceful. It's just that I, I try, I do the best I can and I don't because I couldn't escape without self-destructing.

You know, I've found other ways, and one of the things that I think is really useful that I used myself is, um, my first response to pain or anxiety or sadness is to kind of withdraw to just go away, you know, and drugs help with that. And instead, I use my freedom to do the very hard thing of, of talking to someone else, of telling the truth.

You know, the day actually sucks. I'm not doing well. I got this rejection or whatever. And so that, and then having people around us and being there for each other. if you know how to do this and you're listening, help your neighbors and your neighbor's children, because there's not a lot of models I can say, you know, what is the model, the models to go watch TV or drink the box of wine or take a little extra of this.

So I think We need to tell the truth. It's not going well, I think it's gonna be hard, but I think it's, this is the time.

Debbie Sorensen: These are themes that come up often on our podcast. Podcast, I think, around acknowledging how hard things are, being open to those painful feelings and supporting each other, you know, talking to each other more openly and giving each other that support. So I actually think that was a very beautiful note to end on and very consistent with how we talk about these things on the podcast.

Right. I think you're really talking about a much higher level change. There's probably all kinds of policies and things like that about drugs, but it's really more about like the underlying problems that are contributing to the people using in the first place.

Judith Grisel: You know, I was gonna tell this one quick story because, my youngest child is, 20 And, um, during the difficult time for me and for her, cuz my natural tendency is to escape. She would wanna go into her room and close the door and I would wanna go into my room and close the door.

And that just seems easier, doesn't it, just to go into our own

Debbie Sorensen: Yeah,

Judith Grisel: and close the

door

Debbie Sorensen: Hide Hide under the covers.

Judith Grisel: And I got this advice from a friend because I'm naturally a door closer and I would say to my daughter, you know, we're just gonna sit on the couch together. You don't have to talk to me and I'm not gonna lecture you.

And we would just sit there and, you know, she would be scowling and rolling her eyes and scrolling through her phone and I would be, uh, you know, Just trying to be still and maybe scrolling through my phone but every once in a while she would say something like, you wouldn't believe what happened at school today?

Or, what do you think of this TikTok thing? So I think just being there with each other gave that opportunity for like the thinnest bridge to connection. And so I, I think that is the thing we can do. We can knock on the door, we can put out our hand, we can look somebody in the eye, we can tell them how it is for us.

And uh, you know, it's not easy.

Debbie Sorensen: That's so beautiful. Just picturing the two of you on the couch, it made me tear up a little. It's so sweet. Yeah. Love that. Well, what do you have ahead?

It sounds like you might be working on another project.

Judith Grisel: Yes, well, I'm got two big ideas. The first one is a book for people who don't really have a problem, and I'm calling it, why not use drugs?

And I think that we have many opportunities today, more than ever in our history, even though drug use is really normal and in some ways has been good for human beings, for our evolution and our cultural development, but what's new is that we have access to so many things. So I'm just writing this book, hopefully to help people pause and think about their choices, their freedom, and how drugs or their use can best serve their lives. And I think that's good for all of us wherever we are. And there are certain, um, pieces of information about that that I think would be helpful. And then the second one is specifically on kids in cannabis that even though I used everything I could find Cannabis was definitely my favorite of all drugs.

And it is for many young people today. And I think that there's a lot of confusion about, you know, how it intersects with brain development and behavioral development and, you know, growing up that I would like to help shed light on.

Debbie Sorensen: Wow. Well keep us posted on those books. We would love to have you back down the road to talk about them if you're up for it. .

Judith Grisel: Sure.

Debbie Sorensen: Yeah,

well, let me just remind listeners of your book. It's again, the one that we're talking about today is never enough. The neuroscience and experience of addiction, highly recommend.

And we'll also link to your website on our show notes for today. And I know you have a TED Talk and some other resources available online so the people can find out more.

Judith Grisel: That's great and they should feel free to write to me at Bucknell University if they have questions about the book or the talk or something. I'd be glad to connect.

Debbie Sorensen: Oh, awesome. Thank you for offering that. That's great. So connect with Judy if you'd like to. And Judy, thank you so much. I really appreciate you talking with us today.

Judith Grisel: Thank you for having me.

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