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## Healing Addiction at Its Core: Insight into Resolving the Subconscious Drivers of Cravings and Compulsions

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### Abstract

**Background:** Addiction remains a persistent challenge in psychology and neuroscience, with high relapse rates despite various treatments. Conventional models often manage symptoms without addressing the suppressed emotional states and subconscious narratives that sustain compulsive behaviors. This study investigates the impact of restructuring subconscious belief systems through a pioneering methodology: Quantum Leap Technique (QLT), which employs structured linguistic interventions to systematically surface, deconstruct, and replace internal narratives with self-affirming beliefs in combination with an internal locus of control. **Methods:** Twenty individuals participated in QLT sessions for non-addiction-related concerns, such as self-worth, career challenges, health concerns, and emotional well-being. Despite addiction not being their primary focus, all participants reported significant changes in their relationships with addictive substances and compulsive behaviors. A survey with Likert-scale assessments and open-ended questions evaluated addiction-related experiences post-intervention. **Results:** Participants reported reduced compulsive behaviors,

cravings, and emotional distress, with an increased sense of self-regulation. QLT facilitated shifts in self-narratives, promoting resilience and self-determination. The breadth of addiction types - including substance use, food cravings, and behavioral compulsions - highlights the intervention's broad applicability. **Discussion:** Findings suggest that addiction is driven by subconscious programming and unresolved trauma rather than solely biochemical dependency. By transforming self-perception and belief systems, QLT facilitated meaningful behavioral change. Limitations include a small sample size and reliance on self-reported data. Future research should explore diverse populations, those actively seeking treatment for these self-destructive behaviors, and objective outcome measures. **Conclusion:** This study supports language transformation and subconscious restructuring as critical components of addiction recovery, encouraging further research into integrative treatment models that address core belief systems for sustainable healing.

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**Keywords:** Psycholinguistics, trauma-informed therapy, substance abuse, quantum leap technique

## Introduction

The nature of addiction remains one of the most pressing challenges in modern psychiatry, psychology, and neuroscience. Despite decades of research, traditional treatment approaches - ranging from pharmacological interventions to behavioral therapies - continue to exhibit limited long-term efficacy, with relapse rates remaining stubbornly high. A growing body of evidence suggests that addiction is not merely a physiological dependence but rather a deeply entrenched cognitive and emotional schema rooted in early-life experiences, unresolved trauma, and subconscious belief systems (Nomandan et al., 2014). Research on the mind-body connection has increasingly demonstrated that unresolved emotional trauma manifests as physical symptoms, including chronic stress, anxiety, and addiction-related cravings. Studies in psychoneuroimmunology have shown that the nervous, immune, and endocrine systems are deeply interconnected, suggesting that emotional suppression contributes to long-term physiological dysregulation (Witkiewitz & Bowen, 2010).

This paper introduces a novel perspective: that addiction is fundamentally sustained by self-sabotaging thought forms - internal decrees or subconscious narratives established early in life, which drive compulsive behaviors and substance dependencies. These self-sabotaging behaviors often originate as coping mechanisms, such as dissociation or PTSD responses, which initially served to protect the individual from overwhelming emotional pain. Over time, these mechanisms suppress emotions rather than resolve

them, creating an energetic burden that requires continuous reinforcement, often in the form of compulsive behaviors, cravings, escapism, or substance abuse (Ahmadi et al., 2019). Building on this concept, this paper proposes that cravings arise from self-sabotaging narratives or thought forms, where obsessive thoughts generate compulsive behaviors, reinforcing the cycle. Just as the persistent thought fuels the behavior, indulging in the craving sustains the energetic pattern, keeping the thoughtform active within the individual. This continues to build on the research by Pappas (2020) into the role of emotional triggers with addictive behavior/ This initial work focused on the role of sadness as a trigger for smoking. Findings included the need for further examination of emotional triggers with addictions as an implication for public health impact.

A coaching organization, Encompass Life, has observed this pattern in practice. Many clients who initially sought coaching for unrelated life challenges - such as relationship struggles, career issues, or low self-esteem - have reported that their cravings, heavy substance use, compulsive behaviors, and even weight issues have diminished or disappeared as a result of resolving their repressed trauma. This paper introduces Quantum Leap Technique (QLT), a very specific intervention process supported by Encompass Life, which systematically identifies and restructures subconscious belief patterns. The findings presented in this study represent a small sample of the extensive results witnessed in Encompass Life's coaching practice, suggesting that addiction is not an isolated disorder but rather a subconscious frequency state maintained by the energetic demands of repressed trauma or belief systems in order for these inner narratives to keep existing. Analysis presents alignment with the research findings of Lipton (2005) for the influence of belief systems, environment, and perception on biology and the capacity of emotionally charged, embodied statements to generate subconscious reprogramming.

QLT hypothesizes that addiction is sustained by subconscious decrees formed in response to early-life emotional experiences - internalized statements such as "I am unworthy," "I am powerless," or "I do not belong." These decrees create a persistent emotional resonance that, when left unexamined, manifests as cravings and compulsive behaviors (Nomandan et al., 2014). Psychological and neurobiological research has demonstrated that persistent maladaptive thought patterns, particularly those rooted in self-denial and self-limiting beliefs, contribute to cycles of addiction, emotional dysregulation, and chronic distress (Nomandan et al., 2014). When an individual internalizes these narratives, they enter a state of psychological opposition to healing, well-being, and self-restoration. This opposition fosters the need for external validation or relief through compulsive behaviors, substance use, and other maladaptive coping mechanisms, ultimately seeking to fill an inner void that can only be reconciled through self-acceptance and

internal transformation. QLT employs structured linguistic interventions to systematically surface, deconstruct, and replace these narratives with self-affirming beliefs, thereby reducing the underlying emotional drivers of addiction and reestablishing the identity of the consumer separate from self-destructive risk. This correlates with the research findings of Stevens (2014) on physical body alignment with verbal cues. Stevens gave the examples of a physical symptom complaint with the eye to be related to the use of the word „see“ and a statement of „I can’t stand a certain person“ to be related to a challenge with physically standing up.

The pain-pleasure cycle, often reinforced by external stimuli, creates an escalating feedback loop in which individuals seek higher degrees of stimulation to maintain emotional numbing. However, behaviors driven by shame, blame, guilt, or self-hatred perpetuate this cycle, preventing true emotional and physiological recovery. These findings align with research on dopaminergic reinforcement loops in addiction, which illustrate how compulsive behaviors intensify as individuals attempt to mitigate underlying emotional pain (Serre et al., 2018). By investigating whether addiction recovery is facilitated through direct modification of these emotional anchors via QLT for particular fascinations, this research aims to offer a novel intervention framework that moves beyond traditional abstinence models and symptom management.

Furthermore, this study seeks to explore the correlation between specific emotional states and addiction types, expanding on findings that suggest distinct emotions fuel different addictive behaviors. For example, prior research indicates that anger and resentment are often associated with stimulant use, while shame, grief, and anger may drive alcohol dependence (Serre et al., 2018).

**Table 1:** A Proposal of Cravings, Compulsions, & Subconscious Belief Systems

Substance/Behavior	Underlying Belief System
Salty/Crunchy Foods (e.g., chips, fried foods)	Holding onto resentment and suppressing anger
Sweets/High Sugar	Bitterness toward life; lack of sweetness and self-doubt
Ice Cream, Dairy, Butter	I can't and It's hard - slowed down lymphatic system
Carbs (e.g., pasta, potatoes, bread)	Same as sugar, avoiding change
Alcohol	Anger issues combined with bitterness toward life
Cannabis	Avoiding emotional processing; false sense of connection to God and creativity
Tobacco (Smoking/Dipping)	Apathy, escapism, and unresolved grief; rooted in a subconscious death wish
TV/Books/Internet/Video Games	Desire to escape reality and avoid facing life's challenges
Chewing Fingernails	Resentment, anxiety, and buried self-criticism and shame manifesting as compulsive behaviors
Overeating	Feeling unnoticed or unworthy; using food to create significance or protection, to matter
Porn Addiction	Equating love with pain; seeking pleasure as a substitute for healing trauma

The process of addiction recovery, as explored through QLT, involves bringing suppressed trauma into conscious awareness and recontextualizing it through love, acceptance, and self-compassion, with a strong emphasis on

feeling your words and choosing love in your past memories. This perspective aligns with contemporary therapeutic approaches such as trauma-informed Cognitive Behavioral Therapy (CBT), narrative therapy, and mindfulness-based relapse prevention, which emphasize the role of self-compassion in overcoming maladaptive behavioral cycles (Witkiewitz & Bowen, 2010). What sets the QLT method apart from Positive Psychology and Cognitive Behavioral Therapy (CBT) is its emphasis on the necessity of the individual's ability to deeply feel their words. This is aligned more fully with Emotion-Focused Therapy, which focuses on the role of emotion in psychotherapeutic change (Corey, 2016 and Greenburg, 2004)). Transformation occurs in direct proportion to the intensity with which an individual experiences the emotions tied to their language. Greenburg (2004) posits that „emotion is foundational to the construction of self and is a key determinant of self-organization.“ (p. 3). If a counterfeit or suppressed emotion is present, it must first be acknowledged and processed before a genuine emotional shift can take place. Only when the new feeling is fully embodied does it produce a neurochemical change, reinforcing lasting cognitive and physiological transformation. The fundamental breakthrough in this approach is the realization that healing is not about erasing pain, but about embracing it as a pathway to self-restoration. Individuals who undergo this transformation report a profound shift in perspective: *“My love is bigger than all this pain.”* *“Thank you for the challenges that revealed my strength and capacity to heal.”*

This represents a paradigm shift in the way addiction, cravings, and compulsive behaviors are treated. Encompass Life, through its application of Quantum Leap Technique (QLT), supports individuals in shifting from an externalized, maladaptive locus of control to an internalized, empowered framework (Rotter, 1966). This intervention focuses on reprogramming deeply embedded subconscious beliefs - or *internal decrees* - that dictate patterns of avoidance, addiction, and emotional suppression. Many individuals struggling with addiction attempt to compartmentalize or suppress trauma, leading to a gradual depletion of emotional resilience and self-worth. The inability to reconcile these subconscious wounds often results in cycles of destructive behavior, with individuals seeking external substances or compulsive behaviors to temporarily fill an internal void. This study goes further into the existing research that one of the primary mechanisms by which addiction persists is the avoidance of emotional pain. Studies indicate that unresolved emotions - such as guilt, resentment, and anger - exacerbate cravings and increase the likelihood of relapse (Nomandan et al., 2014). This process of suppression leads to a progressive depletion of life energy, emotional numbness, and the inability to give and receive love. Instead of focusing on the symptom, Encompass Life has focused on liberating the person from the internal prison of victimhood; the internal narrative that cuts

the individual off from love and guides them into a conscious choice. By systematically resolving the root core belief that sustains addiction, QLT aims to free individuals from the energetic burden of necessitating trauma and/or self-destruction, allowing for natural recovery without force or suppression. Neuroscientific literature supports this by highlighting the effects of unresolved trauma on neuroplasticity and autonomic nervous system dysregulation, whereby prolonged trauma suppression contributes to a diminished physiological and psychological capacity for emotional recovery (Ahmadi et al., 2019).

In sum, this study presents a new frontier in addiction research, merging insights from cognitive science, linguistics, and psychotherapy to propose a revolutionary approach to treatment. Thus, this paper presents the possibility that addiction recovery is not simply to eliminate compulsive behaviors but to restore a state of intrinsic wholeness and divine connection - an approach that has the potential to redefine conventional models of addiction treatment and provide sustainable, long-term well-being.

## **Methods**

This was a retrospective exploratory study involving 20 individuals who participated in QLT group sessions for a range of personal concerns unrelated to addiction, including self-worth issues, overcoming career-related challenges, and emotional well-being. While addiction recovery was not their primary focus, all participants self-reported significant changes related to addiction, compulsive behaviors, or cravings after engaging in the intervention.

## **Description of QLT Intervention**

QLT operates on the principle that our language, emotions, and body are not passive reflections of experience - they are generative forces that shape it. Through precise observation of speech patterns, body cues, and somatic responses, QLT facilitates deep awareness, emotional resolution, and neurological repatterning in the moment of the intervention. This intervention is based primarily on the work of Chalmer Brothers (2004) on the generativity role of language on experience, Robert Tennyson Stevens (2006) on the capacity of language to reveal what a person is creating, and Bruce Lipton (2005) on the influence of a person's belief system to shape biology and gene expression,

QLT sessions are typically group sessions of 10 to 15 participants with individual follow-up sessions with the group session facilitator. A QLT session is focused on the process of the client's language, emotions, and body responses versus the specific subject of communication – the how of communication versus the what that is being communicated. The QLT session



begins with the QLT practitioner asking for a volunteer to start the process with a description of life happening for the client now, or: What is new and different in your life since the last session?“ As the client discusses that answer, the practitioner probes deeper to facilitate the client dropping into the body to access the stored roots of trauma or belief. Often, these roots will stem from childhood experiences that were embodied as truth.

A QLT practitioner listens for:

- Patterns in speech that signal disempowerment or resignation
- Physical disconnection (e.g., breath holding, collapse, dissociation)
- Emotional resistance, particularly around shame, anger, and grief
- Evidence of internalized right/wrong frameworks or victim-perpetrator dynamics

Throughout the session, the facilitator uses somatic presence observations and reminders to the client about what is being felt in the body at that time, such as depth and rate of breathing, body tensions or relaxation, and sense of temperature in the body. The facilitator observes and notes conscious language shifts such as use of „I“ versus „You“ or use of absolute words such as „always“ or „never.“ Clients are encouraged to frame communication as „beginning to“ versus the use of absolutes. Direct coaching interventions are used, such as guiding the client to compare and contrast languaging, repetition of statements of empowerment, and reframing concepts of painful experiences into experiences of blessing. Efficacy of intervention is also supported through participant peer support and insight sharing.

The facilitator guides the client toward:

- Reconnection with the body and present-moment awareness – what the client senses physically and emotionally here and now.
- Separation from limiting identities or survival stories through change of language to lack of limit and thriving versus surviving. Example of change would be to change saying „I don’t remember“ into „I choose to remember“ or to change „I have struggled with weight my whole life“ into „I have struggled with weight until this moment in my life“ – acknowledgment that part of one’s whole life is yet to be.
- A felt sense of safety and choice as the client clearly sees the effects of all possible options.
- Speaking and declaring new truths rooted in trust, power, and purpose. These are framed with language as decrees. Many of the frequent decrees begin with „I am“ or „I love being.“
- A core of QLT is to encourage clients to use God-connected language such as personalization of biblical promises. A frequent example is „I know the truth and the truth sets me free.“

## Process of QLT Intervention

A convenience sample of 20 student participants was obtained from concurrent QLT coaching groups. All students were invited to participate in this retrospective exploratory study upon completion of the intervention. Participation was voluntary, with acknowledgment of the voluntary nature before proceeding to complete a survey of open-ended responses about their personal experience impact from the QLT intervention. Participants completed a survey that included both Likert scale questions and open-ended responses. The open-ended responses allowed participants to provide qualitative insights into their personal experiences, detailing any reductions in addictive tendencies, compulsive behaviors, and newly developed coping mechanisms.

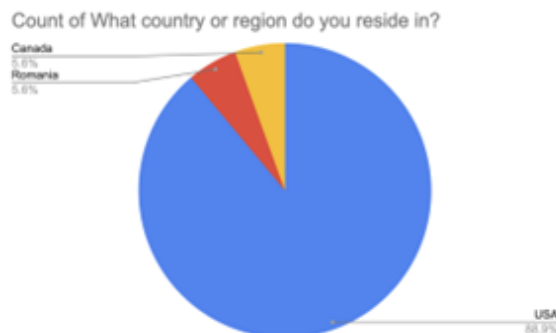
The data collected in this study provided insight and answered a research question about how language transformation and cognitive restructuring contribute to addiction recovery, even when addiction is not the initial focus of treatment. This exploratory analysis examined whether addressing subconscious belief systems and self-identity narratives can result in spontaneous reductions in compulsive behaviors and addiction-related patterns.

## Results

### *Demographics*

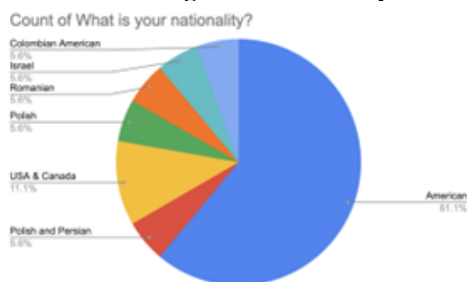
Of the 20 participants, 88.9% were living in America at the time of the survey, 61.1% were American by nationality, 77% were female and 23% male, 77.8% held a Bachelor's Degree or higher education level, and 61.1% were in the 35-54 age range. 61.1% of participants had completed over 20 one-to-one sessions with Encompass Life Coaching, which included workshops, classes, and personal coaching sessions. The survey questionnaire was completed in January 2025.

**Figure 1:** Country of Residence

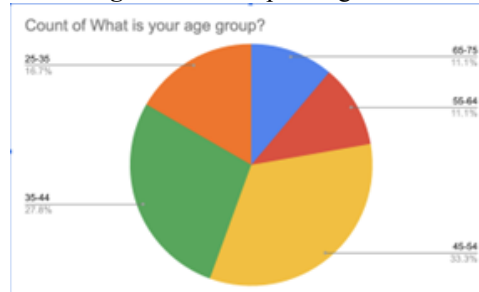




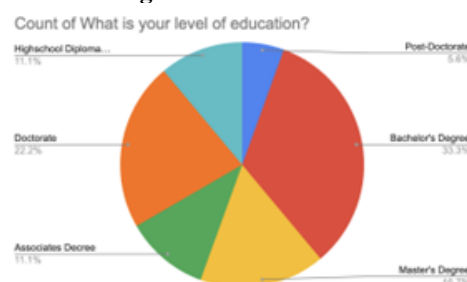
**Figure 2: Nationality**



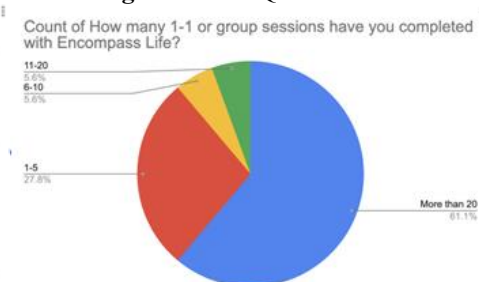
**Figure 3: Participant Age**



**Figure 4: Education Level**



**Figure 5: # of QLT Sessions**



**Table 2: Mean, Median, Mode, and Standard Deviation from Likert Scale Questions**

	Mean	Median	Mode	Standard Deviation
Please rate the degree of positive change you have experienced in addiction, cravings, or substances since working with this modality. (Scale of 1-10, where 1 = No Change and 10 = Life-Changing Impact)	8.22	8.5	10	2.01
To what extent do you believe this change in addiction, cravings, or substances was a direct result of working with the Language of Empowerment modality? (Scale of 1-10, where 1 = Not at all and 10 = Completely)	8.77	10	10	2.01

The majority of participants reported a significant positive change (mean ~8.22) in their addiction, cravings, or substance use. The most frequent response was a perfect 10, suggesting that many found the modality life-changing. Respondents strongly attributed their improvement to the Quantum Leap Technique by Encompass Life (mean ~8.77). The results demonstrate both effectiveness and high confidence in the approach, with relatively low variation in responses.

Qualitative data were recorded from open-ended survey questions. While these participants were not focused on addiction in their participation, the survey nonetheless included the question: *“Please describe the change you experienced related to addiction, cravings, or substances in your own words.”* Results are summarized and categorized below.

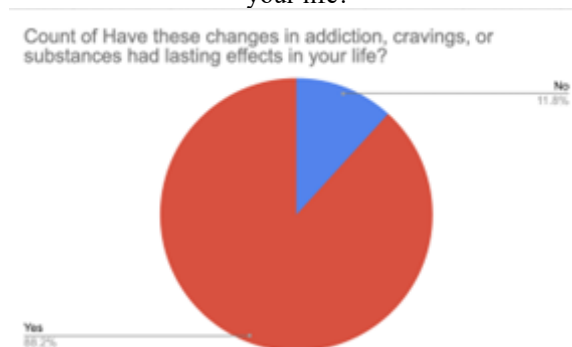
**Table 3:** Qualitative Addiction/Craving Themes from 20 Participant Survey Responses

Addiction Type	# of Mentions	Quotes from Qualitative Data
Salty/Crunchy food cravings	3	"I used to crave salty and crunchy foods daily before starting classes with Encompass Life. I made a lot of food choices unconsciously and didn't have a lot of respect for what would actually be helpful for my body."
Sugar cravings	4	"I had strong sugar cravings. After understanding how my body talks to me I was able to recognize the signals and deal with the craving in a healthy way... I have found that my craving for sugary snacks or desserts is gone for me AND my teens."
Weed (THC)	3	"I was smoking weed regularly. Now it is no big deal and I am in presence and trust for my healing."
Alcohol	9	"After an Encompass Life weekend I was easily able to stop the use of THC and alcohol."
Carbs (chips, popcorn, bread)	2	"Before Encompass Life, everyday I had cravings for carbs - like chips or popcorn - especially midafternoon."
Overeating	2	"All cravings have significantly dulled - over eating - I keep losing weight and I love that. I have lost 70lbs"
TV & books addiction	1	"The biggest addiction that it has helped is my past compulsion to numb myself with TV and books."
Nail-biting	1	"I suffered for over 30 years at picking and chewing on my fingernails, cuticles, and edges of my nail bed."
Weight gain/loss	3	"Since taking classes, the cravings have diminished to almost zero... I'm also losing weight and I love that!"
Cigars	1	"All cravings have significantly dulled - overeating, don't really enjoy whisky any longer, don't enjoy cigars like I used to."
Late-night eating	1	"Sometimes I would sneak out after Steve went to bed and eat ice cream or whatever I could find."

**Table 4:** Qualitative Answer Themes from 20 Participant Survey Responses

Theme	# of Mentions	Direct Quote
Emotional Awareness and Healing	3	"I have lost 100 pounds because I can feel my feelings now and shift them if I choose. I used to use food as a drug."
Reduction in Addictive Behaviors	3	"The very first change I experienced was the dramatic fall off of my desire to smoke weed and drink alcohol. It was the easiest cold turkey I have ever experienced."
Compulsive Eating and Food Cravings	3	"Before Encompass Life, I switched between craving salty and sweet things. I displayed obsessive and compulsive thoughts and feelings toward foods. While working with EL, my cravings disappeared."
Behavioral Addictions & Emotional Patterns	3	"The biggest addiction that it has helped is my past compulsion to numb myself with TV and books. Since EL I have found the craving to have diminished to a choice versus craving and need."
Weight and Body Perception Shifts	3	"Since taking classes, the cravings have diminished to almost zero. It's rare (maybe a couple times a month) for me now to go eat snacks in the afternoon and I have completely stopped eating late at night."

**Figure 6:** Have these changes in addiction, cravings, or substances had lasting effects in your life?



88.2% of participants believed the changes they experienced in addiction, cravings, or substances would have lasting effects on their lives. Some mentioned already being past their addiction for 6 months to a year.

## Discussion

The participants, who initially sought coaching for unrelated personal development goals, reported unanticipated and significant changes in their

relationships with addictive substances and behaviors. This indicates that addiction recovery can occur spontaneously when subconscious trauma is resolved and self-sabotaging belief systems are restructured. The findings of this study suggest that the Quantum Leap Technique (QLT) supports further research in addressing the underlying subconscious mechanisms of addiction, cravings, and compulsive behaviors. There are no other persons with addictions to compare to included in the study, as this was not initially an addiction-focused intervention.

These findings align with existing literature on addiction recovery that emphasizes the role of emotional suppression in maintaining addictive cycles (Nomandan et al., 2014). Research suggests that emotions such as resentment, guilt, and anger contribute to cravings and relapse, reinforcing addictive tendencies, for example, the themes around bitterness and sugar and resentment and crunchy or salty foods. The participants' ability to shift their self-narratives through QLT resulted in a decrease in substance reliance and compulsive behaviors, supporting the hypothesis that language transformation and cognitive restructuring may support crucial components of long-term addiction recovery.

Notably, the results show that addiction manifests in diverse ways, encompassing not only substances such as alcohol, tobacco, and THC but also food cravings, compulsive eating, and behavioral addictions such as nail biting, television and internet overuse. This breadth of addiction types underscores the necessity of broadening the scope of addiction treatment beyond conventional substance-focused models. Participants reported a profound shift from compulsion and dependence to a state of inner balance, self-awareness, and conscious decision-making.

Additionally, nearly 88.2% of participants believed that their addiction-related improvements would have lasting effects, with many already experiencing sustained changes from six months to up to 3 years in the survey. The observed transition from compulsion to conscious choice aligns with research on neuroplasticity, which suggests that cognitive and behavioral shifts reinforce new neural pathways, leading to more permanent transformations in thought and behavior (Witkiewitz & Bowen, 2010).

### *Limitations*

While these findings offer promising insights, this study has several limitations. First, there was no addiction-focused control group to compare results and outcomes to, as this was not initially an addiction-focused intervention. Additionally, the sample size is relatively small (N = 20), which limits generalizability. Further research with larger and more diverse populations is necessary to confirm these findings across different demographic groups. Additionally, because participants were not initially

seeking addiction treatment, although many participants volunteered information about their daily dependence on overeating, TV addiction, drinking, and smoking, the extent to which QLT directly impacts addiction recovery in individuals actively seeking treatment remains an open question. Future studies should include control groups and longitudinal follow-ups to assess the long-term effects of QLT more systematically.

Moreover, self-reported data inherently carries potential biases, as participants may unconsciously report favorable outcomes due to confirmation bias or social desirability bias. Objective measures of addiction reduction, such as biomarker tracking or clinical assessments, would strengthen the validity of these results.

## **Conclusion**

This study builds on the current understanding of addiction, cravings, and recovery efforts by demonstrating that language transformation and subconscious restructuring play critical roles in overcoming compulsive behaviors and substance dependency. The results indicate that addiction may not solely be a chemical dependency issue but rather a manifestation of deeply ingrained subconscious desires and unresolved trauma. The spontaneous improvements observed in participants' relationships with addiction suggest that addressing the root causes of addiction, rather than a skewed focus on abstinence, may yield more profound and sustainable recovery outcomes.

Importantly, this research highlights the wide breadth of addiction types, including substance use, food cravings, and behavioral compulsions. The findings suggest that addiction is a fluid and adaptive mechanism, rather than a fixed pathology, and that it can be restructured when individuals regain a sense of internal sovereignty and self-acceptance. Participants who engaged in QLT reported a return to emotional clarity, self-compassion, and a greater sense of agency over their lives, which contributed to the reduction in addictive behaviors.

While further research is necessary to expand on these findings, the results of this study contribute to a growing body of evidence that supports integrating subconscious cognitive restructuring into addiction treatment. The implications of this research suggest that future addiction recovery models may benefit from a more holistic approach - one that addresses belief systems, emotional self-connection, and the core self-narratives that drive behavior. The findings could be further expanded through intentional comparative assessment with the Quantum Leap Technique and 20 participants with known addictions. By shifting the focus from addiction as a symptom to addiction as a frequency state rooted in unresolved trauma, QLT offers an innovative perspective on transforming addiction at its core.

## Acknowledgments

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## Conflicts of Interests

Encompass Life employs the lead author as the lead coach, however for this particular study, she gave administrative support rather than facilitation of the coaching groups in this particular study. The other two authors are independent contractors with this organization and did not facilitate the coaching groups involved in this particular study. Their professional involvement in facilitating some QLT sessions presents a potential conflict of interest. Every effort has been made to maintain objectivity in the research design, data collection, and analysis. The study adheres to ethical research standards as framed by Aiden University research oversight, ensuring transparency and minimizing bias in the interpretation of findings. Readers should consider this context when evaluating the conclusions presented in this paper.

**Data Availability:** All data are included in the content of the paper.

**Funding Statement:** The authors did not obtain any funding for this research.

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