



ANATOMY OF AN ADDICTION

1. *Disassociation.* Many victims develop an ability to detach from their abusive reality. This detachment borders on feeling disembodied. Kids will report, “I imagined myself watching us in bed from the ceiling.” They literally cultivate the ability to disconnect from pain. Their susceptibility to trance and their search for escape make them vulnerable to the ultimate form of escapism: addiction. Disassociation is also a precondition for multiple personality disorders.
2. *Flashback.* Time collapses for victims, so that they mistake the present for the past. The Vietnam vet who wakes up in battle gear and the incest victim who wakes up terrified share a loss of reality: the past appears as if it is the present, especially under stress. They fear being insane and do not trust their ability to know what reality they are in.
3. *Confusion.* Situations in some way parallel trigger a fundamental inability to function. When circumstances or personalities remind victims of earlier traumas, they close down emotionally, physically, and intellectually. Victims use this “freezing” as a way to survive. Although under normal stress they can respond well, when something is reminiscent of the abuse their capabilities leave them. Addiction is an alternative when they cannot cope.
4. *Displaced anxiety.* Victims live with the fear of future victimization as well as unresolved anxiety from the past. Because the fear may have no current focus, it surfaces in other forms: insomnia, nervousness or jumpiness, and unexplained irritability. Many times the victims have absolutely no sense of where their discomfort comes from they do seek relief from it, however.
5. *Exaggerated distrust.* Many victims who felt loyal and loving toward those who abused them cannot acknowledge their betrayal except by exaggerated distrust of partners and friends. Sometimes victims have no consciousness of the origins of their misgivings, since they long ago repressed their traumatic memories. Those close to them are left wondering how they earned this distrust or why they have to keep proving themselves trustworthy. If you do not trust people, you look for what you can rely upon — many find it in sex, food and chemicals.
6. *Fusion of sex with associated feelings.* If early arousal patterns are connected to fear, loneliness, vulnerability, or neediness, victims as adults will always connect those feelings with sex. Many victims have trouble separating fear from the erotic, and, as noted earlier, fear is a powerful escalator in the neurochemistry of this illness. When nurturing has been sexualized for you as a child, as an adult you will see nurturing as sexual.

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7. *Tolerance for pain.* Victims of sexual and/or physical abuse sometimes deliberately cut or burn themselves. These episodes are sometimes acts of self-hatred, other times reenactments of early trauma. For some victims, pain has been eroticized to the point where sexual pleasure can be escalated only by more severe pain, piercing, or flailing. In certain cases (e.g. the woman described in the previous chapter who cut crosses in her thighs), self-mutilation is a familiar way to control — the way one was controlled as a child. More common than many would think, self-injury is one of the most dangerous forms of sex addiction. In a prison of their own memories, addicts torture themselves.
8. *Perfectionism.* One way to avoid abusive attention to yourself is to avoid mistakes. Be adult, competent, and grown up, and you will not be hurt, judged, or exploited. People who try to such an extreme to control all outcomes deny their own dependency needs. We humans need help, make mistakes, and have limits to what we can do. Those who use the perfectionist solution are vulnerable to addiction, since compulsivity is the only way they can be out of control.
9. *Dependency avoidance.* Victims do not ask for help, nor do they trust love or care. They act as if they do not trust anybody. In therapy, victims will be flooded with painful emotions, then moments later collect themselves and speculate about whether they need therapy. What happens is that once having trusted the therapist enough to share some of the pain, their fear of needing the therapist takes over and they distance themselves. Part of recovery is for a victim to learn that dependency can be safe.
10. *Shame.* Many victims are profoundly ashamed. They see themselves as unworthy, immoral, destructive, and sinful. Abuse is often accompanied by messages designed to shame children into submission or secrecy. When a man forces oral sex on his three-year-old daughter and then tells her she is sinful and bad for having allowed that to happen, that girl will make the message part of her personal reality. Self-conclusions about unworthiness are central to the addictive process.