

UNDERSTANDING INTIMACY

Love and Romance Addiction

By Robert Weiss LCSW, CSAT-S



Robert Weiss

At 16:01 Mary rushes home from work so she can check her online dating profiles. She skips the gym, eats a frozen pizza for dinner, and chats with the men she meets on dating sites - searching for "the one" - until her eyes are so tired that she can hardly see. Mary is obsessed with romance. She has read the Fifty Shades of Grey trilogy so many times that she's lost count and uses the storyline as justification for her own behaviours. She reasons that if Anastasia could find such a deep romantic intensity with Christian, then she can find the perfect man too. Hence, her endless online search is what gets her through her life. It's her go-to coping mechanism whenever she's feeling blue. Some people have a glass (or a bottle) of wine; Mary has romance.

Without a doubt, healthy romantic love is a beautiful thing. Unfortunately, addictive love is not. When individuals are preoccupied to the point of obsession with falling and/or being in love, they tend to behave in highly regrettable ways – just like alcoholics, drugs addicts, compulsive gamblers, compulsive spenders, sex addicts, etc. Over time love addicts inevitably experience the same basic consequences: depression, anxiety, lowered self-esteem, ruined relationships, trouble at work or school, declining physical and/or emotional health, financial woes, loss of interest, hobbies and other previously enjoyable activities, to name but a few.

Love addicts are people whose ability to self-regulate, reduce anxiety and remain hopeful about the future rests almost entirely on the neurochemical rush of new romance. In this initial relationship stage the other person seems endlessly fascinating, and his or her character flaws are easily ignored, mostly thanks to the release of dopamine, oxytocin, serotonin, adrenaline and various other endorphins into the rewards centre of the brain. This neurochemical reaction matches the neurochemical surge of pleasure brought forth by addictive sexual fantasy/activity and mood altering drugs of abuse, so it's no real surprise that new romance can be just as addictive as sex or cocaine.

It's important to state that love addicts are not hooked on love. Instead, they're addicted to limerence (the neurochemical rush of new romance). As time passes, they continually try to extend and/or repeat this early, intensely pleasurable phase of their relationships. What they fail to understand is that limerence is not the endgame of healthy relationships, Limerence is the catalyst for longer-term connections, serving as the glue that keeps people interested in one another long enough to potentially form a deeper and more meaningful (albeit less neurochemically intense) desire for intimacy.

Love addicts, rather than sticking with someone and allowing longer-term emotional bonds to form, attempt to perpetually extend the neurochemical excitement of early romance. In essence, their "drug" is the rush they feel whenever they meet someone new who might be "the one." And they use this drug to get high in the same ways and for the same reasons that alcoholics

drink and drug addicts take drugs – to escape from stress and other forms of emotional or sometimes even physical discomfort.

Typically, love addicts (like all addicts) who are new to treatment are nearly always in denial about their behaviour and its consequences. Rather than recognizing that they are the one common denominator in their many failed relationships, love addicts typically push the blame onto those with whom they've been romantically entangled. Sometimes people think that love addiction is an entirely female issue. It is not. Men can be addicted to romance just as easily as women can be addicted to sex.

Regardless of gender, romance addicted individuals typically engage in one or more of the following behaviours.

- They are constantly struggling to find and/or maintain romantic (and sometimes sexual) intensity. When the intensity of a relationship wanes, they seek a new relationship.
- They rely on romantic (and sometimes sexual) intensity as a way to escape stress and other forms of emotional discomfort, including psychological conditions like depression, anxiety and unresolved trauma.
- They typically feel desperate and alone when they are not in a serious relationship. Conversely, when they are in a relationship, they often feel smothered and/or worried that they might be with the wrong person.
- They are constantly searching for that one perfect person who will make them feel whole. They often end a potentially solid romance just to start a new one and feel the neurochemical rush of that experience.
- They often confuse romantic and/or sexual intensity with long-term love and true emotional intimacy.
- They typically jump from one relationship into another. Often, the new relationship is started before the old one is ended.
- They often fail to keep important commitments and to meet their obligations (with family, school, work, finances, etc.) because they're so preoccupied with their ongoing search for romantic intensity.
- They may feign interest in activities they don't enjoy as a way to keep a partner or to meet someone new. They take up hobbies, join clubs and attend social engagements that don't even remotely interest them – all because "the one" just might be there.

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COHSASA

“ Following the recent meeting of COHSASA'S Technical Committee and the COHSASA Board Meeting on 13 November 2015, I have great pleasure in confirming that Elim Clinic has been awarded full accreditation for a period of four years. You and your team are to be commended for achieving your sixth accreditation award against internationally accredited standards. This we know has been done through hard work and genuine commitment to continuous quality improvement. ”

Ms Jacqui Stewart
Interim Chief Executive Officer
Council for HEALTH SERVICE
ACCREDITATION of Southern Africa

COHSASA has been involved in the development of standards for a range of healthcare facilities for over two decades. These standards have been developed to meet specific requirements of clients. Once the standards have been developed, they were piloted, used and refined for hospitals, clinics, hospices, sub-acute facilities, rehabilitation centres and general practitioners.

COHSASA's Standards for Hospitals have been accredited by the International Society for Quality in Health Care (ISQua), from 2015 to 2018. This universal and comprehensive set of standards accommodates important global developments. In 1999 Elim Clinic entered into the Cohsasa accreditation programme for the first time. We are happy to report an overall facility score of 96%, with accreditation valid for four years!

We are proud to be acknowledged by a global role player. Well done Elim Clinic team. You still punch above your weight!



Elize Smith

Elize Smith
Managing Director Elim Clinic

Editorial February 2016

GASLIGHTING

By Sorika de Swardt – Addiction Consultant Elim Clinic



Sorika de Swardt

The love and romance addict is so blinded by the flood of dopamine, that they cannot see how they might be giving up on something worthwhile when they leave to chase the next relationship. Paradoxically the person blinded by the fog of emotional blackmail and abuse, might not see that they in turn, are holding on to something that is not worthwhile and very destructive.

In both cases the person is not able to see how their own behaviour contributes to their status quo. There is another phenomenon called Gaslighting that blindsides a person to the same extent. It is common in relationships with addicts, but not limited to relationships with addicts.

In 1938 a stage play called Gas Light, and the film adaptations "Gaslighting" (released in 1940 and 1944) told the story of a husband who wanted to convince his wife and

others, that she is insane. He does this by manipulating small elements in their home and subsequently insists that she is mistaken when she points out these changes. For example, he would dim the gas lights in the house when he went down in the attic to search for the hidden jewellery of his wife. The wife accurately notices the dimming lights and discusses this with her husband, but he insists she is imagining all of it. This was a very deliberate and outlandish plot to overwrite his wife's perception of reality with his version of it. There are also more subtle forms of Gaslighting. Since the 1960's the term Gaslighting is used to describe this very powerful, but subtle form of mental abuse in which information is twisted, selectively omitted in favour of the abuser, or false information is presented with the intent of making someone doubt their own memory, perception of reality, and eventually their sanity.

Gaslighting is often seen in marital infidelity, especially when sexual addiction is involved. The betrayed spouses have typically had their intuition and reality denied for years by their unfaithful partners continuous denial of the affair/s. The sex addict will insist that he/she is not cheating and that he/she really had to work until midnight. They will convince the worried partner that they are in fact just paranoid, mistrustful, and unfair. In time the betrayed spouses are made to feel as if they are the problem and as if their emotional instability is the issue. Over time they lose faith in their ability to perceive reality, and they start to blame themselves for what they are thinking and feeling.

In a similar way alcoholics, drug addicts, and behavioural addicts of all types (gambling, video gaming, spending etc.) use the same manipulative actions to convince their spouses, families, friends, employers that they (the addict) are not doing anything wrong, and if it looks like they are, then it's because the other person (the non-addict) is misperceiving the situation. Whilst Gaslighting can include deliberate lies, it does not require deliberate plotting. It only requires a belief that it is acceptable to overwrite another person's reality.

An addict who is in denial of their own abuse of a substance and therefore lying about their use, is not necessarily deliberately Gaslighting you to drive you nuts. They just cannot see the truth of their abuse and therefore also have to deny you your version of the truth. However, the end results are the same. The illness continues, the addiction progresses and the loved ones feel as if they are indeed crazy. This is why an intervention is useful in the sense that people close to the addict gather evidence to confront the addict with. In this the addict can no longer gaslight the significant others, or themselves for that matter.

However, not only addicts gaslight, healthcare professionals can also unwittingly gaslight their clients. We can make them doubt their reality simply by disregarding it or not taking it seriously enough. It's called the Martha Mitchell effect after Martha Beall Mitchell, wife of John Mitchell, Attorney-General in the Nixon administration. When Martha alleged that White House officials were engaged in illegal activities,

her claims were attributed to mental illness. Ultimately, however, the facts of the Watergate scandal vindicated her and garnered her the label, "The Cassandra of Watergate".

The Martha Mitchell effect is the process by which mental health clinician mistakes the patient's perception of real events as delusional and misdiagnoses accordingly. According to Bell typical examples of such situations may include reports of:

- Emotional abuse
- Pursuit by organized criminals
- Surveillance by law enforcement officers
- Infidelity by a spouse
- Physical health issues

We are all vulnerable to occasional blindspots. The way forward is awareness. We might never have 20/20 vision when it comes to ourselves, our loved ones or our clients but if we can become more aware of when we gaslight or when someone is twisting or disregarding our reality, we might be more empowered to change our reality, rather than our (or another person's) view of the truth.

Acknowledgements

<https://en.wikipedia.org/wiki/Gaslighting>

<http://blog.counselormagazine.com/2015/03/the-role-of-gaslighting-in-infidelity-and-sexual-addiction/>

<https://www.psychologytoday.com/blog/love-and-sex-in-the-digital-age/201408/living-liar-can-make-you-crazy>



Lourette Van Heerden



DANCING ON EGGSHELLS

By Lourette Van Heerden – Assistant Director: Social Services / Brand Manager Tutela

Dancing is often used as a metaphor to describe relationships. It refers to interaction between two people or even dance routines that are simulated by a group. It requires moving together to the same rhythm and tune. In healthy relationships the dance is synchronised and the partners are open, trustworthy and able to communicate their feelings. They are focussed on each other and attuned to each other's needs. There is harmony.

In a family where addiction lives, the dance becomes rigid, chaotic and unintermittent according to Dr Tian Dayton. There is anxiety and a sense of "walking on eggshells" as the family members learn to adjust their expectations. They learn to not expect predictable behaviour and to be vigilant for constant shifts in mood. It makes for a special kind of dance when you are "dancing on eggshells".

Consider the story of Chantal. Growing up with an alcoholic father, Chantal had to learn this dance at an early age. Her parents divorced when she was 15 years old and her mother married her stepfather a year after the divorce. The same year at age 16, she met Ryan and fell madly in love. Chantal fell pregnant and the couple moved in with Ryan's parents.

At first their relationship was happy, but after their daughter, Hayley's birth, things started to change. Ryan started to go out with friends and came home intoxicated and aggressive. Very much like her father used to do when she was a little girl. So whilst it was scary it also felt kind of familiar. Ryan flew into a rage when she went to her mother's house without asking his permission first. He trashed the home and Chantal was scared that he was going to hurt her or their daughter so she called the police. The policewoman urged her to "get out whilst you can" but she didn't heed the warning as she just put it down to the fact that he had too much to drink.

When he came home, instead of apologizing, he blamed her for having to spend the night in a police cell and accused her of overreacting. He expected her to pay for the damage he caused, because 'his rage was caused by her'. Chantal apologised and he accepted her apology but ignored her for two weeks. Ryan became increasingly controlling and isolated her completely. He checked her phone constantly and didn't approve of her spending time with her friends and family. His controlling behaviour worsened and it got to a point where she was worried and anxious about the mood he would be in when he came home from work. She tried to not provoke him, but couldn't seem to find the right "recipe". What was fine yesterday, would "make" him explode today.

She experienced feelings of helplessness, confusion and anger. She couldn't leave him, because she loved him and thought that his behaviour was at least partly her fault. She kept this hidden from her friends (the few she had left) and her family, too ashamed to admit what was going on. The turning point came when he physically assaulted her and she left him. Therapy revealed that she experienced significant emotional abuse.

Chantal discovered that she was dancing to a tune, and no matter how strong her resolve not to be manipulated, she starts dancing as soon as the tune plays. The tune is familiar to many who are in abusive relationships. It's called the "FOG of emotional blackmail". Susan Forward coined this acronym which stands for Fear, Obligation and Guilt. Oftentimes the fear, obligation and guilt created by emotional abuse, surrounds the person with such a fog that they really cannot see the truth about the relationship. Chantal needed a therapist to help her clear the fog and see what was really going on.

Through treatment Chantal realized that;

She feared Ryan's **aggressive outbursts** and what he could do to her and their daughter. By ignoring her, her self-esteem received a beating and her **fear of rejection** was also triggered, all of which made her **fear that she could not be loved by anyone**.

At the same time, she felt **obligated to comply** with whatever he expected of her just to diffuse conflict. She took responsibility for his outbursts and drinking.

Shame and guilt came from the fact that she couldn't save him or the relationship. She also felt guilty for not being able to shield her little girl from the conflict. Accusations of **"being selfish"** or **"you're only thinking of yourself"** and often **"you don't care about me"** perpetuated the guilt.

Chantal soon realised that she needed to break away and learn a new dance. If she didn't, her daughter Hayley was likely to end up repeating the cycle and dance on eggshells into adulthood. With the help of her therapist Chantal learned to:

- Distinguish love from pity, guilt and obligation.
- Regain the ability to feel, regulate and express her emotions appropriately.
- Stop judging and condemning herself for past decisions.
- Discover a sense of self-worth.
- Grow in independence and no longer fear abandonment.
- To stop punishing herself for not being able to "save" Ryan and their relationship.

Today she is free to dance a new dance, to a new tune and the FOG of emotional abuse that always initiated the eggshell dance has lost its power.

Acknowledgements

<http://pro.psychcentral.com/recovery-expert/2016/01/emotional-abuse-and-the-impact-of-absence/#>

<https://www.psychologytoday.com/blog/stop-walking-eggshells/201302/fear-obligation-and-guilt-fog-in-relationships>

http://www.adultchildren.org/lit-Laundry_List

<http://addictioninfamily.com/alcohol/characteristics-of-acoa-by-janet-g-woititz/>

<https://www.whatiscodependency.com/Manipulation>

http://www.huffingtonpost.com/dr-tian-dayton/children-of-alcoholics_b_3920163.html



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They nearly always have multiple online dating/hookup profiles. They will post profiles on sites that don't even apply to them and they check these profiles constantly, focusing more on potential romance than on life as it is happening.

Like other addicts, love addicts typically experienced some form of significant trauma when they were young. Common traumas include neglect, abandonment, inconsistent parenting, and emotional, physical, psychological and/or sexual abuse (including covert incest), among others.

Regardless of the nature of early-life trauma, love addicts typically learn early in their lives that becoming vulnerable in an attempt to bond in healthy ways is dangerous and to be avoided at all costs. They learn that escaping into the intense and highly distracting neurochemical limerence is an effective way to "not feel" their emotional discomfort. Even a mere fantasy about how perfect life will be with "the one" is enough to create the desired dissociation from life in the moment. So we see that love addiction, like all other addictions, is less about feeling good and more about feeling less (or at least controlling what one feels).

Treatment for love addiction generally relies on the same strategies that work with other

forms of addiction. Typically, treatment involves a highly directive form of individual and/or group psychotherapy – most often cognitive behavioral therapy (CBT) – coupled with 12-step recovery (usually Sex and Love Addicts Anonymous) or some other love addiction-focused support group.

Much of the time, love addicts who enter treatment and recovery want to know if they're going to have to be alone for the rest of their lives. Happily, this is not the case. Yes, sobriety for substance abuse and various other addictive disorders typically means long-term abstinence, but love addiction (and sexual addiction, for that matter) are treated more like an eating disorder, where long-term abstinence is not feasible. Rather than eliminating romantic relationships entirely, love addicts heal by learning to develop and maintain healthy, non-compulsive romantic relationships that move beyond the rush of limerence into much more meaningful and longer-lasting (though much less neurochemically intense) forms of intimacy and emotional connection.

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LETTING GO AND MOVING FORWARD

By *Natasha Gips* – Pastoral Councillor at Elim Clinic

As we enter a New Year we often make New Year's resolutions that only last a few days. One of the reasons might be because we are not willing to work hard at it. Another reason might be because we are not willing to let go of the past; past hurts, past opportunities, past ways of doing things and maybe even people or dreams from the past. It is impossible to hold on to your past and at the same time grab hold of your future; just like it is impossible to move forward while looking back.



Natasha Gips

Let go of connections that take you away from God's purpose for your life. Let go of negative perceptions about God and about yourself. Living small serves no purpose. Take a step forward by claiming ownership of your life. You are responsible for you. Decide to take opportunities under the guidance of the Holy Spirit, and believe in your ability to overcome obstacles.

Philippians 3:13 – 14 reads "I do not consider, brethren, that I have captured and made it my own (yet); but one thing I do: forgetting what lies behind and straining forward to what lies ahead. I press on toward the goal to win the prize to which God in Christ Jesus is calling us upward."

Dare once again to dream, to plan for your future together with God, to make better decisions, and dare to live a purposeful life. Dare to start today.

Forthcoming events

Hear Robert Weiss speak on "sexual evolution, the effect of digital and social media on relationship intimacy and addiction" - at the launch of "The New Face of Elim Clinic" on the 15th March 2016. Closing date for registration is 14th February 2016. Follow this link for more information <http://www.elimclin.co.za/files/2015/12/Launch-Invite-1.pdf>

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