

Is It Love or Is It Addiction?

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Second Edition

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Preface

It has been ten years since the first publication of *Is It Love or Is It Addiction?* Its phenomenal success was a gift in many ways. It provided me with the opportunity to speak to an international audience. It allowed me to hear relationship stories from many people of diverse cultural backgrounds. Mostly, it confirmed that what I had written about is a universal theme. People everywhere are struggling to have more meaningful relationships. I have met men struggling to change those cultural habits that shame them for being vulnerable, or tell them it is healthy and macho to act in sexually addictive ways. I have met women struggling to call attention to our cultural endorsement of unhealthy dependencies and romantic illusions. Everywhere, I have met women and men confused about what is healthy, mature, interdependent love and what is compulsive, dependent, addictive, immature love. I have been reminded how many people hold back their love because of being wounded by a parent, friend, partner, society, or cultural group. People both desperately want and yet fear intimate relationships. The result is loneliness, isolation, pain, violence, and more betrayal.

So, is it love, or is it addiction? The answer is that it is probably a little of both. In that regard, this book is for anyone wanting to improve important love relationships, whether they are with children, parents, friends, peers, siblings, partners, or lovers. In my frame of reference, *love addiction* is an inclusive term in that it includes men and women, both heterosexual and homosexual, who have been referred to as “addicts” and “co-addicts,” “codependents,” and “love avoidant.” It is for the single and the coupled. Love addiction may or may not include a romantic high or sexual addiction.

Sometimes love feels good and sometimes it feels bad. Often a person does not understand why. In spite of the proliferation of self-help books on the subject, love relationships remain a profound mystery. Why do we have certain attractions? Why do we continue to want relationships even after a devastating loss? What is it about a relationship that is so powerful that we fear commitment? Am I staying in a relationship for the right or wrong reason? Why is transforming our love life so important? Am I in love or in addiction? These questions are universal and deserve answers.

As a psychotherapist, I’m asked to help others ease their emotional pain. I’m reminded over and over again how basic is the need for love. In spite of the bereavement we feel when a loved one dies or a relationship ends, we seem determined to keep loving. Why? Is it because we are compelled to fill some mysterious inner need? Are we using it to avoid the bombardment of stress that contemporary life produces? Are we responding to a deeper need to connect soul-to-soul? Or is it because we believe at some level that true, deep love is the only constant we can count on in this somewhat perilous life?

The problems in love relationships stem not from the nature of love. True love is life-giving. It is an expansive, nourishing energy that knows no limits. It does not injure, it heals. Problems arise from the fear that originates in a violation of trust. Such violations make it difficult to be vulnerable to love again. In the wake of such violations we become guarded. The result is relationships that have more drama than intimacy.

Being in a relationship that is floundering can be like having a pain in the neck or an aggravating headache. And, when we are sick, we lose ourselves. Our capacity for creative living gets sapped as we instead focus on our pain. We become driven to find relief from that pain, seeking quick fixes in the form of substances, people, and processes

outside of ourselves. Obsessive illnesses and addictions often result. When the attachment is to a person, it can become a love addiction.

We live in a unique period of time, one fraught with contradictions. Many people seek a life of wellness. Many feel the soul's yearning for a deeper level of living. There is an explosion of knowledge on addiction, love relationships, and self-help. Yet we hear in the news that when a twenty-four-year-old woman ends an abusive relationship with her twenty-nine-year-old boyfriend, she is murdered, shot in the face, and her family fears for their lives. The Secretary of Defense acknowledges that 61 percent of women in the military have been sexually harassed. Incidents of domestic violence seem to be on the increase. How is it that as a culture we are simultaneously seeking wellness and descending into a well of violence?

The fields of addiction treatment and mental health care are under attack from the media and cultural critics and from within their own ranks. The addiction model has been too broadly applied, some claim, and has thereby lost its usefulness as a tool for understanding and treating human dysfunction. The idea of the inner child as a metaphor with profound therapeutic value becomes fodder for stand-up comedians and the vitriol of talk radio. Victims of abuse are told their memories are fantasies. Our society continues to expend far more money on feeding and expanding our addictions than it spends on treating them. While there is concern for treating the victims of sexual abuse, we continue to let the perpetrators go untreated. Professionals in various fields still argue whether an addiction is a sin, a crime, or a disease. Some addiction specialists question whether a process, such as sex or love relationships (as opposed to a substance, such as cocaine or nicotine), can be addicting at all.

It is time to stop arguing about our meaning and methods. The reality is that we have a problem of massive proportions that requires all of us to transcend our fears and differences. We must all help transform a world that is crying out for knowledge of a healthier way of living.

The events of the past ten years have only served to reinforce what I wrote in the first edition of this book. Almost everyone has addictive tendencies. We know that we can become addicted to alcohol and other drugs and that we have excellent programs to treat those addictions. There are other addictions that can hamper our lives as well, but they are not always recognized or addressed. This list includes food, exercise, consumerism, religious cults, spiritual highs, nicotine, sugar, caffeine, sex, gambling, work, computers, television, parenting, love objects, romance, pain, and illness. Perhaps you

recognize an obsession of your own among them. If you do, be kind to yourself. We live in a world that provides hundreds more experiences than our parents had. We are constantly bombarded with more information than we can possibly take in and process. We have more demands on our time. We hear threatening news each day. And in the midst of this we are expected to live our love relationships well, if not perfectly. I used to say that life is like a thousand-piece puzzle and we are lucky if we have 30 percent of the pieces. Now, with the barrage of information, images, and ideas we encounter daily, that percentage is going down.

The focus of this book is to foster an understanding of love addiction—what it is and is not, how to identify it, and even more important, how to get out of it. It is intended to be a hopeful book that helps you identify the characteristics of healthy love and frees you to live life more abundantly. As you will learn, real love is not addiction, nor is addiction

love. Yet, because of the human condition, these two experiences can come together and result in tremendous pain and suffering. We must be wise in the ways we express love. My hope is that you will find at least one piece of wisdom here that impacts your love life in a meaningful way. This book is not intended to cure specific problems. However, with increased awareness, we can begin to solve relationship problems with more compassion and with lasting effect.

My hope is that this book gives you a few more pieces to life's puzzle.

Chapter 1 The Power of Love

Healthy Love

In *The Art of Loving*, Erich Fromm, the German-born American psychoanalyst, says most efforts to love fail unless a person has actively tried to develop his or her *individual* potential and personality. Fromm defines love as “the expression of productiveness [which] implies care, respect, responsibility, and knowledge; a striving towards growth and happiness of the loved person, rooted in one’s own capacity to love.” Concepts we often associate with healthy human loving include affection, caring, valuing, trust, acceptance, giving, joy, and vulnerability. Love is a state of being that emanates from within us and extends outward. It is energy, it is unconditional, it is expansive, and it needs no specific object.¹

Some have described love as the ultimate religious experience. It revels in the perpetual goodness that being in a relationship offers. Love is doing everything with a joyful heart and without trying to escape our pain. In deep love there is awe, mystery, gratitude, sorrow, rapture, ecstasy, grace, luminosity, and sacredness. The flood of emotions runs deeper than deep and more expansive than whole. Love knows no limits. The love-inspired person displays a nobility of character, and his or her virtues flourish! Witness a mother’s love for her newborn, lovers in love, a person grieving the death of a beloved friend, a child reveling in the birth of kittens. When people belong, everything seems to fall in place, even in times of chaos and doubt. When intimacy is profound something inside of us says, “This is it.” True love defies all words. It is indescribable. When it is there, no words are necessary.

Hints of the idea of deep-partnership love appeared at the beginning of the twelfth century, when courtly or passionate love for another, rather than being considered sinful, was viewed as love emanating from the soul. Passion meant suffering. *Eros*, our longing for physical union, united with *agape*, the universal spiritual love of our neighbor, and became *amour*, a profound personal love relationship. This profound feeling precedes any physical union. With *amour*, touch and sexuality are sacred.² This experience is in complete contrast to the lover of euphoria or the lover of a sexual high. There, pleasure is the only goal. In healthy love, the senses are honored and respected as a meaningful part of the love relationship.

Many writers in the nineteenth century considered the love of a good friend as purer and more noble than the love of the opposite sex. It was not uncommon to use the word *lover* to mean a friend. In an 1841 essay, Ralph Waldo Emerson writes, “High Thanks I owe you, excellent lovers, who carry out the world for me to new and noble depths, and enlarge the meaning of all my thoughts.” Emerson asserted, in his essay “Friendship,” that “friendship, like the immortality of the soul, is too good to be believed.”³ Friendship to the Transcendentalist writers, such as Walt Whitman, could be an ethereal and physically intimate experience. In his 1888 poem “America,” Whitman saw intimate friendship as the nation’s hope in the face of the pre-Civil War corruption our government was experiencing. “For You O Democracy / I will make the most splendid race the sun ever shone upon, / I will make divine magnetic lands, / With the love of comrades.”⁴ Whitman understood that deep affection for others is one of the highest

expressions of which we are capable. Yet, even our friendships can harbor elements of addictive love.

Real love can actually be experienced or felt as emanating from the heart. Many spiritual schools emphasize how the heart is the bridge between our human experience and our spiritual experience. As Charlotte Kasl said: “We don’t find love by chasing after it; we simply open our hearts and find it within us.”⁵

But as we will see, most hearts have been injured, and it is an unhealed heart that can lead to the unhealthy attachments to people, euphoria, romance, or sex that we will refer to as “love addiction.” Think of the heart as having two sets of emotions. The lower emotions are connected to the hurts and injuries that lead to placing conditions on the love we offer to others. But our conditions are rarely fulfilled, and the result is that we end up feeling lonely, isolated, anxious, jealous, heartbroken, abandoned, rageful, insecure, hated, hateful, distant, and numb. As we get to the source of these feelings and start learning to integrate them we begin to feel the higher emotions of the heart, those that lead to the deep unconditional love of which we are capable.⁶ When that happens we are no longer dependent on our relationships to feel good. We want to reach out, share, embrace, give, nurture—all in the name of love. And a natural greening of Eros occurs.

The first love we experienced came from our parents. Ideally, a parent’s love unconditionally affirms a child’s worth and life. The mother and father readily and easily fulfill the child’s needs and give the child the feeling, “It’s good to be alive! It’s good to be me! It’s good to be with others!” Love feels terrific!

Addiction

Stanton Peele and Archie Brodsky, authors of *Love and Addiction*, define addiction as “an unstable state of being, marked by a compulsion to deny all that you are or have been in favor of some new and ecstatic experience.”⁷ Any activity that can influence or shift our subjective experience holds addictive potential. Though professionals remain uncertain about the biology of addiction as they continue their research, they seem to be in greater agreement in the area of clinical diagnosis.

Clinicians have found that an addiction compromises three elements: continuation of a behavior despite adverse physical or psychic consequences; obsession or preoccupation; and a feeling of being out of control. Two other elements that may or may not be present are tolerance (progressively needing more of the object of addiction in order to get the same effect) and withdrawal symptoms. What these characteristics suggest is that what constitutes an addiction has more to do with how the object of addiction impacts a person’s life than it does with the quantity of that object consumed or experienced. Though there remains controversy among addiction professionals as to whether to accept processes, or behavioral compulsions, as addictions, using current standards emphasizing the above behaviors, we can see how sex, love, and romance qualify as objects of addictive behavior.⁸ Several researchers have shown that the euphoria produced by process addictions is the same as that produced by drug or substance addictions. According to Harvey Milkman and Stanley Sunderwirth, “We can become physically dependent on the experience of arousal, satiation or fantasy, independent of whether the capsule for transport is a substance or an activity.”⁹ Any activity, including love, that evokes any of these three sensations—arousal, satiation, and fantasy—bring about alterations to the brain chemistry.

Our brains provide us naturally with the three sensations of pleasure as a way to experience life more fully. These three planes are controlled by hundreds of brain chemicals that we are only at the beginning stages of understanding. Without these chemicals we would not have the ability to appreciate our own human nature. PEA, for example, is a neurochemical that produces arousal states; it helps keep us alert and motivates us to action. Discomfort states, also produced by the activity of neurochemicals, help us identify our basic human needs so that we seek satisfaction. Chemically controlled feelings of satiation then tell us we have had enough, and allow our bodies to go into homeostasis, or balance. Contentment, creative passion, fear, sexual excitement—each has neurochemical analogues.

Addictions tap into one or more of these same pleasure planes or “feel good” chemicals. Some people crave arousal and exhilaration and get caught up in anything that is dangerous, risky, stimulating: compulsive gambling, illicit affairs, driving at high speeds, mountain climbing. Others opt for a rich fantasy life and soon get lost in it. Marijuana, psychedelics, mystical preoccupation, objects of romance, and romance novels are all means of tapping into or enhancing our neurochemical “highs.” Still others feel “too much” and want a sedative to numb the pain, stress, and fear. Endorphins—the opiates of the mind—are the neurochemicals that kill pain and reduce anxiety. People seeking sedation stimulate endorphins by compulsive food, alcohol, or opiate use, or by pursuing trance-like altered states of consciousness. One very effective way to combine the benefits of more than one neurochemical—a way to avoid pain, live out fantasies, and feel fully alive—is to participate in a love relationship.¹⁰ The problem is, these benefits of our own brain chemistry can be addictive.

For our purposes, we will define addiction as a habit that has gone unconscious; a compulsive ritual that is no longer a choice; a psychological or physical attachment to the object, often characterized by withdrawal, or intensity of symptoms, when the object is removed. Focus on the object of addiction causes an interference with the normal social, occupational, recreational, emotional, spiritual, and physical aspects of a person’s life. There is a minimizing, or blatant denial, of the abuse or pain resulting from this focus, and there remains a continued involvement with the object in spite of negative consequences. Love addiction is a malignant outgrowth of our normal human inclination for arousal, fantasy, and satiation.

Our needs are legitimate. Sometimes, however, when getting our needs met takes time and attention away from other important life concerns, our needs become addictions. Words we often associate with addiction include *obsessive*, *excessive*, *destructive*, *compulsive*, *habitual*, *attached*, and *dependent*. And when you think about it, some of those words are also used to talk about love relationships. Does this mean love is a habit we have to kick? No, not at all. Our need to experience love is real—our purpose is to identify and then keep unhealthy addictive elements out of our love lives and bring healthy love in. Love relationships are not black and white, either/or, but have all of these elements. Most love relationships seem to have the characteristics of both addictive love and healthy belonging. There are healthy and unhealthy dependencies.

Most of our habits and practices that might have elements of addiction are not unhealthy. Many things we believe we need we really do need for biological survival, and they deserve our attention. We need food, shelter, physical touch and other forms of physical stimulation, recognition, and a sense of belonging. Many of the other things we

think we need are merely wants—we can survive without them. Though we need a house, we do not need one with a three-car garage!

When we consider love, the question of need becomes much more complex. Recently, I heard someone say we don't need love in order to survive. And it is true that even a dependent infant doesn't need love to physically survive; what the infant needs is attention and care that activate the body's nervous system and stimulate growth. A baby given adequate physical though unemotional care that includes being touched will survive as well as one given very tender care. But a baby who is seldom touched or not touched at all may get sick, depressed, or in severe cases, become mentally retarded or die.

Thus, in the most primitive sense, we don't need love to biologically survive. But without the experience of being loved as a child, the recipe for a whole, healthy human being is sadly incomplete. Without love, one may live, but may have difficulty developing self-esteem, love for others, or even love for life—all basic ingredients of healthy, nonaddictive love relationships.

Yes, people can live without love, but those I encounter who have difficulty loving themselves or others are usually people who were deprived of nourishing parental care and unconditional love as children. Unconditional love is a love that says to a child, "I love who you are no matter what, even though I may not always like what you say, think, or do." Though there are conditions on behavior that serve as protective fences keeping the child from harm, unconditional acceptance of the child's uniqueness is always present in unconditional love.

Love relationships can be good or bad, depending on how they serve us. The questions we consider here are these: Does love addiction really exist? What is love addiction? How does love become addictive? How can something so wonderful become something that feels so bad? Is it love? Or, is it addiction? What is a healthy relationship?

My clinical experience of love addiction is that it is a reliance on someone external to the self in an attempt to get unmet needs fulfilled, avoid fear or emotional pain, solve problems, and maintain balance. *The paradox is that love addiction is an attempt to gain control of our lives, and in so doing, we go out of control by giving personal power to someone other than ourselves.* This attempt, then, results in an unhealthy dependency on others. It is very often associated with feelings of "never having enough" or "not being enough." This is because many of us did not get all of our needs met in an orderly way when we were children. Addictive love is an attempt to satisfy our developmental hunger for security, sensation, power, belonging, and meaning. Love addiction is also a form of passivity in that we do not directly resolve our own problems but attempt to collude with others so they will take care of us and thus take care of our problems. *We willingly take care of others at our own emotional expense, or we attempt to control them to meet our needs at their expense.* No matter how it plays out, we look to others to "fix" our fear, pain, and discomfort, and we tolerate or inflict abusive behaviors in the process. These others can include any important person in our lives with whom we (often unconsciously) hook up: a child, a parent, a friend, a boss, a spouse, a lover. Or, as in romance or sexual compulsion, it can be someone we don't even know personally. A key element of the unhealthy aspect of the relationship is how we feel when that person disapproves of us, disagrees with us, moves away from us, or threatens us. An escalation in dysfunctional behavior will no doubt occur when the love object leaves or threatens to leave us.

Love addiction may or may not include a romantic or sexual component. When the object of love is, or has been, the romantic and sexual partner, the stakes run high. What we witness daily in the news confirms that the more extreme cases of sex, love, and romance addictions can be lethal. Homicide, suicide, stalking, rape, incest, aids, and domestic violence capture the headlines. Love addiction can range from an unhealthy dependency sanctioned by society to violence and abuse abhorred, but never-the-less promulgated by, that same society. It is important to know that these are but degrees of the same problem. We will address the less extreme consequences that touch the lives of most of us almost daily as well as some of the more extreme abuses of love addiction.

Types of Love Addiction

The psychological seeds of dependent love, romance, and sex addiction are sown in early life when we experience overt and covert abuse from those we love. What starts out as healthy dependency becomes unhealthy. The roots of dependent love, romance, and sexual addiction are similar, and often overlap, but the addiction processes of each are unique.

As mentioned above, when a person's object of dependent love is also the object of his or her romantic and sexual desires, he or she will experience intense behaviors when the person/object withdraws or threatens to withdraw. If one considers the millions of people who got high on the daily drama of the O. J. Simpson trial coverage on TV, one can begin to imagine what it is like to be in such a drama itself. The neurochemistry of love can become a drug as difficult to give up as alcohol or cocaine. The number and variety of out-of-control behaviors that result when love is withdrawn are legion. The difficulty with love addiction, however, is that we cannot stop loving or relating! Nor should we! Therefore, we must learn what is love and what is addiction, and when it is that we cross the line from one to the other.

Romantic Love

Romance addiction refers to those times when the object of love addiction is also a romantic object. This object/person can be a romantic partner or live only in the love addict's fantasies. The "fix" may be an elaborate fantasy life not unlike the story line of a romance novel, or the euphoria of a new romance. In either case, the rush of intoxicating feelings experienced during the attraction stage of a romance—a state sometimes referred to as *limerance*—is the drug that can become a substitute for real intimacy.¹¹ The pursuit of this high can become an addiction in itself. Often, it becomes a dramatic obsession that results in the stalking of the romantic love object by the obsessed person. The love addict seeks total immersion in the romantic relationship, real or imagined. Since the romance-driven high is dependent on the newness of the relationship or the presence of a person, romance addiction is often filled with victim/persecutor melodrama and sadomasochism. Bizarre acting-out behaviors are often a by-product of romance addiction, as the following story demonstrates.

Sharon was a normal seventeen-year-old high school senior. At the store where she worked she met a thirty-year-old man whom she thought a bit strange, but toward whom she acted kindly. Before long, he developed an extravagant romantic fantasy life revolving around Sharon that resulted in letters to her parents proposing marriage to Sharon, stalking her, and a thoroughly imagined future life with her, including a sexual

relationship. The more she withdrew, the more out of control his behavior became. As his fantasy life intensified, the letters, threats, and stalking escalated. Sharon and her family lived in terror. Police were called in to deal with the situation. They discovered voluminous notebooks written by the man that read like romance novels. Pornographic drawings and pictures with the name Sharon on them were plastered on his wall. He had become immersed in self-produced doses of pleasurable sensations. In spite of the threat of severe consequences, he was unable to stop his behavior on his own.

Sexual Love

The power of sexual love is unequalled in human experience. In fact, sex may be the only experience that profoundly affects all three of the pleasure planes (arousal, satiation, and fantasy) in our neurochemistry. It has the potential to be the *pièce de résistance* among life experiences. It is easy to see, then, how sex can become an addict's drug of choice.¹²

According to author and sexual addiction specialist Mark Laaser, a normal sexual love distorted, repressed, or forbidden by religious or familial strictures may result in sexual addiction. He writes that "sexual addiction is a sickness involving any type of uncontrollable sexual activity which results in negative consequences."¹³ When obsessive-compulsive sexual behavior is left unattended, it causes distress and despair for the individual and his or her partner and family.

We live in a culture that promotes sex as the drug of choice. All one needs to do is pay close attention to how sexually charged images or situations are presented on television, in magazines, and in film. How often is sex being connected to a deep emotional and spiritual intimacy where body, heart, and soul are relating? Very rarely. There is a staggering amount of denial in our culture regarding out-of-control sexual behavior as pathological; on the contrary, it is glorified. This cultural denial, however, aids the sexual addict in distorting reality, ignoring the problem, and blaming others.

Perhaps the mounting negative social consequences of sexual compulsion will motivate society to take this problem more seriously. People are dying of aids; the incidence of sexual violence continues to rise; professionals are publicly shamed and even prosecuted for sexual improprieties and illegalities, and unwanted pregnancies, lost jobs, incarcerations, and broken homes are the results. Sexual exploitation by people in positions of power seems epidemic. The cost of this addiction to our society is more than financial. The fabric of our spiritual, emotional, and relational lives is affected as well.

Patrick Carnes, a pioneer in the field of sex addiction, stresses that sex is not about "good" or "bad," in any moral, social, or psychological context. Rather, it is the behaviors that accompany sex that determine whether or not it is an addiction. According to Carnes, sexual behaviors that involve the exploitation of others—behaviors that are nonmutual, objectify people, are dissatisfying, involve shame, or are based on fear—indicate the presence of sexual addiction.

His research points out some grim facts regarding the possible origins of sex addiction. Of the sex addicts researched, 97 percent suffered emotional abuse as children, 81 percent experienced sexual abuse, and 72 percent reported physical abuse. Such childhood traumas generate core beliefs that become the organizing principles of the sex addict's relationships in adulthood. These core beliefs are: "I am basically a bad or an unworthy person"; "no one would love me as I am"; "my needs are never going to be met if I have to depend on others"; "sex is my most important need"; and "everyone is out for

himself or herself.” For the sex addict, these trauma wounds must be healed and trust restored before he or she can experience healthy love and sexuality.¹⁴

Dependent Love

As a psychotherapist, I am acutely aware of how often my clients’ adult love relationships exist in the shadow of early love experiences—especially childhood ties to parents.

The story of Anna graphically demonstrates how childhood traumas hover over many adult relationships like powerful, unseen ghosts. While Anna’s story may seem extreme, it vividly demonstrates an important truth: there is often more to love than sexual attraction, romance, and relationship compatibility.

Anna, thirty-two, was an attractive, intelligent woman, and the mother of four children. She sought therapy for chronic anxiety and depression. Among the reasons for her melancholy were her troubled, tumultuous feelings for her supervisor, Andrew, who was fifty. Although Anna liked and respected Andrew, she was upset because he had begun to make odd emotional and sexual demands on her. She had come to believe she was in his power and that she could not refuse him—although she did not know why. She only knew she felt a strong obligation to cooperate with him, to try to keep him from becoming depressed. Anna professed love for Andrew, but she did not like his sexual demands, which often occurred at work where his job held power over hers. She knew involvement with him threatened both their marriages, and that the relationship was unhealthy, but she did not understand nor could she control her emotional helplessness when it came to Andrew.

One evening, a distraught Anna called me. She had made a vow a few days before to have no contact with Andrew except on a purely professional basis. But now, he had called her with a plea that she should come to him. In the throes of distress and longing, Anna found her conviction not to see him wavering.

“I feel compelled to see him,” she said to me. “My body hurts, I’m shaking uncontrollably, I feel like I’m falling apart—that I’ve got to see him or I’ll get sick or go crazy. Please help me—I feel so helpless!”

I asked her, “Anna, what do you think will happen if you don’t see him?”

“I don’t know, but it feels like something really terrible will happen, and I’m scared,” she said. “And it all seems so absurd!”

I reassured Anna that nothing awful would happen to her. She calmed down a bit, and for the moment, the crisis passed. In a therapy session shortly thereafter, Anna renewed her commitment not to see Andrew. Yet as she said, “I will not see him,” her body shook and she wept.

“Why are you so afraid?” I asked.

She struggled to explain. “It seems so crazy. I’m afraid that if I don’t see Andrew, if I abandon him, something bad will happen to him. Maybe he’ll be so upset that he’ll hurt himself. I feel as though he needs me!”

“You’re feeling afraid for Andrew,” I said. “But Anna, what is your fear for you? You’re the one who’s upset and fearful. What is it you get out of this relationship? Why are you so attached to this man?”

The answer to that question did not come easily, but in subsequent therapy sessions, as Anna began to relate her childhood, her story offered many clues to her current

predicament. The fear Anna felt about Andrew was a familiar one—it was the same fear she once had felt for her father, a man much like Andrew. Anna’s father, whom she had seen as a refuge from her mentally ill, violent mother, caused conflicting feelings in Anna. Although he could be a kind, sensitive man, he had made many demands on young Anna—including sexual demands. While Anna’s mother neglected her and inflicted violence, her father offered attention and protection—but at a terrible price.

Anna had grown up with an overpowering sense that her father needed her, that he could not do without her, and that she should provide his happiness. Much of her adult depression sprang from her wretched childhood. Anna’s pain and guilt as an incest victim also led her to present herself as an asexual adult, but when her sexual feelings were aroused, she could not control the desire and emotions she so vigorously suppressed most of the time. She did not realize that merely because one has sexual feelings, one need not always act on them.

“Why did you believe you had to take care of your father’s emotional feelings and sexual needs?” I asked her during one session.

“My dad was the only person I could count on to protect me from my mother,” Anna said, relating episodes of emotional and physical abuse inflicted by her mother. She said, “My dad was my protector; he loved me.”

Making her father feel good—even though he used her sexually—had given Anna the sense that she was lovable. I urged her to talk about the feelings she had when she acted as her father’s servant. In the months that followed, the tragedy of Anna’s first experience with love—the experience so mishandled by her father and mother—slowly emerged. It became clear Anna had never separated her love for her father from her agony and guilt over incest. The result was emotional turmoil over her father—and over the concept of love.

During one session, Anna said, “I needed to keep my father around, and to do that I believed I needed to make him happy or he would either reject or leave me. Since I was a child, that meant I would die! What choice did I have but to cooperate with him and try to make him happy?”

There it was—her profound underlying belief that the presence and approval of another person—even one who sexually abused her—meant life itself. And, to some degree, there was an element of truth: Anna the child did need protection! That belief also pervaded her current adult obsession with Andrew; it explained much of her panic and helplessness in the face of his demands.

Consciously, Anna knew she could survive without Andrew. Unconsciously, Anna believed that without Andrew’s acceptance, she would not be lovable and her life wouldn’t have purpose and meaning. As a child, she was convinced she needed an intense relationship or she would lose her mental balance—and eventually her life. Our focus in therapy was to prevent an awful history from repeating itself.

In therapy, Anna began to explore her archaic inner self—the dependent, frightened child—that governed so many of her adult emotions, including her penchant for men like Andrew. One by one, she discovered and wrestled with the powerful unconscious beliefs that caused her terror.

“Well, you are no longer four or five, you are grown up. Is that true?” I asked.

“Yes, that’s true, but that’s not how I always feel. When I’m with this person I often feel like I’m only four or five years old.”

“But how old are you?”

“I’m thirty-two.”

“And what do you know? Do you actually need this person to protect you?” I challenged.

She thought about it and said, “No.”

“Do you need this person to believe you are lovable?”

She hesitated and said, “I’m not sure since I really don’t feel very lovable.”

“Do you know anyone else who loves you?”

“Yes, I know some other people who love me.”

“Does this person give you the only meaning in life?”

She hesitated and said, “No.”

“Do you need this person to keep you alive?”

She shook her head, no.

The questions helped clarify her fears and the thoughts that supported those fears. Slowly, she learned the fear and behavior that had made sense to her in childhood no longer needed to have power over her. After some time, she was able to confront Andrew and tell him she would no longer allow him to fondle or harass her. She ended her relationship with him and was able to turn her energies back to her work and family, including coping with marriage problems. Andrew, too, eventually sought treatment for his sexual misuse of female co-workers like Anna.

Anna, whose insecurities ran very deep because of a childhood more troubled than most, must always be aware of her tendency to become obsessed with needy, demanding, abusive men. But she succeeded in handling one such situation and in laying bare the motivations for her behavior. This was no small accomplishment.

Love and the Unconscious Mind

Anna’s case may seem rather extreme, but she is not unique. In fact, in family systems such as Anna’s, the incest may never be physically consummated, and yet the psychological implications for the child may be nearly as severe in later life. Such cases are sometimes referred to as examples of emotional incest. Over and over again, a child is invited to take care of the parents’ feelings. Sometimes the invitation is overt, sometimes it is covert. The child often misconstrues this silent seduction as parental love.¹⁵ When the invitation comes from the parent of the opposite sex, it is covert incest. The parent asks the child to become a surrogate partner. Such partnerships set the child up for a role reversal that later translates into dependent love relationships and confusion about the nature of real intimacy.

Behind each obsessive, often destructive, relationship—which we shall call addictive love—lurks a belief that such dependence serves an important purpose. *To the unconscious mind, addictive love makes perfect sense; it feels necessary to survival itself.* And to an addictive lover, even a pathological relationship may seem normal and necessary. As we understand our fears and the ways we use addictive love, they often lose their holding power.

Addictive love is egocentric and self-serving. Anna, the child, loved her father, not selflessly, but to meet her own needs. She believed she needed her father’s attention and approval to sustain her self-esteem—and her life. Although that belief made sense during her childhood, Anna, the adult, no longer needed someone like her father to make her feel

lovable and alive. She had her own sustaining qualities, including the potential to love freely, openly, and as an equal. Egocentricity also was evident in Anna's obsession with

Andrew; she believed that without his approval, she would lose the small amount of self-esteem she had and would slide deeper into despair and perhaps even die!

The intensity of love addiction is often in direct proportion to the intensity of one's sense of unmet needs during childhood. Intense love addiction often accompanies low self-esteem. As discussed earlier, such obsession presents us with a huge paradox: we fall into it as an attempt to gain control of our lives, and in so doing we actually grant control to forces outside ourselves. Such willingness to give control away springs from fear: fear of pain; fear of deprivation; fear of disappointing someone; fear of failure; fear of guilt, anger, or rejection; fear of being alone; fear of getting sick or going crazy; and fear of death.

Addictive lovers labor under the illusion that the dependent relationship will "fix" their fears. We will explore the many complex reasons that addictive love exercises a powerful hold over people and why it is not easily given up. Like Anna, many people are drawn into it over and over again. But how do people get drawn into love addiction? The seeds of love addiction lie deep in our biology, our social education, our spiritual quests, and our psychological beliefs. We shall explore each of these in turn.

What you will learn is that each person in an addictive relationship followed an individual road map leading into it. Finding out how love addiction makes sense to its victims is necessary in creating a road map out of love addiction and into mature love and belonging. We return to the puzzle: How does something that feels so good become something that feels so bad?

You will be able to identify all three kinds of love addiction—romantic, sexual, and dependent love—in the stories that follow. Our primary focus, however, will be on the dependent love relationship. It is dependent love to which the human condition seems to direct most of us most often. It is so common that we frequently fail to recognize it until it wreaks havoc on our love lives.