

Chapter 5

The Addictive Personality

WE HEAR A LOT about the "addictive personality," and it is true that certain traits increase one's chances of becoming addicted to something. For instance, if you are painfully shy and self-conscious and a particular drug makes you feel more relaxed and sociable, chances are you're going to want to use it again and again—setting the addictive process in motion.

It's easy to think that the personality trait itself (painful self-consciousness, in this case) is what causes the addiction, but the problem actually goes much deeper than that. The inner disease that makes us so vulnerable to addiction seems to originate in our *belief system*, for the beliefs we hold about ourselves, others, and the world around us determine to a large degree our feelings, personality, and outward behavior. In other words, if a person did not hold certain beliefs about himself, he would not be painfully self-conscious to begin with.

Unfortunately, the kinds of beliefs that make a person vulnerable to addiction are widely held today. Many of us were raised with these beliefs to some degree. The fact that these addiction-generating beliefs are now the norm makes it even harder to perceive the destructiveness in them.

For instance, if many people in a society believe that one's image is more important than being genuine, then the person who doesn't conform to the popular image will feel that he's not measuring up. Instead of having a sense of intrinsic worth, he will come to believe that his real self is just not good enough. This painful belief then becomes a springboard to addiction.

Other addictive beliefs create a quick-fix mentality—an obsession with power, control, and immediate gratification. It is a mentality that drives people to habitually opt for the easy, fast, short-term fix to a problem—even when it's not really a solution but an escape (as a mood-changer is), even when it causes more problems than it fixes, and even when it means forgoing chances for more long-term gratification.

THE ADDICTIVE BELIEF SYSTEM=THE QUICK-FIX MENTALITY=THE ROOT OF ADDICTION

THE ADDICTIVE BELIEF SYSTEM

Among the beliefs that contribute to addiction are "I should be perfect (and perfection is possible)"; "I should be all-powerful"; "I should always get what I want"; and "Life should be without pain and require no effort."

This, however, is just one set of beliefs, basically about how the world and oneself *should* be. Since these are all unattainable, the addict also comes to believe that he is falling short: "I am not enough"; "I am unable to have an impact on my world"; and "Externals (such as people, drugs and things) can give me the power I lack."

And to function in the world with such devastating beliefs about oneself, the addict develops these "operating principles": "Feelings are dangerous"; "Image is everything"; and "I should meet my needs indirectly (through those people, drugs, and things that have the power I lack)."

These beliefs are usually *not conscious*. People don't walk around saying these things to themselves. These are core beliefs that drive people to behave in certain ways, though they may not even be aware of the underlying motivation. We shall now discuss each of these addictive beliefs individually.

"I Should Be Perfect (and Perfection Is Possible)"

Our increasing belief that perfection is attainable is at the core of our addictions explosion. If we truly believe that perfection is possible, then we can never measure up. Like hamsters on a treadmill, we keep running and running, even though we never get anywhere, because our goal of perfection is unattainable.

This quest for perfection—the perfect performance, perfect image, perfect body—fuels our addictions to compulsive exercise, compulsive shopping, workaholism, and drugs like cocaine. We are driven to chase the *illusion* of perfection offered by some of these mood-changers—even if it only lasts as long as the runner's euphoria, the first time wearing a new outfit, praise from the boss, or the freebase high. As Sheila, a teacher who is an anorectic, compulsive exerciser, and compulsive shopper, puts it: "I wanted to present the perfect picture—because things inside of me felt so imperfect."

"I Should Be All-Powerful"

Someone who is vulnerable to addiction also has severe delusions about the limits of his power, believing that he *should* be able to control not only himself but other people, too, and just about everything else. This drive for control catapults people into addiction because the most popular mood-changers today create the illusion of power and competence, of being "in control."

Steve, the sex addict mentioned earlier, cruised the streets for prostitutes whenever he was feeling not sufficiently "in control" in other areas of his life. When he had an argument with his wife, for instance, or was put down by his boss at work, the appeal of the "hunt" became irresistible. "While I was in the trance I felt a tremendous adrenaline rush—not so much from any sexual excitement but from the feeling that I was in control, unlike in my real life. That feeling was the bigger part of what I wanted—not the sexual stimulation."

"I Should Always Get What I Want"

Those headed for addiction believe, as children do, that there should be no limits placed on them. If a child wants a candy bar, she doesn't weigh long-term versus short-term benefits and costs to decide whether she should have it or not. Left to her own devices, she might even indulge herself to the point of getting sick.

People with addiction problems act the same way. The compulsive shopper, for example, believes on some level that his resources *should* be unlimited; therefore, he acts as if they are. As he reaches for his credit card, he enters the world of fantasy where there are no limits and no ramifications of his behavior. The result is a lack of self-regulation.

Paradoxically, it is our rejection of limits that confines us to a life of relentless gratification-seeking. We cannot relax and accept ourselves because we continue to believe that we should *have* more, *get* more, *be* more. In a world without limits, there can never be "enough." Our belief in limitlessness makes addicts of us.

"Life Should Be Without Pain and Require No Effort"

The core of addictive thinking is inherent in this belief. If we insist on avoiding emotional pain, on being comfortable all the time, we will *have* to seek ways to avoid reality, to escape our mood. That is what the addictive person is saying through his behavior: "If reality is not what I want it to be, I will simply refuse to see it."

Ironically, it is through this *resistance* to pain that we suffer the most. For what is addiction but a way of resisting pain that causes far more suffering than the original problems or feelings could ever have. As children, we may have *needed* to find ways to avoid feeling intense emotional pain; we didn't have other means of coping. But the addictive person has *never* learned to face pain and deal with it effectively.

Refusing to deal with pain severely limits our freedom, because it means that we are controlled by circumstances outside ourselves. With this "modus operandi," or "m.o.," whenever uncomfortable feelings arise, we automatically seek to avoid them—by picking up a drink, picking up a charge card, or whatever else. To remain open to the real experiences and feelings that life brings us, and then apply skills to resolve them, is real freedom.

By insisting that life be without pain, we deaden ourselves. When we block out grief, fear, and other discomforts, we at the same time limit our capacity to experience pleasure, since all feelings are blocked, not just the negative ones.

These first four beliefs are the "shoulds" of the addictive belief system: I *should* be perfect, I *should* be all powerful, I *should* always get what I want, life *should* be without pain. Since these are all unattainable, the addict comes to believe that he—and life itself—is always falling short. He then formulates some other destructive beliefs based on these distortions.

"I Am Not Enough"

Perhaps no single belief is more painful and more central to the development of addiction than this one. It amounts to a total rejection of the self, to the destructive conclusion that "Who I am is unlovable, unworthy, and undeserving and if this is discovered I will be abandoned."

Most of the time, of course, the addictive person doesn't walk around saying this to himself. But this underlying belief gets expressed through various self-rejecting thoughts such as "I'm no good," "I'm bad," "I'm selfish," "I'm stupid." He then filters everything that happens to him through this core mistaken belief and bases his behavior on it. Steve, the sex addict, remembers having this "clear knowledge":

I remember being head-over-heels about this girl in sixth grade, but having this clear knowledge that I could never have her like me back. It wasn't even a question, it was something I *knew* deep inside. And it had nothing to do with her, because I never even let

her know I liked her. I just acted upon my knowledge that I was not enough—and never would be. After all, I'd never had a winning experience with my mother, and if she didn't think I was good enough, why on earth would anyone else?

Tragically, the addictive person doesn't see that he is valuable, lovable, and a worthwhile human being. Lacking a sense of intrinsic worth, he is saddled with a profound insecurity and driven to prove that he is "enough" but in self-defeating ways. If being a big-shot gambler, a corporate executive (workaholic) or someone with a perfect body can help achieve this sense of adequacy, the addict will sacrifice almost anything—health, family, career, and money—to achieve it. Despite all of this, he never does feel adequate, but he is doomed to keep *trying*. He is caught in the vicious cycle of addiction.

"I Am Unable to Have an Impact on My World"

Even though the addiction-prone person believes she *should* be all-powerful, she experiences herself as being unable to meet her own needs or solve her own problems effectively (because she has never learned how). She believes that even if she tries, she will not be able to get what she needs. Consequently, feelings of helplessness and impotency prevail. That's why the illusion of power offered by many mood-changers is so intoxicating and so irresistible. The addict substitutes the illusion of power for the real thing—a dangerous trade-off.

"Externals Can Give Me the Power I Lack"

While people with addiction problems often believe deep down that they are impotent, they ascribe to people, substances, and other sources outside themselves the power they lack. They believe that these externals can magically supply what they cannot give to themselves. This belief is at the root of the quick-fix mentality.

People with addiction problems often say that as children they relied very heavily on fantasy to meet their needs. By the time they were adults they had become very adept at projecting themselves into the world of make-believe and all but lost the ability to tell truth from fiction. The magic of the quick-fix is easy to "buy into." It is more immediately gratifying and less painful than facing the reality of life's problems.

When we use a mood-changer, we get an artificial sense of power and control. We can wipe out reality in an instant—go from misery to ecstasy at a moment's notice. Being able to exert such tight control over our mental state is itself intoxicating. Paul, the stock-market gambler, describes how he became enamored with the sense of power and control he got from playing the market:

Even when I was losing, I'd keep sinking more money into the market, because I believed that I could make it back. The belief was that *I* had the power. I was making \$10,000 in a single day sometimes. That gives you a sense of power. You feel invulnerable, that's the real trap. You identify with that feeling. You identify that as part of yourself, as some quality you actually have.

Mood-changers, then, help to deal with the terror that is sparked when we are confronted with our limitations and short-comings and propel us (if only temporarily) into a world where we can at least feel all-powerful, effective, and in control. So we think.

"Feelings Are Dangerous"

The fear of the addictive person is that if he admits his feelings something terrible will happen. Therefore, he concludes it is best not even to feel those feelings. The feelings don't go away just because he suppresses them. Instead they continue to influence behavior from the unconscious, as Seth, a recovering alcoholic and sex addict, describes:

I learned from my parents (who are perfectionists and were terribly demanding of me when I was a child) that the world—and feelings especially—were essentially dangerous. I think I act out compulsively now because I feel I'll be overwhelmed by feelings if I don't. My compulsive behavior "is" instead of feeling. Instead of feeling, I plug in the addiction. What I'm learning now is that there are other choices in between censoring a feeling and acting it out. You can simply *have* it. Somehow I never learned this before.

As long as the addicted person operates within the addictive belief system, the addict is in a no-win situation. The feelings that make her human become her enemy, capable of causing rejection by others, in whom she has placed too much power. Yet she can never get the sense of acceptance and connectedness that she yearns for because she has sent her true self into hiding.

"Image Is Everything"

The addictive person erects an image, a false self, that he hopes will be acceptable. In most cases, though, he doesn't even know that he has done this, for the image he projects has become second nature, an automatic reflex. He has merged with the mask.

Many of the most popular mood-changers help to prop up these false images. Cocaine, for instance, is widely sought for its performance-enhancing effects, promoting an image of someone who is sociable, energetic, competent, confident, a better lover. So too do other addictive involvements such as compulsive shopping, workaholism, anorexia and bulimia, compulsive exercising, and gambling promote a particular image.

The addiction-prone person will go to any lengths and risk almost any negative consequence to self and others to maintain this all-important image. It is his ticket to acceptance. Howie, a compulsive debtor, describes how desperately he tried to maintain his image through compulsive spending:

Spending money—whether I had it or not—reinforced a view I wanted to have of myself. I was not able to live within limitations, because to do so would mean I might not be able to do the things I thought would make me acceptable: I might not have the money to take someone out to dinner, or buy the clothes I thought I had to have to achieve the "look" that

would be appealing. I felt I *had* to do those things, *had* to, no matter what—even if I had to bounce checks to do it.

The harder we try to maintain a false image, the more alienated we become from ourselves. It leaves us with a gnawing sense of emptiness, boredom, and futility. No wonder. We have made our (true) selves nonexistent, invisible. We no longer know who we are and must increasingly rely on externals—our "drugs"—just to feel alive.

Beth, a thirty-eight-year-old compulsive pot smoker, describes how a craving to "be herself" drove her to get high incessantly. Stuck in a perpetual struggle between who she was and who she thought she *should* be, she longed to break free of her image, which had become, she says, "a prison." "Pot removed the split between my real self and the artificial front I put up. In everyday life I felt that split constantly. I felt tortured by it. When I smoked pot, I felt 'there,' in touch with myself. The split was instantly gone."

"I Should Be Able to Meet My Needs Indirectly"

If I can't be me (because doing so might get me rejected and abandoned) then I might as well just give up and meet my needs indirectly—through those people, substances, and other sources outside myself. This is a belief in the efficacy of the quick-fix.

The quick-fix takes many forms. For example, a teenager downs several beers in the school parking lot before going in to the dance in order to "fix" his nervousness and make it easier for him to approach girls and talk to them. It's quicker and easier than the long-term solution that would involve learning social skills to increase confidence and self-esteem. But because he doesn't know how to do this (and probably hasn't been helped to learn), he turns to the quick-fix instead.

But the quick-fix mentality involves more than always taking the short-cut to solving problems. It is a posture, an orientation toward life. It's a passive way of relating to the world. It stems from a belief that long-term gratification can't be found. It seems futile even to try, so we opt to at least get something while we can and a quick-fix makes us feel better today, even if it causes misery tomorrow.

Changing the Addictive Belief System

Because people with addiction problems often display these "black-and-white" ways of thinking, they have difficulty thinking in the gray area. In reality, none of us is either perfect and all-powerful *or* worthless and totally impotent to affect our own lives. Once we allow ourselves to live in the gray area, we gain freedom because we no longer have to maintain the illusion of omnipotence and perfection. We become free to *risk* facing and coping with the real world, because making mistakes no longer makes us feel like failures.

Facing the gap between our false selves (dependent on the *illusion* of our omnipotence and perfection) and our real selves is what can give us the freedom to live our lives more fully, without reliance on mood-changers. And coming to terms with this gap, accepting and giving

expression to our true selves, is what long-term recovery is all about. Because when we have closed that gap, we no longer have to go in search of an authentic experience. We live it.

THE ADDICTIVE PERSONALITY

People who operate according to these addictive beliefs typically develop certain personality traits to help them operate in the world. Most of these develop out of an impulse to protect themselves from the inevitable suffering inherent in these beliefs. Together, we call these traits the "addictive personality."

There is no one single personality profile that "guarantees" a person will become addicted. After all, there are as many different personalities among people with addiction problems as there are among the general population. Some addictive people appear passive and dependent, others confident, outgoing, and independent; some never show anger, some overreact with anger, and so on.

If people with addiction problems are so different from one another, how can we talk about an "addictive personality" at all? Because even though the "passive" addict and the "aggressive" addict *seem* very different from each other, these traits are often simply opposite sides of the same coin. In both cases, the *issue* is the same (for instance, trouble managing anger) even though it has manifested itself differently in their personalities.

There are a number of specific "themes" like these that characterize the addictive personality. Most people with addiction problems, for example, have power and control issues (as we have seen). Some come across as grandiose much of the time, others as having an inferiority complex. But whether they assume a top dog or underdog position, both are usually striving—in their own ways—to exert control. So too, most people with addiction problems have some kind of issue with responsibility. Commonly, people with addiction problems are thought of as irresponsible, but some (especially codependents) are *over* responsible for others. In reality, neither takes appropriate responsibility for his own life.

Few if any of us are free of addictive personality traits. Since these traits grow directly out of one's belief system, and since most of us have gotten at least partially inculcated with these beliefs, it could be said that *we all lie somewhere on the continuum*. But just as none of us is risk-free, neither are we inevitably doomed to addiction even if we have some of these traits. And by becoming aware of these traits, we are in a better position to examine the underlying beliefs that fuel them and begin transforming these.

Self-obsessed

Preoccupation with one's self is probably the most predominant trait of the addiction-prone person. People who know little about addiction often assume that the addict is self-obsessed because he

TABLE 1. Addictive Personality Traits and the Fostering of Addiction
Personality Trait How It Fosters Addiction

Feelings of shame The drug props up feelings of adequacy and/or numbs from the pain of shame.

Perfectionism; harsh self-criticism The drug makes a person feel more perfect, or in the case of, say, "downer" drugs, relieves him from striving to be perfect.

Hunger for power and control to compensate for feelings of powerlessness and shame The drug provides the illusion of power and control and/or numbs the user from feelings of impotence.

Dishonest; self-deluding With dishonesty "second nature," it's easy for denial about the drug use to take hold.

Thinking in black-and-white extremes Black-and-white thinking causes addict to overreact to events; negative moods make drug use all the more appealing.

Self-obsessed Addiction *is* self-obsession; an incessant "licking of one's wounds."

Self-less Addiction provides a pseudoidentity—even if it's a negative one.

Inner emptiness The drug is used to "fill the black hole" within.

Without meaning and purpose Addiction provides something to do, a substitute "devotion."

Excessive approval-seeking; obsessed with image The drug helps garner more approval from others and/or numb the user to rejection.

Self-censoring The drug helps knock out the censor and let the user be "himself."

Guilt-ridden Addiction provides an anchor for guilt, a way to act it out.

Trouble managing anger Addictive behaviors provide an arena in which to act out anger or stay distracted from it. Either way, the addict doesn't have to take responsibility for it.

Underlying depression Stimulant mood-changers offset feelings of depression.

Emotional numbness Mood-changers keep feelings at bay while simultaneously providing activity, crises, and sensations to counter feelings of "deadness."

Inner tension Addiction provides constant activity or else reduces the tension.

Afraid of taking appropriate risks; inordinate fear of failure and rejection Addiction covers up a person's fearfulness, providing "false courage."

Hidden dependency needs The drug meets needs passively and magically, while providing a façade of independence.

Trouble with authority figures Some addictions act out one's struggle against authority while others (like workaholism) seek to win approval from same.

Blaming; taking on passive/victim role By blaming others, the addict avoids taking responsibility for himself and insures an excuse for turning to a mood-changer.

Poor coping skills The addictive activity freezes time, puts life on hold, and provides distraction so the addict doesn't have to face problems.

Wishful thinking Self-delusion is fertile soil in which the defense of denial takes root in addiction.

Never wanting to grow up Addiction provides a never-never land where the addict's needs are met effortlessly, there are no ramifications for his behavior, and he doesn't have to take any risks.

Without boundaries Compulsive behavior provides a way to avoid having to set boundaries.

Need for immediate gratification Addiction provides a reliable quick-fix that the addict feels she "deserves."

No internalized "good parent" The drug provides comfort and nurturing of a sort.

Intimacy problems; feelings of isolation and lack of belonging The drug substitutes for a relationship, relieves feelings of isolation, and sometimes provides a "pseudocommunity."

Trouble having real pleasure Addiction provides "pseudopleasure."
is just selfish, caring more about himself than anything or anyone else. There is some truth in this when the addict's behavior is taken at face value: in the grips of addiction, he *is* driven to pursue the drug—with little regard for its effect on others. But the fact is, he is driven not because he cares so much about himself but because he is *self-rejecting*. And the pain of his alienation from himself (and others) leaves him hungry for the drug's effect. In reality, he is preoccupied with trying—futilely—to make himself feel better by incessantly licking his wounds.

Self-less

The addiction-prone person, far from being "selfish" in the literal sense, actually lacks an integrated sense of self, which is why she seeks the "pseudoidentity" that addiction provides—even if it's a negative one. She cannot express who she is—verbally or through her life-style—because she doesn't know herself.

As a result, the addict "lives" through the substance, person, or activity to which she is addicted. Tina, a relationship addict, describes how she desperately tries to find her "home" or identity through the men she goes out with:

I keep looking for a man to live for me, who I can just hook into, because I don't know how to live. This last man had everything. He had the house, the sailboat, a full life with friends and family. When I was in his house I felt like I was home. I was home. Then I started to feel like he couldn't leave me, because if he did, I'd lose those things of his that I want to have as parts of me.

Inner Emptiness

Addiction-prone people often describe feeling "empty" inside. This is probably related to the alienation they feel because they are out of touch with their real feelings and lack a sense of identity. If you don't feel a sense of yourself, you are going to feel empty—as if there's literally nothing there.

Feelings of emptiness exert a powerful effect, driving a person to want to "fill herself up" with a drug, another person, sensations, and things. As Rachel, the compulsive overeater we met in chapter three, puts it, "When I'm on a binge, the first few bites are actually fun. After that, it's like a mission to fill up the hole inside of me."

Without Meaning and Purpose

Related to this inner emptiness, the person at high risk for addiction usually lacks a sense of meaning and purpose in his life. He is drifting without direction. This lack of devotion to anything else, this lack of commitment, makes addiction all the more appealing. Chasing after one's fix provides a "purpose" of sorts that makes the nagging sense of meaninglessness more tolerable. He knows what he is doing for that day, or that hour.

Excessive Approval-seeking

Because he lacks a sense of self, the addict must always think of himself according to other people's reactions and seek their approval. His good feelings about himself depend on doing so. Without approval, the addiction-prone person feels unworthy of existing, since it is only through the approval of others that he "is" at all. If he is criticized or rejected, he feels literally threatened with annihilation. This makes him excessively other-oriented, tuned into others' perceptions, rather than centered within himself. In a very real sense, he lives for others rather than for himself.

Unfortunately, because he also operates on a faulty belief system, the addict often misinterprets the signals coming to him, reading disapproval into people's reactions to him even where it does not exist.

Self-censoring

Fearing disapproval, criticism, and rejection, the addictive person constantly scrutinizes her appearance, behavior, remarks, performance, and is harshly self-critical. This is like having a critic constantly whispering in your ear, "You shouldn't have done that," or "Don't say that." Alice Miller, author of the acclaimed *Drama of the Gifted Child*, calls such an inner censor the "parents' heir," because it is usually the result of learning to quash one's true self in order to gratify the parents.

This constant self-scrutiny is one of the most painful traits of the addictive personality, as Joel, an alcoholic and heroin addict, tells us: "I'd give *anything* to get out of this self-consciousness. I feel like I'm in a prison, unable to move without being acutely aware of myself." The appeal of some addictive drugs (alcohol and heroin in particular) is to knock out the inner censor by depressing mental functioning.

Guilt-ridden

Most addictive and compulsive people have a lot of guilt, some of which is related to things they've done under the sway of the addiction. But there may be another reason why the addiction-prone person has so much guilt: guilt can be a smokescreen for repressed hostility. According to Alexander Lowen in *Pleasure*, when a child's real self is quashed (for instance, if he is punished for having normal aggressive, sexual, and other feelings), he is angry about this but doesn't feel he can afford to show it. So he covers the anger over with guilt.

Addiction thus provides a focal point or anchor for guilt, a *reason* to feel guilty, and a way to act it out. It keeps nagging, repressed hostility "in check" while simultaneously providing self-punishment for it. And the cycle is self-perpetuating. The more guilt the addict feels, the more he seeks relief in the drug—which only results in more guilt (and more need for relief).

Trouble Managing Anger

The addiction-prone person usually has little skill in expressing anger appropriately. She either banishes it to the unconscious and acts it out against herself or others, or she displaces it through blame or inappropriate outbursts or rage. Either way, she mismanages it.

Addictions become a way of discharging and therefore managing aggression. After all, addictions involve a sort of violence against the self, wreak havoc on those closest to us, and, in addictions like those to illicit drugs and sex, make a "screw you" statement to society as well. Other addictions, such as food and "downer" drugs like heroin, *numb* a person from her rage and render her passive. In this way she avoids taking responsibility for dealing with her anger appropriately.

Underlying Depression

Chronic depressed moods, either conscious or suppressed, also characterize the person at high risk for addiction. Internalized (and often repressed) reservoirs of guilt, shame, and anger contribute to this overriding sense of depression. As Anne Wilson Schaef points out in *When Society Becomes an Addict*, the addict's depression is also related to his belief that he *ought* to be able to control everything—a goal he will inevitably be unable to reach.

Addictions that are action-oriented tend to appeal most to those with underlying depression. The constant activity and excitement of the addiction serves as a distraction from the depressed feelings and provides some stimulation to offset it. As many as 75 percent of all compulsive gamblers, for instance, may suffer from depression, according to studies of this group.

Emotional Numbness

Most people with addiction problems have suffered plenty of losses in the past, not the least of which is abandonment—emotional and/or physical. If these feelings were too intense to cope with as a child, the addict may have learned to "stuff them" (the overeater quite literally so). If he has become so out of touch that he doesn't even know what he feels, he could be called "emotionally numb."

Unfortunately, without access to his feelings as a signal, he loses the opportunity to handle them productively, to problem-solve, grieve, or simply express and discharge his feelings. When he is feeling bad, he automatically seeks a mood-changer—often without even being aware of the feeling that is driving him.

And unexpressed feelings can "drive a person to drink"—quite literally. Lorraine, an alcoholic, prided herself in getting through her mother's funeral without crying. When her father died two years later, she again forged ahead with a flurry of activity, asserting that she was "strong." *And she drank.* Now recovering in AA, Lorraine looks back: "I didn't even know the words for feelings until after I got sober. There was no display of emotions in my family growing up—except rageful anger—and I didn't have the faintest idea about expressing or articulating them." Addictions are tailor-made for those who are emotionally numb. They help keep feelings at bay while simultaneously providing enough activity, sensations, crisis, and excitement to counter the feeling of deadness inside and keep us at least feeling alive.

Inner Tension

Often, the person at high risk for addiction is driven by an inner tension or "restlessness" to seek constant activity. This is undoubtedly why many of the mood-changing experiences we're getting addicted to, in fact, involve a lot of action: gambling, shopping, compulsive sports, workaholism, and stimulant drugs. If you have a ritual to plug into, and a way to change your moods, you never have to sit still and do nothing long enough for unwanted feelings to surface.

Dana, the sex and relationship addict we met in chapter three, suffered severe abuse as a child. She describes how the resulting inner tension fuels her addictions: "I can't slow down, I can't stop, can't be alone, can't stay at home. I'm always searching for activity, action, excitement, to keep me away from getting back to my hurts. I'm always looking for the next distraction."

Afraid of Taking Appropriate Risks

People tend to think of the addict as someone who takes outrageous risks. This is certainly true on the surface, but appearances are deceiving. Fearing failure and rejection so intensely, the addict often hesitates to take *real* risks in his personal or career life. After all, if he reveals himself and is rejected, he is put in touch with his shame. But often the addict covers over his fearfulness with a false bravado that prompts him to take inappropriate—even dangerous—risks. Some aspects of an addictive life-style—buying drugs, for example—*do* involve a substantial amount of risk to one's safety, health, or freedom. But what the addict *doesn't* risk is being *emotionally vulnerable*. The skills involved in addiction tend to be well defined: buy the drug and cook it up, call the bookie or broker, pick up the prostitute, complete the work project, run ten miles a day. There is little real risk of failure or rejection in these concrete steps. More important, the result is quite predictable—even down to the shame and guilt afterward.

This unwillingness to take risks often affects both the person's relationships and his career, where he prefers to "play it safe" by not putting himself in any position where he could be rejected. Remember Beverly, the compulsive overeater: "Taking risks has always been easy for me—so long as I felt confident that I would win. As far as relationships go, I've never fallen for a guy who hasn't fallen for me already. Otherwise, I might be humiliated."

Hidden Dependency Needs

Usually, the addiction-prone person has massive unmet dependency needs left over from childhood (as we will explore in the next chapter). As an adult, then, in spite of a common façade of independence, he relentlessly searches for something or someone to make him feel safe, secure, and whole. In *How to Break Your Addiction to a Person*, Howard Halpern calls this "attachment hunger."

Often, though, people with addiction problems are unaware of how dependent they are. While their neediness actually controls them and drives them to the addiction, it operates beneath conscious awareness. Many have even developed the outward persona of being "tough," outgoing, willing to take risks, and independent (an image the addiction helps to promote). But a profound inner "neediness" remains hidden behind this façade.

For the person with hidden dependency needs, addiction is perfect: it brings relief by meeting needs passively and "magically." The addictive drug or activity provides comfort, security, dependability, and soothing while insuring that the person will remain dependent on the drug as well as on those who take care of him in his addiction (pay his bills, take over his responsibilities, or whatever). The addict never has to acknowledge and address the needy feelings that don't fit his self-image.

Trouble with Authority Figures

The addictive person often has difficulty dealing with authority figures—bosses, parents, anyone in charge. This is related to the fact that *she* has to feel in control and omnipotent—or be plunged into feelings of impotence and humiliation.

Some addictions themselves are an acting out of one's struggle against authority: illicit drug use flouts the authorities, anorectics are not about to be told what they should weigh, and compulsive spenders will not be bound by credit lines or balances. In some other addictions, such as workaholism, the addictive person deals with his underlying fear of authority by seeking—compulsively—to please or even *be* the authority.

Blaming Others

Because the addict has trouble taking responsibility for himself, he often blames others and circumstances outside himself for whatever is wrong in his life. Says Lowell, a recovering alcoholic, "I'd get a traffic ticket and blame the police for it. The fact that I'd gone through a stop sign was irrelevant, as far as I was concerned. The problem was that this guy gave me a ticket!" The person who blames others rather than take responsibility for himself is particularly prone to addiction because his posture makes it nearly impossible for him to resolve his problems. If he assumes no responsibility for his problems, he also forfeits the power to change them. That's why in recovery it becomes so important to take an inventory of one's mistakes and accept responsibility for them. In recovery, one gives up the victim stance in exchange for a greater sense of one's own potency.

Poor Coping Skills

As Stanton Peele writes in *The Meaning of Addiction*, "Those who rely on drug-induced moods want simply to modify their feelings, since they don't genuinely believe they can influence the situations that cause those feelings." There is some truth to this helplessness, because much of the time the addiction-prone person has never learned problem-solving and coping skills and has only learned to blame others.

Among the tools she lacks are the abilities to (1) pause and take stock of a problem, (2) evaluate options, (3) tolerate ambiguity and frustration, (4) self-observe without being harsh (the addict

knows only how to either blame and judge others or herself), (5) communicate directly and honestly, setting clear boundaries, (6) take direct, constructive actions to resolve problems, and (7) resolve conflicts through negotiation and cooperation. (Note that as a society we also lack these skills—an important reason why we've become a "quick-fix society.")

As we've seen, while he's escaping the need to problem-solve by using a mood-changer, the addictive person develops *more* problems than he had in the first place—and the addictive escape looks better and better.

Wishful Thinking

The person at risk for addiction is prone to "if only" thinking: "If only I could _____ [fill in the blank: get a boyfriend, reach a certain weight, buy the right stocks, win the athletic award], I'd be happy."

The addicts' insistence on living in fantasy means he must ignore all feedback from the environment that runs counter to the fantasy. The compulsive debtor, for example, in order to maintain the fantasy that his resources are unlimited, might ignore bounced check notices from the bank—blocking out fact because it doesn't fit with what he wants to believe. Likewise, the gambler in the throes of his compulsion might ignore the fact that he's losing a lot and that the mortgage is due—and keep throwing good money after bad. And the love addict might stay in a relationship despite clear evidence that it's a "dry well," thinking, "If only he changes, he's going to be wonderful (and I'm going to be happy)."

Such self-delusion is the fertile soil in which the addictive defense of denial takes root.

Never Wanting to Grow Up

Related to this magical thinking, the addiction-prone person often harbors a wish that he will never have to grow up, never have to take responsibility for himself, never have to exert the kind of effort and follow-through that comes with taking on an adult role in life. He fears that he will be inadequate at fulfilling adult roles, so he would just as soon not try. As long as he stays in the illusion of addiction, he can be whoever he wants to be and live in a sort of never-never land where there are no ramifications to his behavior, where his needs will always be met effortlessly, and where he won't have to take any responsibility or risk.

Without Boundaries

Because the addiction-prone person is not "behind himself," he cannot take positive, assertive actions on his own behalf to set appropriate boundaries in relationships, financial dealings, and other aspects of his life. By "setting boundaries" we mean establishing and sticking to standards by which the addict wishes to be treated.

One way the addict deals with her discomfort about setting boundaries is simply to *avoid* situations where she would have to—such as intimate relationships or positions of authority. She would rather sacrifice the gratification that would come with these roles than to suffer the discomfort of setting limits, as Marie, a sex and relationship addict, tells us:

I learned from my parents that I was in this world to please other people, not for myself. So I went through my life never setting any limits with people. I wouldn't say, "This is O.K., this is not O.K.," because I thought if I did they wouldn't like me. And if even one person didn't like me, I thought I was a worthless piece of junk. So, rather than feel that, it was a lot easier just to avoid any situations where I'd have to risk setting limits. I look back now and can see where I passed up promotions at work and settled for one-night-stands in my love life—both because if I had taken on those challenges, I would have had to set boundaries—and that was too threatening to me.

Need for Immediate Gratification

As we have seen, the addictive person has many unmet needs that she doesn't believe she can meet. It's no wonder, then, that she has difficulty postponing present gratification in favor of some long-term benefits. She doesn't believe that better things *will* await her in the long run. Addictive involvements offer a sure thing—now. With a drug, the addict doesn't have to endure any ambiguity or frustration but can count on fast, predictable relief.

Playing a part in this is the addict's sense of "entitlement." Because she often has so little real, substantial gratification in her life (having given so much of her power over to other people to approve or reject her), she often harbors a sense that she "deserves" the indulgence of her addiction. Rachel, the compulsive overeater, grew up with an abusive, alcoholic father and recalls having these feelings of entitlement even as a child, when her overeating was just getting underway:

I'd get up in the middle of the night and sneak to the frig, then back to my room ... praying all the way I wouldn't get caught. What did I feel? That I was only taking what was *mine*, that it was what I *deserved*, that I couldn't have it in regular life, but I could sneak it and have what I deserved this way.

No Internalized "Good Parent"

As we've seen, the addiction-prone person often has internalized a critical—even abusive—parental voice ("You shouldn't have done that; you better do this.") as well as that of a rebellious child ("I'll do what I want and you can't stop me!"). What he is missing is an *adult* voice—one of compassion, reason, and mediation—something like an internalized "good parent."

Without this, a person is unable to nurture himself and is more likely to compulsively seek soothing and nurturing outside himself. And many drugs or activities provide this sense of soothing. Bruce, the sex addict who frequents peep shows and compulsively masturbates, describes how his inability to nurture himself plays a part in his addiction:

When I'm feeling agitated, I just don't know how to calm myself down and relax. I just push myself and feel very exhausted. I get really spent, emotionally and physically. I feel very weary. I feel like I just want to lie down, have someone cradle me, say it's O.K., and just be taken care of.

That's what I get from masturbating. I feel so relaxed after-ward, like the edge is taken off my neediness. And a lot of times when I see a prostitute, I just want her to hold me. It's almost like I want a rapport with these women.

Related to having no internalized good parent, the addict often neglects his basic needs. He indulges himself in his drug use, but often neglects his needs for rest, good nutrition, regular meals, medical and dental care, financial security. Far from caring too much about his own needs (as many think), the addict doesn't care enough! Addiction feels "right" because it is itself a form of self-neglect and self-deprivation—though it looks like self-indulgence.

Intimacy Problems

The person at high risk for addiction suffers from a gnawing sense of loneliness deep within. Out of touch with her self, unable to set boundaries, needing to control, she cannot be authentic with others and cannot form lasting, gratifying bonds.

This trait is not always apparent, however, because the addictive person may *appear* outgoing, have a lot of friends, and even be married. Generally, though, the level of intimacy in his relationships is limited—based on superficials or on mutual dependency rather than mutual

sharing. So while people with addiction problems may have the outer appearance of connectedness, most describe having profound feelings of isolation deep within.

The addictive involvement, then, comes to *substitute* for intimacy—because in many ways addiction *is* a relationship. The addict is often as preoccupied with his drug as a lover is with the object of his dreams; he may seem to love, honor, and protect the supply of his drug more than he does the people in his household. That's because the drug provides feelings of connectedness with others—without the demands of real intimacy. Or, in the case of a downer drug like food, heroin, and sometimes alcohol, it can numb a person from his isolation, as Beverly, the compulsive overeater, now recovering in Overeaters Anonymous, attests:

For me, food *is* a relationship. And when I was an active overeater, it was my primary relationship. In my twenties, if I didn't have plans for the weekend by the middle of the week, I would start planning an eating binge. Come Friday and Saturday night, I would binge and go to sleep. It was an absolute drug. I'd wake up from it around 10 at night, binge some more, and go back to sleep. The eating made me feel like I wasn't alone. It numbed me from the gut-wrenching pain of my isolation.

Another facet of the addict's isolation is that she often lacks a sense of belonging to a supportive "community" of others—whether immediate family, extended family, or some other group. Deprived of such a "safety net" of acceptance and support (as many are in our hectic, "each-man-for-himself" modern culture), the addict comes to *crave* this sense of belonging and will be all the more attracted to the "pseudocommunity" (the crack-house community, the barroom community, the racetrack community) available in many addictions.

Trouble Having Real Pleasure

Far from having too much of a good time from overindulging in pleasure, the person at highest risk for addiction may actually have a *lack* of substantial gratification in her life. Starved for genuine pleasure or just plain "fun for fun's sake," (she is too self-conscious and self-preoccupied to "lose herself" in an activity and tends to deprive herself of many simple pleasures), the addict is compulsively drawn to addiction as a sort of pseudopleasure. But it is a substitute that never really provides the refreshment and rejuvenation she seeks, so (once again) she can never get enough.

WHY ARE ADDICTIVE PERSONALITIES SO COMMON?

As we have seen, many of the addict's beliefs and personality traits "set him up" to find mood-altering drugs and activities extremely appealing. After all, if he doesn't believe in himself and his own ability to cope with everyday life, is overburdened by intense feelings, believes he *should* be perfect and is ashamed that he isn't, and thinks that people, substances, and other externals can *make* him feel better, it's a perfect match.

But, as you've probably noticed, many of these traits can be found in almost anyone. It's often a matter of degree that determines whether or not these traits drive us to seek relief through a drug of one sort or another.

The question then becomes, *Why* are these beliefs and traits, which are the cause of so much suffering, so prevalent today? The fact is, the addictive belief system and the personalities that emanate from it are to some extent generated in our own families. Unwittingly, many parents are conveying addictive values—image over genuineness, delusion over reality, power over personal potency, the quick-fix over problem-solving—that put their children at risk for becoming addicts. We have already mentioned examples of addicts whose addictive beliefs were acquired at home.

From: *"Willpowers' Not Enough: Understanding and Recovering From Addictions of Every Kind"*
by Dr. Arnold M. Washton and Donna Boundy. HarperCollins, 1989. Copyrighted. All rights reserved.

This is not to say that we should blame our families (or society) for all of our problems. To do so would only further our addictive thinking by blaming externals. To the contrary, recovery means taking responsibility for our own lives. Yet before we can free ourselves from the influence of these addictive beliefs, it does help to examine the past, to root out any messages received as children that are now making us vulnerable to addiction. As always, the more we understand the past, the less likely we are to repeat it.