

Addiction as an Interaction Disorder

“I’ve never had just one mosquito in the tent.” Minnesota summer camper

Dr. Patrick Carnes blazed in a new trail in traditional addiction therapy when he wrote the first of his several books on sexual addiction, *Out of the Shadows*. This book exposed the dark secret that many people are as deeply addicted to various forms of sexual behavior as to any drug. (In fact, after A.A. co-founder Bill W.’s wife had passed, it was revealed that Bill W. himself had been enmeshed in a pattern of extramarital affairs during his entire recovery.) Something else came “out of the shadows” at the same time as Dr. Carnes’ book. It was the simple fact that there are no simple addicts. Carnes himself suggested at a workshop and later in a book that “most addicts will deal with at least several other addictions during their recovery.” The focus of treatment at that time had been largely to identify one major “drug of choice” and admonish the addict to stay away from that and any other mood-changing substances. Seldom was even a word said about nicotine, caffeine, gambling, overeating, sexual acting out, or any other compulsive behavior. Ironically, a book that received little press, *The 13th Step* by John Baudhuin, argued that a new romantic relationship too early in recovery was a primary source of relapse. What this book missed and other books seldom discussed was something that nearly all addicts already knew, that their problem was not with one addiction but rather a swirling cyclone of addictions and addictive behaviors.

A more recent work, *Addiction Interaction Disorder* by Patrick Carnes, Robert Murray, and Louis Charpentier, outlines a solid case for the understanding of addiction as a cluster of interaction disorders, constantly changing, feeding, inhibiting, and then reinforcing each other. A good picture to describe this phenomenon is that of a small wolf-pack on the hunt for a deer. The animals operate in groups generally of just three to five. One is the “point man” who faces the prey directly. As he does this, others attack from the sides and from the back. They are sometimes given to circling, literally trading places, so that the one in back may take over as point man. But they keep circling and attacking until a weak point is found and they bring the prey down. Dr. Carnes makes a powerful case that addictions function in much the same way; most therapists with a long history of clinical experience agree with this view.

In his article, Dr. Carnes suggests these basic features for addiction interaction disorder:

1. Cross tolerance. Simultaneous increases in addictive behaviors in two or more addictions.
2. Withdrawal mediation. One addiction is used to soften the effects of withdrawal from another.
3. Replacement. One addiction totally supplants another addiction. [Such as the alcoholic who switches to crack cocaine.]
4. Alternating addiction cycles.
5. Masking. The addict literally uses one addiction to cover up another.
6. Ritualizing. Rituals or frequently repeated behavior in one addiction leads into another addiction. [The morning coffee leads to the morning cigarette.]
7. Intensification. [The sex addict acts out more intensely under the influence.]

8. Numbing. [For example, an alcoholic may numb the pain by acting out sexually]
9. Disinhibiting. One addiction lowers boundaries to another addiction.
10. Combining. Using one addiction with another one to achieve affects only possible with both.
11. Inhibiting. [Alcoholic uses cocaine to be fight sleepiness while drinking.]

Dr. Carnes also suggests that certain forms of deprivation may also feed into the addiction cycle. This may relate in part to abuse issues, deep fears of acting out, and a false belief that certain forms of deprivation provide safety. People involved in deprivation will generally exercise excessive control in behavior or habits. They will develop compulsive strategies designed to give them a sense of security. Their obsessions and extreme measures to avoid real or perceived problems will affect job, family, friends, and life in general. Such deprivations carry some of the same features as any substance addiction. Perhaps the classic comparison would be an out of control bulimic compared to an anorexic. Preoccupation with food, distorted body image, feelings of empowerment and/or false safety, and the reduction of anxiety are almost identical. Then too, many if not most bulimics will have anorexic phases that are as excessive in avoidance as the bulimia was in bingeing.

Effective treatment of addiction interaction disorders involves a detailed assessment of the patient which includes a careful history of each and every form of addiction. An addiction time-line must be viewed along with a detailed assessment of how the addictions cycle, inhibit, and disinhibit each other. The treatment plan will focus initially on simply stopping the overall addictive cycle and treating the various addictions in order of their severity and likelihood to be immediately compromising or life-threatening. Thus a love-and-romance addict who is also an alcoholic must first be detoxified from alcohol and abstinent from alcohol and any other addictive substances. In the context of this new sobriety, this patient can then also explore the relationship addiction as well and identify any other processes or behaviors which feed the cycle. The aftercare plan then becomes doubly important as many of the other “wolves” may not be apparent early in treatment. Close clinical supervision and good aftercare follow-up will very likely identify and hopefully prevent other addictions from appearing and blocking the recovery process. The teaching and impartation of solid recovery habits, solid support for dealing with other issues such as depression or anxiety disorders, and the deeper understanding on the part of the patient regarding addiction interaction will bolster a lasting recovery life style.