

Thursday April 4, 2013 was the first day of the USJT 1<sup>st</sup> Annual Sex and Love Addiction conference in Brooklyn, New York. I decided to attend for several reasons. First it was close and second, I was curious to see what was on the agenda given this was not a conference aimed at Certified Sex Addiction Therapists.

One of Thursday's talks covered what I wanted the theme of my next blog to be. Love Addiction. This talk was presented by Dr. Shelley Uram who is a Harvard trained Psychiatrist and a Senior Fellow at The Meadows. This talk was, hands down, the best talk on Love Addiction that I have ever seen. It is my goal to share some of her pearls of wisdom here.

My first thought to write about Love Addiction came out of a struggle I have been having in my practice. There is a common misconception in the community that women are Love/Romance Addicts and men are Sex Addicts. Not only does this over simplify the issue, it simply is not true. Frequently, what I see in my practice are men who move their sex addiction into a state of sobriety only to find that many relationship problems pop up. These problems are common in what we might term Love Addiction.

First, let me define what I am talking about when I say Love Addiction. I tend to ascribe to the definition put forth by Pia Mellody. According to Pia Mellody, the three most prevalent behavioral signs of Love Addiction are as follows. A Love Addict will assign a disproportionate amount of time, attention, and "value above themselves" to the person who they are addicted and the focus has an obsessive quality. Another sign is that the Love Addict will have unrealistic expectations for unconditional positive regard from the other person. Love Addicts can also neglect to care or value themselves while in the relationship.

Dr. Uram validated my thought that Love Addiction is not a gender specific issue. It is, instead, an issue that is driven by trauma. In her talk, Dr. Uram began by discussing traumatology, child development and neurobiology. When we are 0 to 2 years old, we are in a sensory motor stage of development. In this stage of development, a child needs a caregiver that is both consistent in their physical presence but also in the unconditional love and mirroring the parent provides the child. Neurobiologically, from 0 to 2 years old, we are driven by our brainstem. The brainstem is responsible for regulation. In this stage of development the bottom block of Maslow's hierarchy of needs are the most important. These include: physiological needs such as food, water and sleep, safety needs, needs to belong and esteem.

For a Love Addict, this is where the trauma can come into play. Trauma for those children is often what we call Little t trauma or relational trauma. This often means neglect. When a child of this age experiences emotional neglect, it is perceived as life threatening. Since the child is young, they are working with primitive coping mechanisms as a means to cope with this threat to their safety and self and pain of neglect. The one major mechanism available to the child is fantasy. They can create a fantasy rescuer in their mind. IF a child fantasizes intensely, it can increase the amount of dopamine in the brain and become addictive. The fundamental message here is that a

Love Addict, as an adult, is often locked into a primitive coping mechanism and when triggered is working at the psychological level of a 2 to 4 year old.

So, what does this have to do with adult behavior? The biggest fear that a love addict has is the fear of abandonment. This threat of abandonment does not have to be real but simply must be perceived. When the adult Love Addict perceives abandonment, they go into flight mode of the fight, flight or freeze response. This response is led by the limbic structures in the brain. The higher functioning part of the brain, the frontal cortex, will try to make up a story as to why the Love Addict is behaving in such a manner. The object of the Love Addict's fantasy becomes objectified. What the Love Addict feels is not authentic love. The Love Addict loves the fantasy of who the other person should be. The love object takes on the characteristics of the childhood fantasy rescuer. However, the reality of the love object never matches the fantasy. When the Love Addict starts to see the reality of the other person, the fantasy is threatened and this is disruptive to the main coping mechanism of the Love Addict. This can spurn obsessive and compulsive behaviors to restore the fantasy.

Dr. Uram presented this eloquent description of what happens in the life and addictive cycle of a Love Addict. The big question then remains. Is there help for someone dealing with Love Addiction? Of course! Treatment for Love Addiction is a combination of psychoeducation, boundary work and a lot of trauma work. The key to a successful recovery from Love Addiction is for the Love Addict to engage in a large amount of trauma work to heal the childhood wounds of neglect. Suggested modalities of trauma work include; EMDR, Sensorimotor Therapy, and Somatic Experiencing.