

Relapse: Illusion of Immunity

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Books relevant to this presentation are...
Family Strategies, Relapse Strategies, Depression Strategies,
Available through Central Recovery Press
centralrecoverypress.com/archives/team/claudia-black

Perspectives Journal
Available through the Change Companies
www.changecompanies.net/products/?id=PSH

Illusion of Immunity —

the façade we create in our minds that we
are immune to what a great majority of
addicted people experience...

a relapse.

Overconfidence

- Calling your own shots
- Inability to hear what others are saying
- Contempt prior to investigation
- Wanting immediate results – having unrealistic expectations

Control

I can't drink or use drugs safely and I accept that...

but what I don't accept is that I really don't have control over other people, places and things.

What are the areas in your life that you think you could be experiencing difficulty with because you are trying to control that which in fact – you do not have the power to control?

How would those close to you answer that question?

Fear of Feelings

Feeling Meter – Anger – Sadness - Fear

Very Angry

Angry

Sometimes Angry

Rarely Angry

Never Angry

In general, I consider myself as ...
(mark your level of anger on the meter)

Explain your placement on the anger meter.

How was anger expressed in your family when you were growing up?

How has that been helpful or harmful to you?

Secrets...

most significantly
shame based secrets

Addiction Interaction Disorder

- **Cross Tolerance:** Both addictions get worse at the same time, or one addiction will replace another with little time between them.
- **Withdrawal Mediation:** One addiction is used to blunt the withdrawal from another addiction. Example: the use of nicotine for a newcomer at AA meetings.
- **Replacement:** One addiction replaces another over time – minimum of three months in between, but usually it is a year or more.
- **Alternative Addiction Cycles:** Addictions alternate over time in a distinct pattern. Example: A food anorexic/sex addict gets married and becomes a compulsive overeater/sex anorexic. When divorced, returns to food anorexia and sex addiction.
- **Masking:** Using one addiction to cover up another. Example: An alcoholic who covers up sex addiction by saying, "I did it because I was drinking."
- **Ritualizing:** The rituals of one addiction merge with another. Example: A sex addict's cruising ritual coinciding with a drinking ritual.
- **Numbing:** One addiction is used to calm or relax after other addictive process or behavior. Example: Using marijuana or alcohol or overeating after high risk sex or compulsive stressful work.
- **Disinhibiting:** Using one addiction as a way to disinhibit oneself so as to engage in another addiction. Example: Using cocaine before going out gambling.
- **Combining:** Putting addictions together to create a unique high or to preserve a certain state or edge. Example: Using methamphetamines to preserve a sexual high.

The words of those with multiple addictions

- *Compulsive behaviors are interrelated, like gears in a machine. If one gets active, the others are close behind.*
- *When I become burned out with meetings and programs, I focus on the primary addiction.*
- *Get a sponsor for each addiction; have a solid home group in each program. Remember, if you slip in one program, you don't have to slip in all of them.*
- *They all are connected to shame – as shame is faced and worked, the addictions fade.*
- *I must remember that sobriety in one program does not give me sobriety in another.*
- *I cannot expect any one group to fill all of my needs. I take what I need from all of my groups.*

"I think that many oldsters who have put our AA booze cure to severe but successful tests still find they often lack emotional sobriety. Peace and joy still eludes us. That is the place so many of us AA oldsters have come to. It's a hell of a spot, literally. Last autumn, depression almost took me to the cleaners. I began to be scared that I was in for another long chronic spell. Considering the grief I have had with depressions, it wasn't a bright prospect."

Bill Wilson

"I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would be not one cheerful face on earth. To remain as I am is impossible; I must die or be better."

—Abraham Lincoln

Secondary to Medical Issues

There are at least 30 medical conditions that include depression as one of the presenting symptoms. E.g.

Mononucleosis
Infectious Hepatitis
Autoimmune Disorders e.g. Lupus
Diabetes, Hypoglycemia
Thyroid disorder

Causes of Depression

- A biochemical imbalance or disordered neurochemistry
- A habitual pessimistic and disordered way of viewing the world
- The inability to do the grief work necessary to bring completion to the feelings of sorrow
- Trauma

Reinforcing the First Step

Ask your clients to identify the ways in which they have attempted to manage or control their disease that were ultimately hurtful to themselves. Clients might answer:

- Discontinued medications without discussion with a physician
- Went to a family doctor, not a physician who specializes in depression
- Did not tell therapist the extent of my abuse history
- Told myself to just handle things, this is life
- Medicated myself with drugs, spending, eating or other compulsive behaviors

Assist clients in distinguishing what they have the power to change.

"I am powerless over the disease, but I have the power to affect my recovery."

Powerlessness

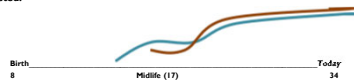
Power lies in the acts of recovery, and recovery begins with acceptance of powerlessness over the disease.

Examples: A picture of...

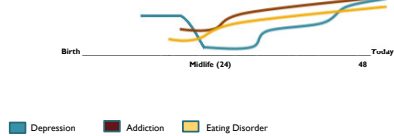
- The face of a person with food smeared all across it may represent the use of food to soothe one's emotional pain.
- Cars, clothes and boats may represent buying sprees the depressed person goes on in an attempt to feel good about him or herself.
- A lock on a door may represent feeling trapped in one's depression.
- An empty house may reflect the loneliness of depression.

Add any addictive process such as alcohol or drugs, spending, eating, sexual, work, relationship, etc.

Tom had begun to use alcohol by age 16 and as his depression escalated so did his addiction, or vice versa, clearly they co-existed.



Lucia has an eating disorder, bulimia anorexia, and is a compulsive spender. She didn't connect her addictive processes to her depression, as they over rode her awareness of depression, until she was in recovery from her addictions.



Women who are alcoholic

- move through the progression more quickly having a more rapid development of dependence
- metabolize alcohol less efficiently than men
- are less likely to ask for and or receive help
- die at younger ages

Female Relapse Contributors

- Greater minimization
- False guilt
- Anger and conflict avoidance
- Diminished sense of self
- Inability to identify needs
- Identity and esteem relationship to men

Ways in which relationships with male partners can contribute to women's substance abuse and hinder recovery

- Male friends and partners often introduce women to drugs.
- Many women start using substances in order to feel connected with addicted lovers, or they drink because the boyfriends urge them to do so.
- Many women report violence from the men in their lives. Drugs help to numb the pain.
- Studies suggest women receive less support from their male partners for entering treatment than do men.

In Mixed Gender Groups

- Men reveal more about self
- Women reveal less
- Women yield the floor to men

Women in all Female Groups

- Strive to equalize time talking
- Draw each other out

Single Gender Groups

Single gender groups benefit some women more so than others – those who have a history of abuse.

In early substance abuse recovery, when a woman is at a stage of needing to consolidate her experiences, ideas, and feelings, and develop a sense of self, a single gender group is preferable.

Once her experience has been validated, she has more empathy for herself and is more empowered.

In later recovery, a mixed group may be appropriate for the next stage of her development.

Relationships

Allowing yourself to be in painful relationships where you do not take care of yourself is also a trigger.

Name two people with whom you have had a recent painful relationship.

Think about the first person you named and answer these questions:

- What hurtful behavior took place that you tolerated?*
- What rationalizations did you use to accept the hurtful behavior and allow it to continue?*
- In what ways did you take care of yourself?*
- In what ways did you not take care of yourself?*
- How were you hurtful toward the other person in the relationship?*

Repeat the same questions in regards to the second person who is a trigger for you.

- What hurtful behavior took place that you tolerated?*
- What rationalizations did you use to accept the hurtful behavior and allow it to continue?*
- In what ways did you take care of yourself?*
- In what ways did you not take care of yourself?*
- How were you hurtful toward the other person in the relationship?*

Identify any patterns or similarities between these two lists.

Anger Meter



Very Angry

Angry

Sometimes Angry

Rarely Angry

Never Angry

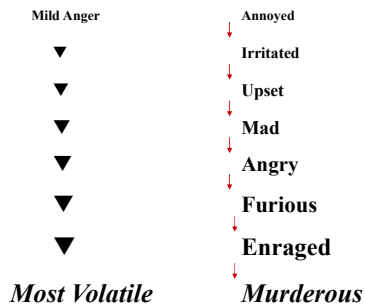
In general, I consider myself as ...
(mark your level of anger on the meter)

Explain your placement on the anger meter.
How was anger expressed in your family when you were growing up?
How has that been helpful or harmful to you?

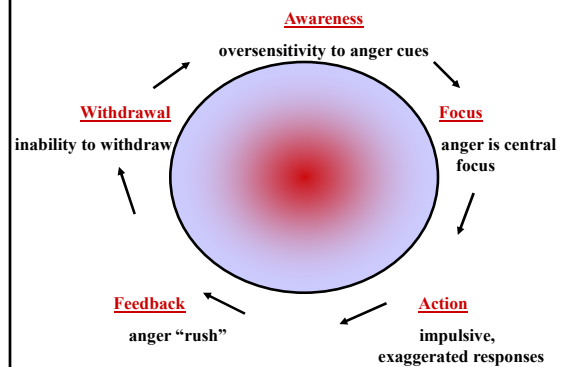
Anger Questions

- When did you last get angry?
- What did you do with that anger?
- How does that feel to you?
- What is your most positive memorable anger incident?
- What is your most negative memorable anger incident?

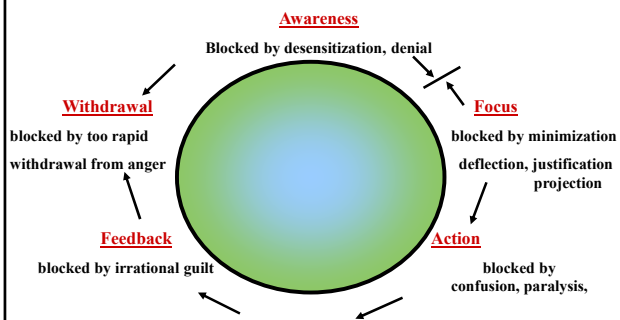
Anger Continuum



Chronic Anger Awareness Issues



Anger Avoidance Defenses Against Awareness



Anger Sentence Stem

- When my dad got angry he....
- When my dad got angry I....
- When my mom got angry she....
- When my mom got angry I....
- When I got angry at my mom she....
- When I got angry at my dad he....
- Today when I get angry I....

Relapse Connection

You may be in recovery from alcohol/drug, food addictions, or other compulsive behaviors. Check the connections between anger and your addiction that most apply to you.

- ✓ I use because I want my anger to go away.
 - ✓ I use because I want to let my anger out.
 - ✓ I use to get back at other people when I am angry.
 - ✓ I use in order to hurt or punish myself with my anger.
 - ✓ Other
-
- Give three examples from your past for each connection you checked.
 - List three situations that most commonly trigger your addiction and relate to your being or becoming angry.
 - Write the story of your next drug/alcohol relapse and predict how it might happen.
 - List the signals or warning signs you need to watch for in light of what you predicted.
 - List what you need to do to prevent a relapse if/when these signals occur.

Soothing Fight or Flight Response

Meditation, breathing, progressive relaxation and music...

- Drive cynical thoughts from your mind
- Provide a calming effect
- Slow your breathing and heart rate
- Decrease oxygen consumption
- Lower and/or stabilize blood pressure
- Lower levels of stress hormones
- Switch brain waves to a low arousal pattern

Relaxing Sigh

A sigh is often preceded by a sense that things are not quite as they should be and by a feeling of tension. Because sighing releases some of that tension, it can be used at anytime as a means of relaxing.

- Sit or stand up straight
- Sigh deeply, letting out a sound of deep relief as the air rushes out of the lungs
- Don't think about inhaling – just let the air come in naturally
- Repeat this procedure 8 to 12 times and experience the feeling of relaxation it provides

Deep Breathing

Ask clients to take a deep breath in, and slowly let the air out, then to repeat that slowly several times.

Model this by doing the exercise as you instruct.

Remind them to uncross their arms and legs – repeating the breathing.

The message here is that the deeper the breathing, the more honest one can be with one's self.

With deeper breathing, clients are less likely to move into a defensive/angry stance.

Attitude Adjustment

When feeling any form of anger:

- Don't stand – sit down
- Speak softly
- Don't swear
- Breathe evenly
- Talk slowly
- Don't exaggerate
- Listen

Anger Letter

Write *Dear Anger...*

Thank anger for what it has done.
Tell the anger how it is getting in the way.
Tell the anger that you need to let it go.

Dear Anger,

I want to thank you for the help you have give me over the years. I needed you when I was just a kid. I never would have survived if I hadn't gotten tough and basically told the world to leave me alone. I was so scared and didn't want anyone to know. I was so ashamed of so much. I didn't want anyone to see that shame. I couldn't let anyone get close to me. All they would have done is hurt me. You know Anger, we had some good fights. Some of them made me feel so powerful, so strong, when I really felt so weak and vulnerable. People were scared of me, and for along time I liked that. But the truth is it's very lonely.

Because of you, Anger, I am in a lot of trouble. My kids are afraid of me like I was of my old man and mom. One of my kids doesn't even live at home. I can't keep a job. I work for myself because I can't get along with anyone else. To be honest, I am pretty miserable. My fear has never gone away, nor my shame, you have really just been a cover-up. It's odd, you once protected me from so much, my vulnerability, my shame and now you are the source of my shame. I need to let you go.

Seven Steps

Step One —

Admit you are angry and your life has become problematic as a result of the destructive and unhealthy expression anger.

Step Two —

Demonstrate a willingness to do something about your anger.

Step Three —

Take a personal inventory of how your anger has affected your life.

Step Four —

Using the written inventory as a tool, admit to yourself and to another human being, how it is you have been hurtful with your anger.

Step Five —

Make a written list of those you have harmed, yourself included and be willing to make amends.

Step Six —

Make direct amends to such people whenever possible, except when to do so would injure them or others.

Step Seven —

Continue to take a personal inventory of whether or not you are angry, and when you are, promptly admit it.

Anger Timeout

A timeout is a responsible action which prevents an irresponsible action. You physically leave before you damage property, others or self. This shows you can indeed control your anger enough to get out of trouble. A healthy timeout entails more than just walking away from a bad situation for a few minutes.

A positive timeout is when:

- One leaves before an explosion, not after something bad has happened
- One uses their timeout to do things that distract them from their rage
- One makes and keeps a commitment to return to the person and issue that triggered the rage, but only after regaining control

It is not helpful to participate in highly competitive sports or other aggressive or sexually stimulating activity, such as a violent movie.

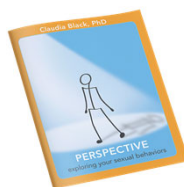
You commit to returning to issues that need to be handled and do not use a timeout to evade problems or as a weapon against others.

Benefits of Mindfulness Meditation

- Reduced rumination
- Stress reduction
- Boosts working memory
- Focus
- Less emotional reactivity
- More cognitive flexibility
- Relationship satisfaction
- Health benefits such as:
 - increased immune functioning
 - reduced psychological distress
 - increased information processing speed

Codependent Traits

- Difficulty identifying needs
- Difficulty asking for what you need
- Difficulty setting limits
- Difficulty initiating
- Difficulty relaxing
- Fear of rejection, abandonment
- Need to be in control
- Confusing love and sex
- All or nothing behaviors
- Inability to focus on self
- Always focusing on the other person
- Never feeling good enough about self
- Inability to identify feelings
- Inability to express feelings
- Other _____



Perspective: Exploring Your Sexual Behaviors

Excerpted from **Perspective: exploring your sexual behaviors**
Change Companies
www.changecompanies.net/products/?id=PSH

The connection between Sex & Substance Abuse

Sexual problems are common for both men and women who are addicted.

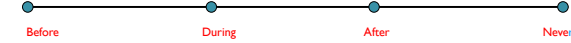
People who abuse substances may act outside their value system or their values may encourage unhealthy sexual behaviors

Some people have never had sex without being under the influence of alcohol or other drugs. They may have fears and concerns about being sexual without the use of substances.

A high percentage of people who abuse substances were sexually victimized as children, creating sexual shame and fueling self-defeating behaviors

Sex & Substance Abuse

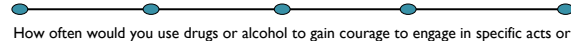
When in a sexual experience would you most use alcohol or other drugs?



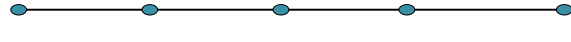
How often would you use drugs or alcohol to function sexually?



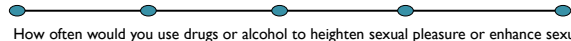
How often would you use drugs or alcohol to become more interested in sex?



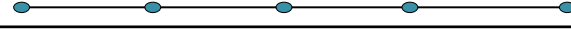
How often would you use drugs or alcohol to gain courage to engage in specific acts or approach a prospective partner?



How often would you use drugs or alcohol to escape painful or overwhelming feelings about past sexual experiences?



How often would you use drugs or alcohol to heighten sexual pleasure or enhance sexual excitement?



- Sexual health in recovery is the ability to talk about human sexuality and sexual health in a respectful and informed manner.
- Sexual health in recovery is the ability to slow down sexual feelings or attractions to consider any sex/drug-alcohol link.
- Sexual health in recovery is the ability to connect sexual situations with level of risk for relapse.

Each person has a responsibility to know his or her own specific individual behaviors that characterize his or her vision of personal sexual health.

Healthy Sexuality

- Accepts the imperfect
- Adds to self-esteem
- Has no victims
- Holds integrity
- Is fun and playful
- Is mutual
- Maintains respect
- Relies on safety

Dangers of Sex

- Can increase the risk of getting sexually transmitted diseases or having unplanned pregnancies
- Can be used in an abusive way to exert power and control
- Can encourage addictive habits if engaged in compulsively

My Relationship with Sex

First place an X next to the words that describe how you experience sex in your life. Then circle the words that describe how you would like to experience sex.

<input type="checkbox"/> angry	<input type="checkbox"/> guilt free	<input type="checkbox"/> pleasurable	<input type="checkbox"/> secretive	other: _____
<input type="checkbox"/> awkward	<input type="checkbox"/> honest	<input type="checkbox"/> relaxed	<input type="checkbox"/> shame free	_____
<input type="checkbox"/> bad	<input type="checkbox"/> hurtful	<input type="checkbox"/> respectful	<input type="checkbox"/> shameful	_____
<input type="checkbox"/> exciting	<input type="checkbox"/> intimate	<input type="checkbox"/> rough	<input type="checkbox"/> spiritual	_____
<input type="checkbox"/> playful	<input type="checkbox"/> safe	<input type="checkbox"/> frisky	<input type="checkbox"/> spontaneous	
<input type="checkbox"/> satisfying	<input type="checkbox"/> forceful	<input type="checkbox"/> overpowering		

What differences do you see between how you actually experience sex and how you would like to experience sex in your life?

A sex addiction is just like any other addiction. Check any characteristics you think describe a person with a sex addiction. Then circle any characteristics you think describe a person with a drug or alcohol addiction.

- has lost control
- is sick
- needs support
- is amoral
- can recover
- other _____

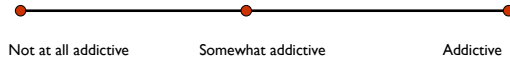
Looking back at your answers, are there any characteristics you checked as describing a sex addict, but did not circle as describing a drug or alcohol addict?

Is it an addiction?

- Are you able to resist impulses to engage in specific behavior?
- Have you been engaging in specific sexual behaviors more than or for a longer period of time than you intended?
- Do you feel the need to have sex more often to get the same effect you once had?
- Do you continue to behave in the same way despite negative consequences?

Is it an addiction?

On the scale below, how would you rate your sexual behavior?



Why did you rate yourself where you did?

If you're unsure about how to rate yourself, what made you uncertain?

Sexuality and Spirituality in Recovery Inventory

Rate yourself on each item as to whether you
Strongly Disagree – Disagree – Agree – Strongly Agree – Not Sure

Six fundamental ethical and spiritual principles:

- The physical act of sex has always been consensual.
- I have not engaged in sex with someone as a result of exploiting them or being exploited.
- I have protected myself and my partners from sexually transmitted infection (and pregnancy, if desired).
- I have been honest with my sexual partners.
- I have been focused on my partner's and my own sexual pleasure.
- I am supporting my goals for recovery in my sexuality

A Time to Speak, Haffner & Ott 2005

Motivations for Change

Reasons holding you back from making changes

- Shame of others finding out
- Not sure I'm ready to give up unhealthy behaviors
- Might hurt my relationship with my family
- Would cause me embarrassment

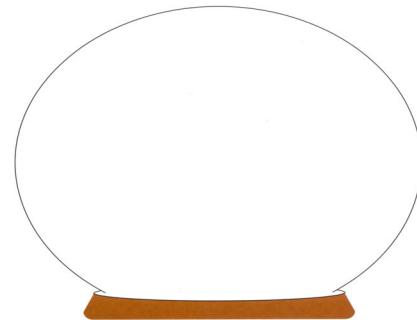
Reasons to motivate you to change

- My self respect
- Will support my other recovery
- No longer have to keep track of lies
- Would be able to get support and help
- Building healthy relationships
- Live a healthy lifestyle
- Gain respect of family and friends
- Improve my self-esteem

Visualize your future

Imagine what your future would look like five years from now if you didn't change your behavior. Think about the consequences over time.

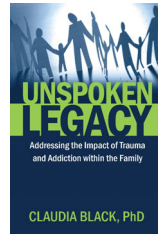
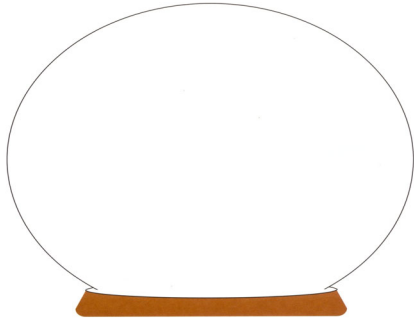
What might your life look like if you decide **not** to make a change?



Visualize your future

Imagine what your future would look like five years from now if you do change your behavior. Think about the rewards over time.

What might your life look like if you decide to **make positive changes** relating to your behavior?



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Same Song, Second Verse, Same Theme

I

I walk down the street.
There is a deep hole in the sidewalk.
I fall in.
I am lost ... I am helpless.
It isn't my fault.
It takes forever to find a way out.

Kathryn is a homemaker. In spite of raising three daughters, she became bored as a homemaker and gradually found herself creating excuses to be in social circles where people drank, used cocaine, and partied. This led to outside sexual affairs. At the age of thirty-three, with her husband threatening to leave her if she did not stop her behavior, she sought treatment and began a recovery process.

II

I walk down the same street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place
but it isn't my fault.
It still takes a long time to get out.

Kathryn was active in a recovery program for a couple of years. She enjoyed the fellowship, the women's meetings, and she had a sponsor. But she only shared at an intimate level with her sponsor. It was here she would talk, for the first time, about having been chronically sexually abused as a child. She gradually found herself becoming preoccupied with health issues and received a lot of attention for what seemed to be repetitive and severe health problems. Her first relapse occurred with an addiction to prescription pain pills. After one year of actively using, she was detoxed and once again sought out Twelve Step programs.

III

I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in ... it's a habit.
My eyes are open.
I know where I am.
It is my fault.
I get out immediately.

For the next year and a half, Kathryn's recovery followed the same pattern as the first time. She embraced the women's fellowship, had the same sponsor with whom she would continue to talk about the sexual abuse, and once again became preoccupied about what appeared to be self-

Claudia Black, Ph.D.

imposed health issues. She relapsed again. Three years later she detoxed and again came back to the same group and sponsor.

Mark took a similar journey.

I

I walk down the street.
There is a deep hole in the sidewalk.
I fall in.
I am lost ... I am helpless.
It isn't my fault.
It takes forever to find a way out.

Mark began his addictive behavior as a teenager. His first treatment experience was just after high school graduation when his parents insisted he go. After treatment, he attended self-help meetings and liked them. He talked in meetings and was most verbal about his need for a job. He finally got a job. His first goal was to buy a car — which he did within months. By this time he had fallen in love. In his mind, all was going great and then he relapsed. Within weeks, he lost his job, his girlfriend, and wrecked his uninsured car. His parents paid a second time to send him to treatment.

II

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There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place
but it isn't my fault.
It still takes a long time to get out.

Mark was glad to be back with his recovery friends. He was chagrined about what happened and determined to not let that occur again. Within a month, he clearly needed a job and he had to have a car to get around. His friends heard about his remorse, his struggles with day-to-day living, and before long he had a job and a car. He met a young woman, and again, this was the love of his life. Aware of what happened last time, he knew he couldn't be complacent about his recovery. Yet, he became very busy... and he relapsed.

III

I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
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I get out immediately.

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No one saw Mark for a long time until one day he showed up very distressed, just out of treatment again. He went to a lot of meetings, talked about his remorse over what had happened and expressed his gratefulness for his parents who had once again paid for treatment. He was thankful for his friends; they helped him follow job leads and he met another woman. As much as he cared for this woman, when she became pregnant he was not sure what to do. This all began to feel familiar. Would he be able to make some changes before he started to use again?

To move from Chapter Three to Four and Five, it is important to identify any repetitive patterns to a history of relapse.

Let's conclude this journey with another look at Kathryn and Mark.

Kathryn came back to the same group and the same sponsor. When her sponsor suggested she see a psychotherapist to address her sexual abuse, she did. She identified her chronic use of prescription pills and it's connection to her need to see doctors. She expanded her recovery program to include additional types of meetings. Willingness, change in behavior, and insight would lead to her ability to walk around the hole in the sidewalk. Ultimately she saw the need to walk down a different street.

Mark was about to be a father and became aware he needed to make some choices. He became less preoccupied with his love affair, material gains and the need to look good. He found himself wanting to talk at a deeper level with his sponsor and at meetings. He began hearing things differently than before. He sought out additional recovering friends. He took responsibility for allowing himself to be rescued by his parent's money and began to pay them back. He had begun to walk around the hole and while it would take more time, ultimately he would walk down a different street.

IV

I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

V

I walk down another street.

Excerpted from:

A Hole In the Sidewalk: The Recovering Persons Guide to Relapse Prevention by Claudia Black

HO/A Hole in Sidewalk/Same Song

Multiple Addictions Worksheet

Now complete the following multiple addictions worksheet. To be an addict, you must have three of the criteria met. Most addicts have five. Over half, have seven or more.

Criteria	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
1. Loss of Control										
2. Compulsive Behavior										
3. Efforts To Stop										
4. Loss of Time										
5. Preoccupation										
6. Inability To Fulfill Obligations										
7. Continuation Despite Consequences										
8. Escalation										
9. Losses										
10. Withdrawal										

Addiction Interaction Disorder

Description of Addiction Interaction disorder:

Most addicts have more than one addiction. These addictions not only coexist, they also interact. We call this "addiction interaction disorder" or AID. When the addictions interact they become a "package". For example, a cocaine addict who is also a sex addict might fuse the two addictions together. The addict would never do them separately - that is, no cocaine without sex; no sex without cocaine. When such packages occur, treatment including a first step and relapse prevention plan must be around the combination of addictions. To help you think about your issues we have listed below criteria by which we measure addiction. They include:

1. Cross Tolerance: You can see this in two ways. First, both addictions get worse at the same time. Or, one addiction will replace another with little time between them.
2. Withdrawal Mediation: One addiction is used to blunt the withdrawal from another addiction. An example would be the use of nicotine for a newcomer at AA meetings.
3. Replacement: One addiction replaces another over time - Minimum of three months in between, but usually it is a year or more.
4. Alternative Addiction Cycles: Use of addictions alternate over time in a distinct pattern you can see. An example would be the food anorexic/sex addict who gets married and becomes a compulsive overeater/sex anorexic. When divorced, returns to food anorexia and sex addiction.
5. Masking: Use of one addiction to cover up for another. An example would be the alcoholic who covers up sex addiction by saying, "I did it because I was drinking".
6. Ritualizing: When the rituals of one addiction merge with another. A good example is sex addict cruising rituals coinciding with a drinking ritual.
7. Numbing: This occurs when one addiction is used to calm or relax from other addictive behavior. Example would be marijuana or alcohol or compulsive eating after high-risk sex or compulsive stressful work.
8. Disinhibiting: Using one addiction as a way to disinhibit one's self to do another form of addiction.
9. Combining: Putting addictions together to create a unique high or to preserve a certain state or edge. The example here would be a "speedball" or using methamphetamines to preserve sexual high.