

Process Addictions in the Older Adult Population

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Addiction Interaction

- ▶ Educate on what is Addiction Interaction (process addictions).
- ▶ Process addictions in the Older Adult population.
- ▶ Looking at the complexity of how addictions interact and complicate recovery.
- ▶ Treatment modalities to address these issues.
- ▶ Addictions do more than coexist. They in fact interact, reinforce, and become part of one another.

▪ Patrick Carnes, Ph.D.

What does your addiction look like?



Definition of Addiction



American Society of Addiction Medicine

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

The Doctor's Opinion, 1934.

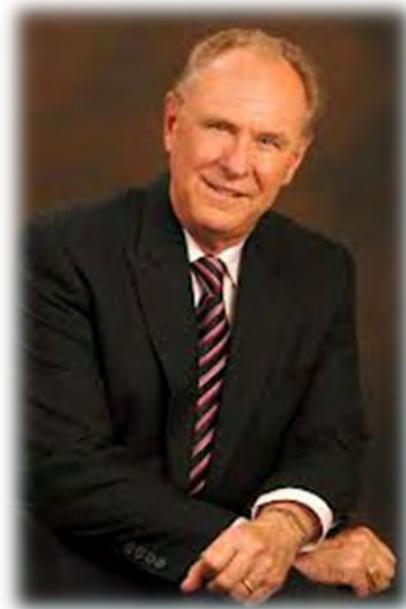
“I do not hold with those who believe that alcoholism is entirely a problem of mental control. I have had many men who had, for example, worked a period of months on some problem or business deal which was to be settled on a certain date, favorably to them. They took a drink a day or so prior to the date, and then the phenomenon of craving at once became paramount to all other interests so that the important appointment was not met. These men were not drinking to escape; they were drinking to overcome a craving beyond their mental control.”

pg. XXIX– XXX, AA Big Book



Addiction Interaction

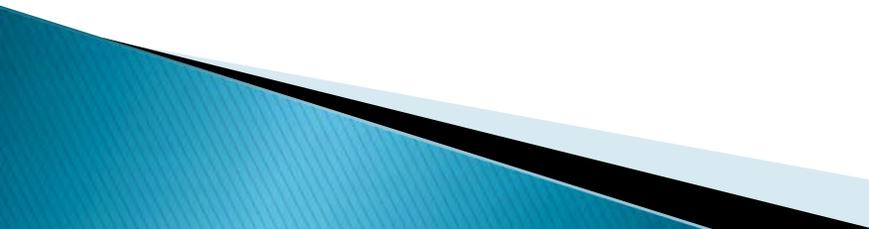
- ▶ Recovery Zone: The Internal Tasks – Patrick Carnes, Ph.D.
- ▶ Facing The Shadow
- ▶ Patrick Carnes, Ph.D.



Relevant Factors

- ▶ Addicts typically inherit a genetic structure that predisposes them to addiction
- ▶ Researchers found that addict's brain processes neurochemicals (dopamine or serotonin) differently
- ▶ Addicts often come from families in which other family members suffer from addictions,
- ▶ modeling, family dysfunction, abuse
- ▶ Addicts have an inability to sustain intimacy
- ▶ Fundamental failure to trust others

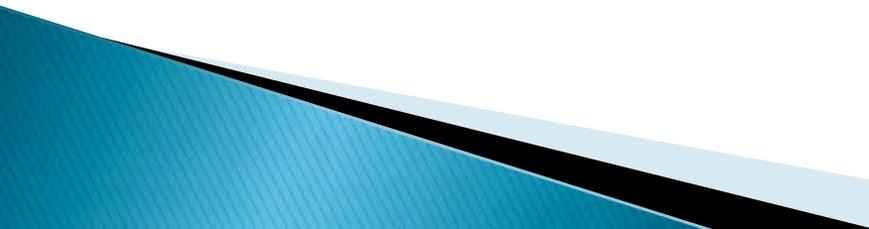
Neuropathways of the addicted brain

- ▶ Located in the limbic system
 - ▶ Their function – pleasure – survival
 - ▶ Release of dopamine
 - ▶ These pathways can be accessed through mood altering chemicals and/or behaviors
 - ▶ Understanding these pathways and their functions assists in understanding the addicted brain, and also assists in understanding relapse patterns, behaviors
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- ▶ **Arousal – pain – Stimulant drugs (amphetamines)**
 - High risk sex, gambling, compulsive spending, high risk finance, risk taking, compulsive shopping

 - Numbing – anxiety – alcohol, benzodiazapenes, heroin**
 - Food, slot machines, video games, masturbation
 - The satiation addictions – goal is to keep anxiety at bay
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 - ▶ **Fantasy – shame – hallucinogenic drugs – marijuana**
 - Pornography, obsession, preoccupation any kind, Goal is to disconnect from reality
 - Obsession combined with behavior leads to an altered state–watching porn, sitting in a strip club, a gambler thinks about the “big win”

 - ▶ **Deprivation – terror – leads to feeling of superiority – control is the goal**
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Neuropathways cont'd

- ▶ Deprivation – control is the goal
- ▶ Anorexia – spending, food, sex
- ▶ “Doing without defends against the terror”

- ▶ Binge–purge patterns can emerge
- ▶ example – over–spending followed by under–spending, binge–eating followed by restricting, acting out sexually followed by sex avoidance

Why are certain behaviors addictive?

- ▶ There are three emotional experiences that lead to feelings of well-being and are therefore potentially addictive (Milkman & Sunderwirth, 1987) :

1. **Relaxation**- sedate, calm, sleep, quiet the brain
2. **Excitement**- motivate, perform, thrill-seeking
3. **Fantasy**- losing yourself in thoughts and magical thinking, escape, distract

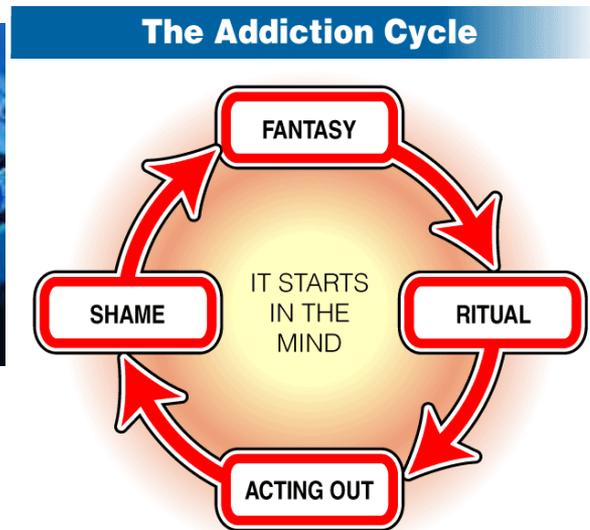


- ▶ The compulsiveness, or addictiveness, of the behavior comes from a person's need to do the above. Likely as a way of coping (Milkman & Sunderwirth, 1987)

Addiction Interaction Patterns

(Carnes, 2009)

- ▶ Addiction interaction patterns could occur between different addictions or within the same addiction



Withdrawal Mediation

- ▶ One addiction is used to moderate, relieve, or avoid withdrawal from another.
- ▶ Interaction occurs when one addiction is used to stop another.

Example: Excessive exercise replaces alcohol.

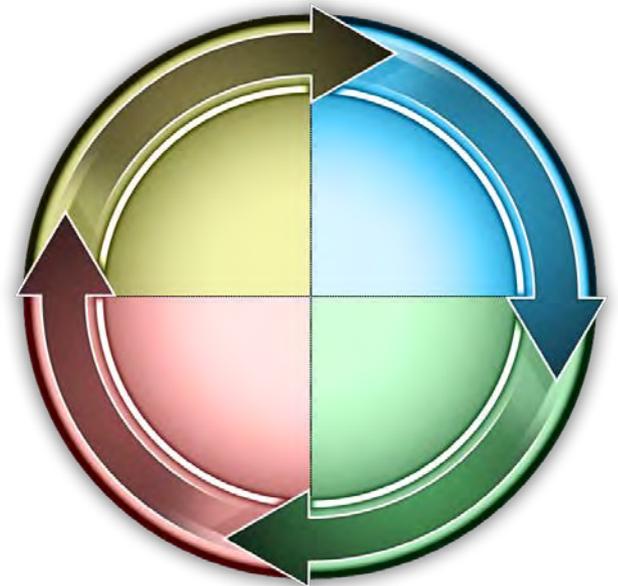


Replacement

- ▶ One addiction replaces another with all of the behavioral features.
- ▶ Replacement happens after withdrawal subsides.
 - Example: Excessive exercise replaces alcohol. Lying, secretiveness, denial, unmanageability continues...

Alternating Cycles

- ▶ Addictions cycle back and forth in a patterned systematic way.



Masking

- ▶ One addiction is used to cover up for another, perhaps more problematic addiction.
 - Example: Blame sexual behavior on drinking. Person stops drinking and sexual acting out continues.



Mysteriously perfect. Something behind this mask lays quiet. Hidden. To the world she is beauty but underneath is pain beyond her years. She uses this as a defense but at the same time, she is yearning to be known. Everyone assumes who she is and she plays along because if you really knew her, you just might not like her. She is broken and fragile, but she is determined to break through the perfection so that she may build herself up from within. One day, her heart of gold will shine from within and she will conquer rather than be defeated.

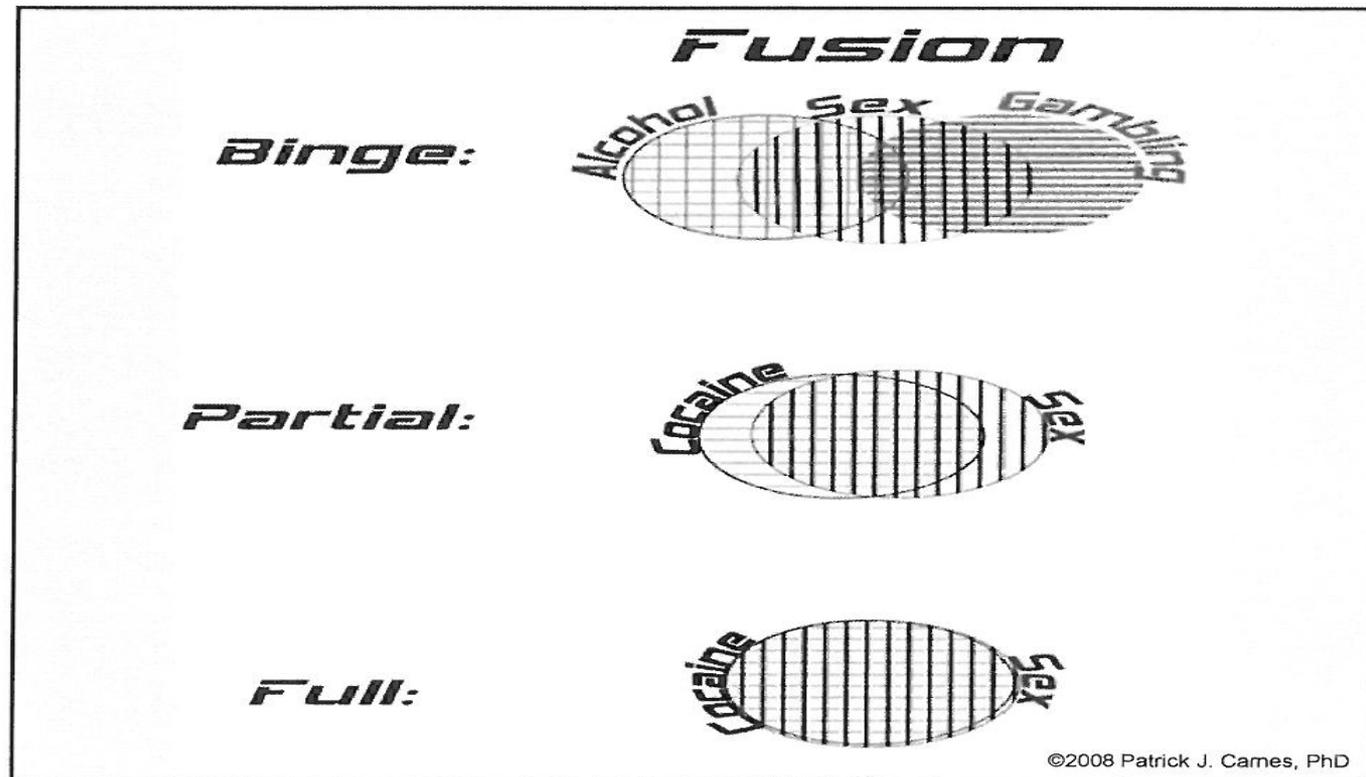
Rituals

- ▶ Addictive behavior of one addiction serves as a ritual pattern to engage another.
- ▶ Activates the pleasure center of the brain.
 - Example: Cruising, buying and preparing drugs.



Fusing

- ▶ Two or more addictions are used simultaneously and become one entity.

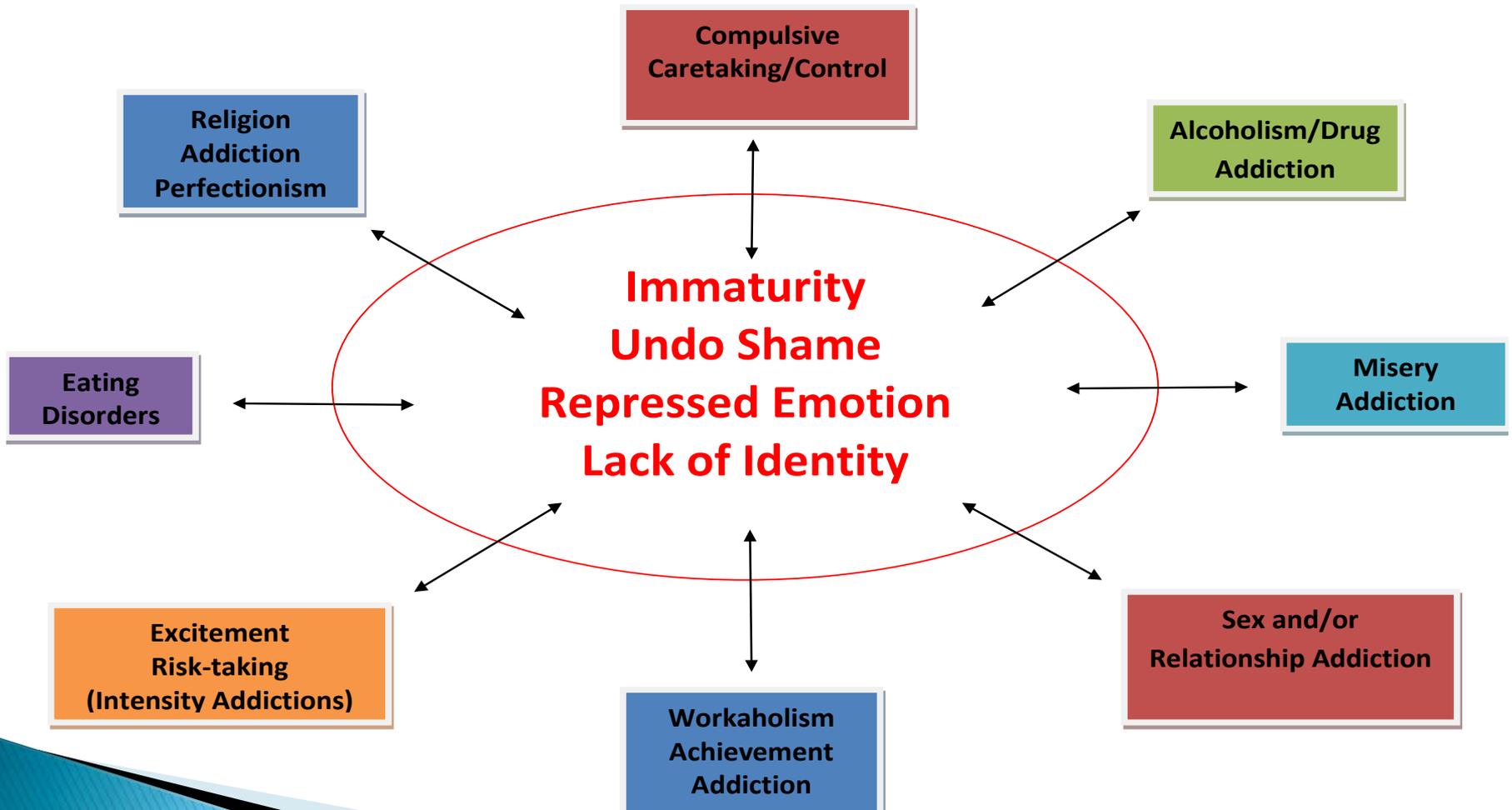


Inclusive

- ▶ One addiction serves as a background for all other addiction.
 - Example: Addict drinks while engaging in sex, gambling, and work.



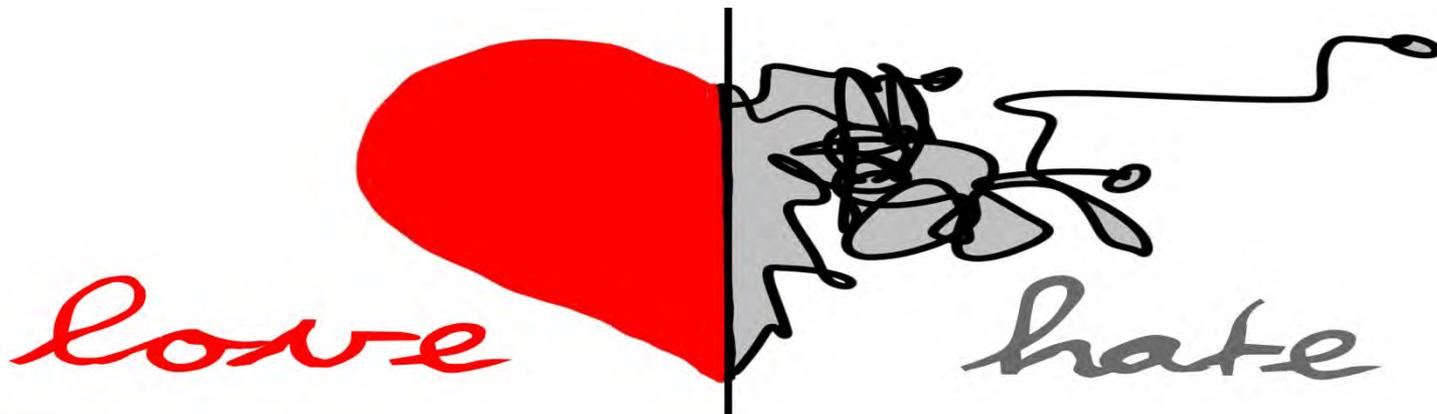
UNDERLYING ISSUES



Addiction as an “attachment disorder”

- ▶ Recovering addicts may be sober from chemicals, but may still have problems with intimacy, both sexually and non-sexually (Hatch, 2012)
- ▶ Some people are addicted to love and the emotional experience of falling in love as an alternative high
- ▶ Sexual Anorexia and love avoidance are reversed ways that addiction interactions could be experienced

Example– the compulsive avoidance and/or feeling repulsed by sex and/or love and intimacy





Addiction Interaction (Process Addictions) in the Older Adult Population



Examples:

- ▶ Relationships (both men and women)
- ▶ Love Addiction (both men and women)
- ▶ Shopping (spending – mostly women)
- ▶ Food (With women, Over Eaters, Bypass surgery, replace food with alcohol) , some men Over Eaters as well
- ▶ Pornography (men – lack of intimacy)
- ▶ Gaming (men and women– an escape)
- ▶ Gambling (both men and women)
- ▶ Workaholism (both men and women, over achievers)
- ▶ Sex addiction (mostly men)
- ▶ Women who's husbands are sex addicts

Addictive Relationships

- ▶ Types of Attractions
- ▶ What is the unmet need you are seeking from these relationships
- ▶ Actual emotional outcome
- ▶ Sex as Love

Case Study



Case Study

- ▶ 67 year old divorced male from NYC
- ▶ DOC Alcohol
- ▶ In and out of treatment since 2008, longest period of sobriety 18 months
- ▶ Continued to attend AA meetings, has had sponsor for past two years but unable to remain sober
- ▶ States he doesn't understand why he drinks

Came from a family where addiction is present

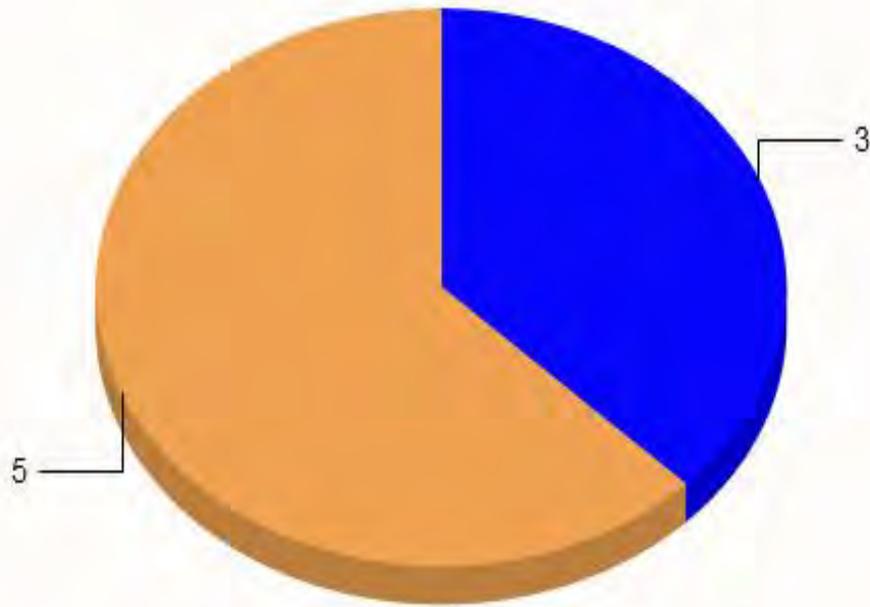


- ▶ Father was a dentist and addicted to alcohol, morphine and barbituates. Mother's father and extended family were also alcoholics
 - ▶ Father would become violent and abuse mother Patient would be the child that would attempt to protect her.
 - ▶ Reports that no one knew what went on inside their home – father was well-liked in the community
 - ▶ Patient reports always feeling a sense of anxiety, less-than, insecure
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- ▶ Began drinking at age 13 Around age 20 became daily drinker but denied consequences Also discovered attention from women as a “high”
 - ▶ Reports he always looked for excitement, ‘the rush’
 - ▶ Defense lawyer and part-time actor
 - ▶ Married with two daughters
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- ▶ Ended up divorcing due to his drinking, and his abusive behavior, infidelities
 - ▶ Began drinking to avoid withdrawal around two years ago, black-outs
 - ▶ During periods of sobriety, looking for 'excitement', and to deal with loneliness-
 - ▶ Went to bars to meet women, would end up having a drink due to the thought that without alcohol he felt 'boring'
 - ▶ Also went to strip clubs, sex clubs, used dating apps to meet women
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- ▶ Treatment focused on challenging his denial around severity of his alcoholism, level of powerlessness
 - ▶ Understand the AID process – between sexual behavior and drinking
 - ▶ Began looking at the negative impact of addiction and abuse on his childhood, the core beliefs and defenses that he continues to live by when he attempts sobriety, that leads to relapse
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■ AID - Food	37.5%
■ AID - Love/Sex	62.5%
Total:	100.0%

Continuum of Care

- ▶ Inpatient for addiction treatment along with AID treatment
 - ▶ Outpatient (individual/group) chemical dependency and/or AID
 - ▶ Trauma therapist
 - ▶ 12 Step support (GA, SA, OA, ACOA, Al-Anon)
 - ▶ Family therapist
 - ▶ Couples therapist
 - ▶ CSAT/CMAT
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Questions?

References

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