Catastrophic Failure to Reach Adult Maturity and the Onset of Addictions

Three Factors Leading to Increasingly Severe Difficulties

Implications for Faith Communities

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The onset of addictions follows a catastrophic failure to reach adult maturity at either the appointed time (12-13 years of age) or when demands of adulthood arrive prematurely. The essential difference between child maturity and adult maturity is moving from an individual to a group identity. What is important is that all young adults find a commonality with some group they experience as “my people.” This group lives for more than themselves and safeguards the transmission of life from one generation to the next. People who live for a cause larger than themselves tend to become more altruistic, generous, and patient with younger generations.

When a young adult fails to form a working group identity they become a mutant isolated individual or part of a group that uses and abuses rather than satisfies. Failure to reach adult maturity always includes the failure to form a life giving group-identity and to be able to satisfy oneself and others at the same time. This failure comes because the required brain training is missing when a teenager needs it.

The lack of mutual satisfaction is pervasive in pseudo-adults. For the immature, it is a logical impossibility, only one of us can be satisfied at a time—me first, then you—if you get satisfied at all. In order to be prepared to achieve mutual satisfaction by age 13 children must be well experienced in self-satisfaction as children.

Untrained brains lead to failure

Learning what satisfies is not the only missing training that can cause a catastrophic failure to reach adult maturity. The earlier problems enter a child’s life, the more severe and far-reaching the consequences. There are three major levels of untrained brain failure that produce increasingly deeper levels of additive problems. If we start with the time when addictions become active and work backwards, these three levels are:

3) Failure to learn the childhood skills of: a) taming the nucleus accumbens and, b) learning what satisfies.

> Taming the nucleus accumbens means facing the brain’s pain and cravings center. This small cluster of nerves screams loudly that “we are surely going to die” if we do not get what we crave. Learning to tame the nucleus means learning to delay gratification, resist our appetites and withstand our drives. Disciplines like fasting and moderation in our eating and pleasures teach us to tame the nucleus accumbens.

Infants scream as though they would die if they must go 30 seconds without food when their nucleus says they are hungry. Children must learn to wait for meals and treats. If children tame their cravings before puberty they have a much easier time learning because once sex hormones start to affect the nucleus accumbens, they make it much more irritable and hard to control. This will make any attempt to learn sexual self-control quite difficult as well. Untrained adolescent minds find pain a horror and delay a drudgery so masturbation is preferred to building a trust relationship with a partner and turn toward immediate gratification when a partner is present.

Knowledge of what satisfies is a personal, empowering knowledge. It allows one to set goals worth pursuing. It allows one to work hard towards satisfaction, and see work as a gift instead of a drudgery to be avoided. It allows one to feel accomplished when the goal is attained. Being disconnected from knowing what satisfies is to wander lost and aimless in the wilderness, always seeking, never finding.

2) Failure to learn the (late) infant tasks of returning to joy from the big 6 feelings.

Confidence is essential to the sobriety of any addict and this confidence begins in childhood. It is a confidence in one’s own ability to restore oneself to stability. At the heart of this stabilizing process is the learned ability to calm oneself and restore relationships that have been disrupted by the six major negative emotions. These six emotions are: anger, fear, shame, disgust, sadness and hopeless despair.

Mastering self-quieting and relational repair under these six emotional conditions develops the skills needed by confident, powerful adults. They can reconnect with a loved one, resynchronize when there has been tension and restore a broken friendship. We call this capacity to recover from tension and restore quiet rest to a relationship, “returning to joy.”

The capacity to regulate emotions, and emotional intensity is what healthy adults use to regulate intimacy with another adult. The ability to form close attachments is the cornerstone of all adulthood, let alone adult sexuality.

The capacity to leave one's parents emotionally and join to another is predicated on this skill of returning to joy. Without this ability to rediscover mutual joy, the individual is forever locked in a painful adolescent immaturity, and will find it increasingly difficult to form lasting intimate sexual bonds.

1) Failure to learn the early infant task of attachment and resolving attachment pain.

This, above all, is the most crucial factor - the capacity to attach to another human being, without becoming overwhelmed with the fears of being connected. The fears accompanying attachment can run the spectrum from the fear of being

engulfed, controlled or consumed by the other, to the other extreme of being abandoned, rejected, or humiliated by the beloved.

Attachment patterns develop early in life. The infant orients towards the parents for purposes of safety and survival. The avoidance of danger, essentially the threat to one's existence is foundational for the child's development of self-soothing, and self-regulation. This capacity to self-regulate creates good self-esteem and self-preservation, two of the capacities present in healthy adults but lacking in addicts.

Quite significantly the brain structures of the deep limbic system involved in attachment are also central to consciousness and reality. Consequently, attachment joy and pain are closely tied to the processes that create, distort or cause us to hallucinate our reality.

Disconnection from a secure attachment to loving and personally meaningful people insures the growing child will become frustrated, and bored. Disconnection pulls the seeker on with a false hope that satisfaction, the elusive butterfly, is just over the next hill, or the next, or the next, but never arriving at the promised destination. In addiction communities we refer to this as "chasing the first high, or chasing the pink cloud." Disconnected people are never satisfied and fail to grow a working group identity as well. Knowing what satisfies is the key ingredient to peaceful negotiations, straightforward communication, and assertive living.

With these three major areas of their brains untrained during childhood and infancy it is easy to see why people would be set up for a catastrophic failure to reach adult maturity at age 12-13. The brain skills needed to successfully form a life-giving group identity are missing or woefully underdeveloped leading to a system failure when the stress of adolescent change arrives.

Attachment pain and addictions

1. Attachment pain is sub-cortical and can be unrecognized even when severe. When an infant is unable to bond with his or her mother, the infant prematurely closes its capacities to bond with another and this results in trauma or injury to the individual very early in life. This injury becomes the basis for severe personality disorders, which many therapists are unskilled at treating. This is not a new phenomenon as many therapists from the beginning of psychology as a profession have written about the subject. Michael Balint spoke of the “basic fault,” Wilfred Bion referred to this as an “infantile catastrophe,” Donald Winnicott (pediatrician turned psychoanalyst) referred to the infant’s “failure to go on being,” Margaret Mahler called this the “separation anxiety,” and Francis Tustin, Larry Hedges and James Grotstein referred to the same entity as the “black hole anxiety.” In short, the infant, not making an emotional attachment

early in life to an external/transcendent caretaker, will tend to focus in and attach to him/herself in some way. This attachment to self has been referred to as an “auto-sensuality.” The infant who becomes an adult can focus in on fantasy relationships within his or her mind, parts of their own personality, or parts of their body. The skin becomes an incredibly powerful symbol to the person in question as being representative of not really needing another person, a pseudo-self-sufficiency, if you will. In shorter form, the infant who has not bonded properly becomes the adult trapped in a fantasy world. They are tormented by the painful, persistent, unfulfilled and unrecognized desire for true human contact.

It is the unconscious nature of attachment pain that makes it so obsessive, so compelling, and so powerful. Because it is sub-cortical, (often called unconscious, denied, or split off) attachment needs might grow to seem like an uncontrollable disease. This may be why the disease model has gained such strong support in the previous decades.

Attachment is so critical to an infant’s development that one might ask why it is a child might not attach to a mother. Simply stated, every child without medical problems looks and searches to find their mother to connect with. In many situations, the mother is unavailable for attachment, physically, emotionally, mentally, or spiritually; she literally cannot be found by the child.

- Some mothers are preoccupied. They are too absorbed in their own personal affairs, schedules, activities, work, duties, career, marriage, other children, sick children, aging parents, or be emotionally unavailable for other personal reasons.
- A mother might have a negative, or painful response to her child. Perhaps the child was born out of wedlock, or at a time of financial distress, or is malformed.
- A mother might have to be, or might choose to be separated from her infant for an extended period of time.
- A mother might have negative experiences in pregnancy or complicating factors during delivery.
- Some mothers are themselves fragmented in personality and not very relational.
- A mother who is a first time mother, or one who lacks the presence and wisdom of her mother, grandmother, or older woman, as well as a mother who lacks knowledge of how to regulate her infant might try to regulate the child too early or too late, thus causing a trauma to the child.
- A mother may be in the midst of a serious emotional reaction herself at the time of the birth of her baby.
- A mother unprepared for the changes in her body might not want to experience the child as different from herself.

- A mother who is limited in her own emotional and relational responsiveness to the baby's creative encounters.
- A mother who is herself frightened of such deep relatedness, and neediness of the child might defend against the child's need to emotionally and physically attach.

For example, humans can attach to a part of the body or an object as a symbol of the whole person; this is called a fetish, or fetishistic experience. A part of the person becomes representative of the whole person. There were many years in psychology when compulsivity, obsessiveness, addiction and other disorders were considered to be glorified fetishistic experiences. It is pretty easy to see in the sexual world the role of fetish in foot fetishes, or when a man says he is a breast-man, or a butt- or leg-man. Most people know there are lots of weird, fetishes out there, but they don't realize that ANYTHING can become a fetishistic object; for example, feet, hands, nylons, shoes, colors, and insects … the list goes on and on.

Some people prefer attachments to non-human objects rather than to people and relationships largely because of the predictability of objects over relationships. The addict knows what the results will be with an object, not so with a human. More flexibility and spontaneity is required in relational situations. One of the signs of maturity is an increasing complexity to the mind. Once again we see how a failure to mature is tied to addictions.

2. The nucleus accumbens can be fooled. Since the nucleus accumbens is a general-purpose pain/pleasure center and attachment is our greatest pain, any substance or experience that temporarily shuts off the attachment pain (recognized as such or not) in the nucleus accumbens will cause the addict to become attached to the source of the rush. Anything that blocks our attachment signal also reduces the awareness of being alone in this world and can become addicting.

   The nucleus accumbens registers all different kinds of pain and pleasure so overwhelming it with sugar, partly processed sugar like alcohol, alcohol in solid form like amphetamines, natural pleasure like orgasms, chemical pleasure like cocaine or natural pain like cutting, all "blow the mind" of the attachment pain center thus masking the pain and creating the illusion that the pain has been controlled and stopped. When the attachment pain becomes "visible" again (often within moments) another dose of the pain stopper is needed. Each time it works, our attachment circuit registers a false message that our need for personal closeness has been met.

3. Using substances to block attachment pain leads to attachment to substances. Addicts refer to this as their chemical mother, alcoholics refer to this as "The Lady in the Bottle," or in gambling she's "Lady Luck." Recently, there has been a debate as to whether sex or risk could be addictive because these were not

considered substance abuse, but that debate is ending as people realize that humans create chemicals similar to marijuana and cocaine within their own bodies. It is not the chemicals themselves that are the key point, however, but that these chemicals are part of the attachment circuits. For those with unrecognized attachment pain, these chemicals provide a chemical “mother.”

4. Using orgasm and lust to block attachment pain is the center of sex/love addictions. Genital stimulation and orgasm put a strong signal through the nucleus accumbens that will momentarily block other information—even pain. People who are stuck in one of the “big six” painful feelings, or in attachment pain, which is even worse, keep “pushing the magic button” after they discover how to block the pain. They quickly get attached to their own orgasm and the ritualized thoughts and actions used to produce the response.

   Orgasm centered sexuality blocks or avoids legitimate connection with other adults. Even when this sexual activity involves another person, the road from flirtation unto orgasm does not produce intimacy. Ideally, the way sexuality is designed, it should move one from attention getting to intimacy but, sadly, it is common to use orgasm as a means of AVOIDING intimacy. This has become common among high school and college students. One professor said, “When the kissing starts, the conversation stops.” Raymond recently taught a course in human sexuality at a local university where the students all agreed that girls now consider giving oral sex is as mundane as shaking hands, often without knowing someone’s name or even if it’s a real name.

   In fact, in many relationships of prostitution, fetishism, or addiction, when the partners begin to know each other personally, incredible disillusionment occurs, sometimes with disastrous results. When expectations, illusions, and personal fantasies run high, partners can become depressed, despondent, enraged, and even violent when their partners let them down by revealing they are real people, with real needs, hopes and wishes of their own. This is the basis of many marital arguments, domestic violence, and deaths following orgasm between partners. It is strongly suspected this is the very reason gay-bashing continues, and the reason many male partners kill male prostitutes after homosexual encounters.

5. Attachment forms our personal reality so addicts change their sense of reality when attached to their rush. If the brain system central to attachment was to fail, we would certainly lapse into a coma and remain unconscious. The attachment circuit is also responsible for enabling consciousness and conscious reality. For this reason, anything that impacts our attachment has a powerful impact on the way we experience reality. Haven’t you wondered, “What could he/she/they have been thinking?” When we touch our attachment circuits we also change our reality perception. Once attached to any substance, object or activity, it has the power to change our reality.

Mental distortions must occur for the addict to continue their addiction. In fact, Dr. Patrick Carnes, the grandfather of treatment for sexual addiction, says his readers are missing the whole point if they do not understand that sexual addiction is a battle for the mind, not the body.

6. Hallucinogens and psychedelics affect the attachment/reality center. Because of this close tie between attachment and reality, it may be that those whose drugs of choice alter the perception of reality are attempting to disconnect from unrecognized attachment pain by making the familiar look unfamiliar and the impersonal personal.

7. Psychotic addictions (non-human reality) represent the most severe addiction level. Adrenalin junkies try to be overwhelmed by sensation and have their bodies disappear as they drag race, free-fall, take intense risks where even time slows. Gamblers lose sense of time and get lost in the blur of sensations. In sexual addictions, this is evidenced by masturbatory sex with sexual stimulation by blood, asphyxiation, dismemberment, feces, dead bodies, bondage and extreme pain. When the origin of addiction can be traced back to its earliest roots, what is found is a disruption of attachment or broken attachments. The child fearful of annihilation withdraws from seeking attachment and focuses prematurely upon itself. The results can be an adult addict who is craving relationship, but terrified of that same relationship. The adult can actually become enraged if someone tries to love or make significant contact with him or her. The most severe level of addiction involves those whose sense of relational reality is severely impaired if it exists at all.

Joy and quiet and addictions

Drugs, experiences, and sexual pursuits could be subdivided into three major parts: anything that attempts to re-create pseudo-joy, anything that attempts to re-create pseudo-quiet, and anything that attempts to create pseudo-personal reality. Pseudo-Joy is false excitement. It could be an attempt to perk oneself up, or pick oneself up. It could also be an attempt to come alive, wake up, and pull out of the dead-zone. Pseudo-joy is a substitute for the interactive, personal joy of having someone's eyes light up to see you. Pseudo- Quiet is false calm. Many thrill junkies seek danger not because of the adrenaline rush they get but because of the quiet resolve they feel afterwards. This applies to sexual pursuits also. Some sex addicts also report that the quiet time after orgasm is the only time they can stay near another person without feeling anxious. Pseudo-personal-reality is false existence (or false non-existence). It is a manufactured psychosis, loss of boundaries, loss of meaning, reality, context and significance. That which is personal becomes alien and that which is alien sometimes becomes personal.

The choice of drugs differs for those creating pseudo-joy, pseudo-quiet or pseudo-personal-reality. Cocaine, amphetamines, and stimulants create the pseudo-joy while

the opiates, marijuana, and downers create the pseudo-quiet. What these are mimicking are the natural states of joy and quiet together created by the non-verbal, emotional communication between the right hemispheres of two minds. This rapid, authentic communication creates mutual states of mind starting about two months after birth and is the basis for learning mutual and self-regulation of our emotions. This communication has been described in depth by Dr. Allan Schore and Dr. Daniel Siegel and forms the basis for developing identity, attachments, relationships and emotional well-being.

Learning to control the alternating states of joy and quiet-together is central to the well-synchronized function of the brain, self-control, self-soothing and developing satisfying intimate relationships. Joy and quiet together teach regulation of the serotonin, dopamine, epinephrine and norepinephrine pathways and systems. Disruption of quiet-together functions is the strongest predictor of mental illness across the lifetime. It is little wonder, then, that addicts chose substances that simulate these two central emotional states. Addictions are non-relational ways of blocking relational pain. Consequently, the failure to establish a secure joy bond as an infant, the inability to return to joy and quiet from the six big distress feelings in a relational way, and the failure to form a working group identity based on mutual satisfaction set up a severe vulnerability about the onset of puberty. Both estrogen and testosterone reduce the effectiveness of serotonin and with it the capacity to sooth the nervous system. In children with poorly trained and underdeveloped brains the results are highly distressing and painful.

Returning to joy and addictions

Restitution, reclamation, restoration—these concepts all imply something that once existed was disrupted and the person was able to return to calm, return to joy. This is as much a skill-based experience as it is a sense of confidence that one can find their way home. Addicts who have suffered early attachment disruptions are atrophied in their capacity to get back into relationship with the loved one when something goes wrong. They feel utterly dependent on being rescued and they grow to resent their need to be rescued.

Returning to joy is a process of sharing the six major upsetting emotions through a mutual state of mind (right-hemisphere-to-right-hemisphere communication) with a trained mind that can show the younger mind how to calm oneself from distress and stay relational. Returning to joy means someone is glad to be with me in my distress and will show me how to act like myself and calm down. Calming is done by using the same serotonin control system developed to reach quiet-together after joy.

The six unpleasant emotions are displayed on the left side of the face in the same way for all cultures and races. These emotions are useful for evaluating experiences and are very helpful, provided that they lead back to relationship and quiet-together.

1. Anger—I just want to make it stop.

2. Fear—I want to get away.
3. Sad—I have lost some of my life.
4. Disgust—That is not good for me (not life-giving.)
5. Shame—I'm not bringing you joy.
6. Hopeless despair—I can't do it with the time and resources I have.

Learning how to stay in relationship while solving these six basic problems is accomplished between 12-18 months of age for a normally trained brain. Obviously, not knowing relational answers to these problems produces fear of the emotions, avoidance of the feelings and even a punishing away of those who make us feel. People who cannot repair one or more of these six are significantly impaired socially and emotionally.

Moderately severe addictions accompany the failure to return to joy as addicts attempt to "wake themselves up." In gambling this takes the form of bigger bets like horseracing and day trading where the excitement can build. Crack addiction with its accompanying dangerous activities and extended periods of arousal, falls into this category. Sexual addictions involve dangerous liaisons, call girls, exhibitionism, voyeurism, stalking, sexual harassment, child abuse, socially dangerous illegal activities and sexual crime. For women this involves wearing very revealing clothes and seduction of powerful people along with sex in dangerous and public places.

Satisfaction and addictions

If the infant needs of a secure attachment and reliable solutions to attachment pain were met by training the baby's joy and quiet-together systems so the baby is secure by the end of the first year of life and if the baby learned to return to joy from the big six distressing feelings during the second year of life, then the infant will be able to grow and take on the challenges of later childhood. The two major tasks of childhood that will help him prevent addictions are learning what satisfies and taming the nucleus accumbens.

Satisfaction comes from learning to match the correct solution to each need. Pleasure only means something felt good at the moment. Obviously, satisfaction requires honest relationships where all needs are acknowledged and solutions are available. The years from 6-12 are central to learning satisfaction in food, beverages, activities, friends, self expression, goals, self-care, daily schedules and motivation—to name a few.

"Addiction is a way of meeting legitimate needs in legitimate ways," is the motto Raymond has adopted. Early in treatment addicts will cry when they hear this motto as it conveys grace and direction for their recovery needs. When nearing the completion of successful therapy, addicts of all types will tell him, and want to tell the world, "The Real Thing, (real satisfaction) is so much better than the false, there is no comparison."

Taming the nucleus accumbens and addictions

Taming the nucleus accumbens also takes place during the childhood years from 6-12. Before that age, children can only do what their feelings tell them to do but by six, a well prepared child can do things he or she does not feel like doing. After 12 it is very hard to tame the nucleus accumbens because sex hormones make it far more irritable and hard to calm.

The nucleus accumbens is the source of our feelings of craving for food, sex, air, water and attachment. When it does not have what it craves, this tiny knot of nerves can really carry on causing all kinds of upset. Spiritual disciplines like fasting, moderation, controlling urges, meditation and staying awake to pray all help tame the cravings of the nucleus accumbens as a normal part of a child's training. It is possible that belated training of the nucleus accumbens in addicts through spiritual disciples may also have value.

The mildest of the three levels of the addiction follows a failure to complete the childhood tasks of learning satisfaction and taming the nucleus accumbens. Even children who have achieved some attachment security and return to joy skills become vulnerable once again if they lack this child stage brain training. For sexual addictions, this mildest level addiction could involve sex with multiple partners, watching pornography together with a partner, being willing to be victimized in exchange for romantic feelings and excitement. This lower level of addiction can include sporadic use of pornography with the feeling of "getting away with something." Examples include Internet porn, phone sex and solo sex of a hidden sort. Other mild level addictions include cigarettes, overeating, covert drinking or marijuana use "to calm my nerves" for people who still appear "functional," along with abuse of prescription drugs like barbiturates, Xanax, Valium, Vicadine or other pain killers.

Catastrophic failure to reach adult maturity and the onset of addictions

Thus we speak of counterfeit solutions, imitations of the real, false intimacies, and we are completely right. To be out of touch with what satisfies, to be unable to move towards a goal with self control, and to celebrate the attainment of success is a three fold prison, no, a three cornered hellish existence of repeated torment. No wonder untreated addictions lead towards suicide.

Maturity in adulthood is defined by a few important qualities, notably the ability to form mature attachments, the willingness to take risks for the good of the relationship, the desire to tell the truth about oneself, and the orientation of protectiveness towards the other person and the relationship

Addiction prevention

Addiction Prevention is based on a transgenerational transmission of acquired brain skills needed for emotional regulation and identity development. Transgerational because we need the combined efforts of all generations to defeat addiction. In fact, many addicts, you will find, share similar compulsions not with their parents, but with their grandparents. We in the recovery field are missing out on a vital, natural resource in preventing addiction - the wisdom of grandparents who have been addicted. However, families can only transmit the skills they have acquired and many of the non-verbal brain skills needed to reach adult maturity are missing in the families of addicts. Depleted families pass on poorly trained brains.

Addiction prevention includes the prevention of childhood abuse and neglect. Children who become mature adults are generally guided by mature caregivers whose brains are internalized by the child through an ongoing process of right-brain to right-brain communication. When face-t-face with a caregiver this authentic communication runs at the amazing speed of six cycles per second. Thousands of such interactions produce the child's sense of self, values, morals, etc. Deficits manifest in such areas as an immature sexual development marked by the inability to empathize with a partner. Empathy implies a willingness to understand the other—a task only the mature can master. Immaturity is an inability to love a whole person so that only certain experiences or values are appreciated while other aspects of the other person are devalued, unappreciated or ignored.

Children are injured by not receiving loving nurturance, by receiving inconsistent, sporadic or inadequate nurturance and by receiving cruel, teasing, torturous caretaking. Development is cumulative for humans and the earlier the child is handicapped mentally and emotionally, the fewer resources the child has to solve more sophisticated problems later in life. As is true with other traumatic situations the earlier the damage is done the more devastating the results. The longer the child exists without proper input the more devastating the effects. The more force and intentional pain is inflicted as punishment, the deeper the damage to a child.

Addiction treatment

Emerging brain research of the last decade has important implications for the addiction treatment field. Terri Gorski states that addiction is a chronic relapsing brain condition leading to moral and spiritual bankruptcy. The research regarding neurotransmitter levels, the serotonin reuptake process and possible pharmaceutical interventions is promising. The serotonin system has been shown by Shore to be developed through the “quiet together” process. Information about a genetic predisposition to addiction based on brain chemistry is useful in both prevention efforts and in helping to relieve the painful stigma and shame that accompanies those who do become addicted. Since these neurotransmitter circuits and related chemistry are formed and developed by the attachment process even their physical structure and chemical strength are developed

after birth by stimulation. Thus, it is how the caregiver uses his or her brain that ultimately determines the infant's working structure and chemical levels in the serotonin as well as other value systems of the brain.

Craig Nakken has long identified addiction as a pathological relationship with a substance or behavior that continues in spite of negative consequences. The poor attachments associated with attachment pain are a causative factor in lowered neurotransmitter levels and while pharmaceuticals can bring relief, they are not a substitute for human interaction. Medication is often needed to revive a brain into the normal range of chemistry and activity so that it can learn from brain-to-brain training processes.

Effective addiction treatment involves breaking blocked attachment pain response patterns and replacing them with human attachments and emotional self-regulation. In a sense, the counselor becomes the addict's "drug of choice." Counselors make their way into the addictive response patterns with forms of maternal love and attention. The addict risks human connection, and eventually human interaction replaces chemical deception. The skilled counselor can then safely wean the addict from the relationship, thus producing a responsible, independent adult who can give life to others.

Treatment is a difficult process full of ups and downs, beginning by addressing the addict's avoidance of hope, their resistance to being loved, their abhorrence of freedom, and their severely critical self-loathing. In this process they begin to learn joy, “quiet together” and how to return to joy from the “big six” feelings that disrupt self-regulation and relationships.

The addict resists treatment. Addicts are conflicted about getting well. They lack the confidence that they could ever get well and stay sober. Addicts fear the freedom that accompanies sobriety. Addicts detest freedom and are willing to trade freedom for a chemical enslavement. Counselors who cannot work with resistance, who routinely engage in power struggles, who do not understand the ambivalence about getting well will probably be defeated and overthrown by addicts and their addictive appetites. Keeping addicts in treatment long enough to do some good is a great therapeutic challenge for clinicians. Helpful counselors make safe contact with addicts and work to re-establish contact when it is inevitably disrupted or challenged. Clients often fear being cheated and humiliated and do not know how to recover their joy when a relationship is disrupted. Healing requires that someone besides the addict is willing to fight for the re-establishment of relationship once it has been disrupted. The counselor who is both skilled and compassionate enough eventually leads the addict back into the world of human relationships and human contact, and helps guide the addict up to a well developed child level of maturity. At this child level the addict is capable of loving others. Next, the addict must find a group with whom to form a life-giving group identity.

Recovery support

Recovery Support requires the presence of a spiritual community that will bond with non-family members as though they were family. As addicts re-emerge from a world of fear, they must be received by a community who greets them as they are born into new life. Recovered addicts are people who are literally born as adults.

Recovery support may include meeting the physical needs of housing, transportation, dealing with legal and employment issues, reconnecting with family if possible, job and skills training, etc., whatever is required to help the individual fulfill adult responsibilities, make restitution, and become a contributor rather than a "taker".

The community of trained/mature brains willing to become family

Training these skills requires real relationships outside of families who lack the skills. Because addicts can be deeply terrified of contact with another human being they need to be drawn into relationship and reminded of their freedom simultaneously. Groups or families surrounding the acting-out addict are usually depleted of resources, have been lied to and disappointed any number of times. They are not usually in the best of positions to re-engage the addict. Often they have switched from tolerating the addict's behavior to demanding immediate and total change, both of which do not help the addict recover.

Recovery support and related tasks are difficult for the average family or church member to do for the addict as few people have the needed skills or know how these brain skills are transmitted from one generation (mind) to another. There is no reason to believe that church people will have better trained brains than anyone else but mature faith-based communities do contain the values necessary to become family for people who were previously strangers. Real relationships are the stuff of faith-based communities. In addition, many have the willingness to receive specific skills training to properly respond to the denial, manipulation, relapse issues and distorted belief systems of the addict and the distress of their family members. The role of mentoring, sponsoring and discipling is part of many faith traditions and can be further developed for effectiveness.

Implications for the faith community—conclusions by Dr. Jean La Cour

Faith communities can address the real needs of hurting, addicted people with powerful, non-shaming spiritual practices such as prayer and worship that are absent in clinical settings. An addict can find long-term recovery when spiritual practices are coupled with loving human relationships and appropriate medical or mental health therapies when indicated. Faith communities are well suited to embrace a range of human problems because they embrace the transcendent reality of God, the Higher Power who is able to heal and restore human beings from the most devastating trauma, addictions and failures.

The world is a fracturing place, many people struggle and fail to reach adult maturity and choose self-destructive methods of coping. Yet human beings are created with a drive to withstand the world's assaults and to become the persons God created them to be. Maturity is about reaching one's potential. It means maximizing skill and talents, and using them effectively, while growing into the full capability of our individual designs.

What is true for the mature individual is also true for a faith community. To reach its potential and unique God given assignment, it must choose to maximize its skills and talents effectively through a process of growth, brokenness and transformation. Truly spiritual communities become mature by moving beyond a self-focus to embracing the real needs of suffering people in their midst and in their region. A mature faith community can meet people's attachment needs through providing a context for meaningful personal relationships, loving them while they learn to self-regulate during the "big six" distressing emotions, and welcoming them into the larger group known as "my people".

In reality maturity means taking care of others in freeing, non-shaming ways that support their growth. Through this process the faith community itself will not be depleted, rather it will be enriched by the vitality, gifts and love of those they are helping to heal and grow. Everyone involved will experience a true multiplication of joy and "quiet together" as they learn to do hard things they never imagined possible!

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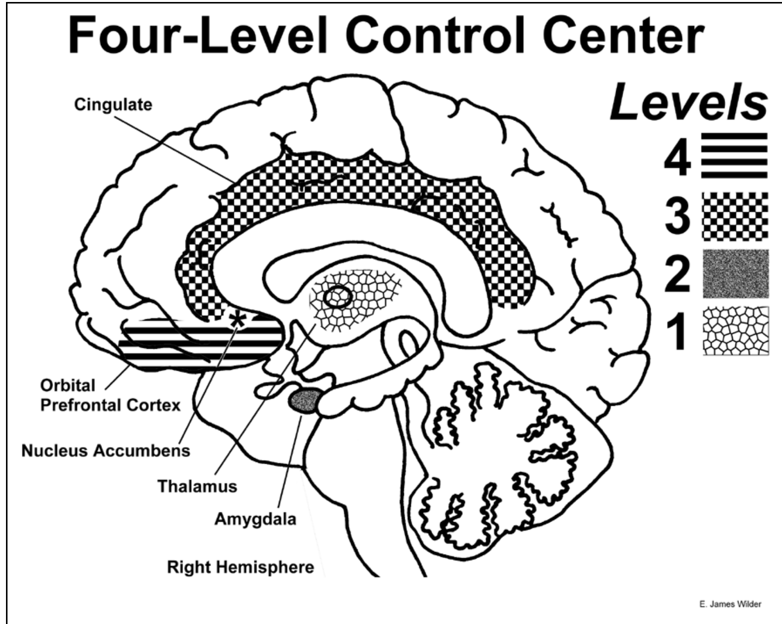

Figure 1 Right Hemisphere Four-Level Control Center Brain Model

ADDICTION PAIN LAB

A learning laboratory for dealing effectively with pain

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Boot camp in the military teaches recruits that there is something more important than avoiding pain. Addicts have learned from infancy how to avoid emotional pain and keep themselves out of discomfort rather than retuning to joy in relationships. Addicts who are close to adult maturity can use *Pain Lab* to stop avoiding painful feelings. Like basic training in the military, this training teaches addicts how to feel terrible and still carry on with what is important. *Pain Lab* is usually forced on addicts but wise people will choose it for themselves. *Pain Lab* is the correction for those who fear pain and are therefore slaves to avoiding pain through running from their feelings or controlling others.

What are the most common kinds of pain people avoid through addictions?

- An attachment wound
- A father wound
- A mother wound
- A sexual wound
- A contempt wound
- A Christian wound

The *Pain Lab* process is difficult to achieve and sustain. Most addicts do not stay in their discomfort without the encouragement and participation of other addicts. Working together is an important part of forming an adult identity. Working alone risks a high probability of failure so addicts should seek the encouragement of other addicts who are similarly facing their pain.

Pain Lab prerequisite:

The pain lab candidate must function at child maturity fairly consistently.

Pain Lab is meant to strengthen the childhood lessons learned through taming the nucleus accumbens and doing hard things. *Pain Lab* also strengthens the infant skills of returning to joy and quiet from fear, anger, shame, disgust, sadness and hopeless despair. Those addicts who lack these skills entirely will not succeed in *Pain Lab* and will experience this time as abusive. If unprepared participants maintain their motivation at all, it will be through fear, so, this *Pain Lab* experiment only increases their fear of failure. One sign that addicts are ready for *Pain Lab* is that, except for their hidden sexual addiction, they function quite well and have positions of authority. In other words, they are successfully avoiding pain.

Pain Lab procedure:

1. For a six months period of time you will actively disable all your mechanisms for avoiding uncomfortable situations and feelings. This includes but is not limited to the following:
   A. No drugs, alcohol, masturbation, sexually explicit materials.
   B. No withdrawing, lying, extended work hours, or use of recreation to avoid conflicts.
   C. No controlling others through threats, anger or other intense emotions.
2. The first two weeks are devoted to observing, recording and reporting all the ways in which you avoid emotional pain.

3. Week three through the end of the third month is devoted to actively resisting all known and newly found ways to avoid painful emotions and fear. The objective is to locate and feel all six discomforting emotions as intensely as possible.

   To do this, focus on each emotion as it appears and feel it as strongly as possible until it disappears on its own. This should be done a minimum of 10 times per day and up to 200 times a day on weekends or times of strong feelings. Repeated practice is very beneficial.

   This period of time also involves taming the nucleus accumbens, a powerful section of the brain's control center that gives us our sense of pleasure and also the feeling that we are going to die if we don't get what we crave. Learning how to survive this "I'm going to die" craving through sacrifice rather than deprivation teaches the addict to stay on track with real values while the nucleus accumbens screams, "I am going to die" without getting a "fix."

   During this time it is also important to increase the amount of input you receive from the people around you by being truthful with others about the things you normally hide from them for your own comfort. This exercise should be guided by two principles. One, you must say the things you fear to say. Two, the objective is to feel your own feelings, not to upset others and make them feel your feelings for you.

4. The last three months of the six are devoted to a continuation of the painful feelings but by now there should be considerably less time spent trying to avoid pain and an increasing ability and pride in your ability to feel your own feelings and act like yourself. If you are still trying hard to avoid feelings (or avoiding them without much effort) by the end of the fourth month you will require professional help in overcoming your avoidance.
5. The over all objective is to remove fear-based actions and reactions that result in avoidance, concealing, threatening and controlling and to replace them with desire-based behavior. By the end of six months you should be doing things that are deeply meaningful to you even when they require feeling unpleasant feelings. Your relationships should be characterized by pursuing the desirable not avoiding the unpleasant.

Fear Bonds to Love Bonds

Fear bonds form as the result of failed attempts at self-preservation. While self-preservation is the great value of fear, early experiences of fearful relationships we cannot escape produce very negative and upsetting internal emotions. When these unpleasant emotions exceed our capacity to return to joy and quiet on our own, we begin to avoid pain as a form of self-preservation. After a while, avoiding pain becomes the central focus of fear bonds even when there is no real risk of overwhelming our capacity.

Once avoiding pain becomes the goal we hear phrase like, "What if he gets mad?" "Are you going to be upset?" "I'm afraid that—fill in the blank" "I'd be too embarrassed!" "You are really making me mad!" "I have to make him/it stop." I can't stand it when…" "What difference will it make?"

We must then ask a serious question about avoiding pain and overwhelming feelings. Is it self-preservation if I stop being and acting like myself? When I no longer do or say or act like I what I really feel inside isn't my "self" lost? When I can no longer even figure out what I want, feel or even think, haven't I lost my "self" already?

What we discover in many people who are fear bonded and motivated is a loss and obscuring of personal feelings, thoughts, values and desires. They are afraid to make an impact on others. Often the fear is that they will not have and impact or make a difference. Fear bonded people are also quite confused about what fears are theirs and which ones belong to others. Just being around anxious people makes them edgy or distressed. They often withdraw, placate, entertain or please others to make the fear stop. Often the result is that they take on responsibilities that are not theirs because they are afraid of what will happen if they don't. Other times they shrink back from their duties because they feel inadequate.

Another group of fear-bonded individuals are afraid to let others have an impact because they fear losing their own. These controllers frequently control people around them with anger, contempt, rejection, ridicule, the "silent treatment," and other ways of creating pain including, physical violence.

Naturally we recognize these behaviors as representing brains that have lost their synchronization at level 2. They are operating out of fear and a desire to make things stop instead of synchronizing with others (brain synchronization level 3) or expressing their own values, goals desires and preferences (brain synchronization level 4.) They have lost their flavor. They have ceased to be lights. Thinking they are preserving themselves they have lost themselves and disappeared.

Before we can understand how to change a fear-bond back to a desire/love bond, let us review how a healthy identity would deal with fears at each level of development. From this review we can see where we need to start correcting the fear-bond.

Avoiding Fear-Bonds at Each Level of Maturity

1. **Infant maturity**
    a. Recognize the fear (what am I really afraid of?)
    b. Know who I want with me when I am afraid
    c. Discover what I want (desire)
    d. Talk about my fear
2. **Child Maturity**
    a. Recognize my part in the fearful situation
    b. Recognize the other person's part in the fearful situation
    c. Use a third person to check my reality
    d. Separate my responsibility from yours (a+b)
    e. Learn to be myself rather than control others
3. **Adult**
    a. Stay in relationship while letting others have fears
    b. Do nothing about what others fear-let them handle it
    c. Take care of our own business with personal style
    d. Remind self and others about our mutual goals and desires

There is a big separation between adult and higher levels of maturity when it comes to handling fears. Up to this point every person is responsible for their own fears and no one else's. Without many years of practice with this fear is mine and that one is yours, moving to higher levels of dealing with fear will only bring confusion about responsibility. The shift of responsibility from dealing with my own fears to helping others with their fears is a major sign of dysfunction when it is attempted by anyone of adult maturity or lower. Even for parents, taking on the fears of others is dysfunctional outside the parent/child relationship.

Parents must be very careful not to develop fear-bonds in their children. Since parents want to build capacity in their children, they help children back to joy from fear and teach them to act like themselves during manageable levels of the emotion.

4. **Parent**
    a. Help one's personal people (natural and spiritual family)
    b. Take some shared responsibility for the fears of younger minds
    c. Identify fears in younger mind
    d. Help younger mind return to joy and peace
5. **Elder**
    a. Help "at risk," isolated, marginalized people
    b. Identify community fears
    c. Help community remember what is like us to do
    d. Remain a non-anxious presence

Elders, as we know, act like parents-at-large for their communities. Elders will provide just barely enough security for people to recognize and face their own fears knowing that they are not alone and remembering what is really important to "our people" under these scary conditions. Addiction counselors should be at parent or elder maturity before they help addicts at early infant maturity.

Converting Fear-Bonds to Desire Based On Our Maturity Level

Now, the reason for our discussion was to change fear-bonds to love-bonds where our desires and identity can shine. To make a change from fear to love we start first with the adult level. If we can correct the problem at this level it will be easiest. The adult will simply think and decide differently and the problem is solved. Of course we realize that addictions follow a catastrophic failure to reach adult maturity so addicts cannot succeed at this solution. We will examine the solution all the same because it is the goal we want to reach and the solution counselors must model.

Solutions:

1. Confidently be yourself. Take care of your business. Stay in relationship with others around you who are anxious but do nothing about their part of the problem. Speak of mutual goals that are important during this time of threat and fear.

If this adult solution worked, then you have corrected the fear bond. This does not mean that others will not react by trying to put pressure on you to become frightened again, so you may have to make this correction several times under even more pressure and anxiety from others.

If you still feel fear or cannot imagine how to use an adult solution we must go deeper and correct some earlier problems that lead to fear bonds. First we look at the child level skills. Resolving fear-bonds at the child level is not just a matter of understanding and choosing differently. These solutions take longer and involve study and consultation with others. They require a good deal of problem solving to figure out "mine" from "yours."
We generally do not solve these problems without consultation and encouragement.

2. Define your responsibilities carefully. Go through the demands you feel you must meet and see which ones are logically yours and which are unreasonable. Find someone qualified to double-check your judgment. Now, be equally clear when you are trying to solve someone else's problem or fear. You should now be able to speak clearly about what is yours and what is someone else's part of the problem and solution.
3. Check to see if someone else is controlling you by being upset or threatening to become upset. If you are being controlled return to step 2 until you can speak calmly and clearly to them about your responsibilities and boundaries.
4. Check and see if you are attempting to control others through your threats or upset. If so return to step 2 until you can speak calmly and clearly to them about your responsibilities and boundaries.

If you still fear and cannot imagine or manage to speak clearly to others about your responsibilities and limits, then we must go deeper and correct problems and develop skills needed for the infant level. Anyone who is having considerable difficulty at this point is not ready for *Pain Lab* and needs much greater help with their motivation and maturity before attempting to handle pain in adult ways.

Addicts with infant maturity can't figure things out on their own or even if they do, the fear is strong enough that they can't talk freely and openly about who they are so their "self" continues to be hidden and lost whenever they are afraid.

To move from fear-bonds to love bonds, if I am at infant maturity, I must:

5. Find out what I am really afraid of with help from experienced minds. Often what I am afraid of is not a current day reality or what it seems to me. I may think I am afraid I am not doing my job but I am really

afraid someone will be angry or ridicule me. I am afraid I will not survive being ridiculed because of my early life experiences.

6. I must discover who I want with me when I am afraid and what I want them to do with or for me. I need someone who can handle the fear without being overwhelmed and help me focus on myself instead of the threat I perceive.
7. I must discover what I really want and what really matters most to me in the current situation sot that I can express my goals and values.
8. I must learn to speak about what matters to me even while I feel afraid by having someone patiently help me find words I can mean and practice saying them in a low threat situation until I am ready to speak of my values goals and preferences to others who are afraid or of whom I am afraid.

This process of defining and expressing our identities gets much easier as our identities mature and become solid. The farther we have grown, the easier it is to change fear-bonds to love-bonds. If learning to face and survive pain while still acting like oneself is necessary for addicts who are ready to move from child to adult maturity then they need a controlled and extended time in pain to learn and master the six big emotions and their combinations. Addicts who are still at infant maturity will lose their hope and motivation if exposed to these demands.

We will not examine how to help addicts at early infant maturity in this seminar because they require the help of a person with earned parent or elder maturity and someone with a "high capacity" control center in their brain who can handle all the six unpleasant emotions simultaneously--and at intense levels. Without these capacities there is little point in trying to learn the methods or theory of treatment.

Counselors and ministers with earned adult maturity can help addicts with late infancy development who are ready to graduate into child maturity tasks. The success of this effort will be largely determined by the counselor's capacity to create hope and sustain motivation in the addict. The idea is to find areas of change and growth that are not too difficult or discouraging in which to work. Inevitably the sexual addiction behaviors themselves will be two difficult to change but the problems that maintain the behaviors can be addressed until the behaviors themselves lose strength.

Maintaining Motivation For Addicts With Late Infancy Maturity

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Infant maturity brings with it the certainty that the addict's motivation will come and go according to how the addict feels. It remains necessary for the counselor who is working with infant maturity problems to help the addict feel like changing and working.

PROBLEM: Help addicts understand the severity of their addiction without triggering overwhelming hopelessness or shame.

Seeing the severity of the addiction—the average guy scale

	Average Guy	Moderate Problem	Extreme Problem
Frequency of behavior			
Severity of consequences			
Purpose it serves			

sexual addiction. Examples would be: Internet porn viewing, looking in windows, masturbating, picking up prostitutes, etc.

PROBLEM: Keeping the addict sufficiently distressed to see the importance of change while sufficiently hopeful to stay in relationship with the counselor during the pain.

Motivation equals SERIOUSNESS times CONFIDENCE

Sexual Addiction Behavior List 1

Sexual Addiction Behavior List	S	C	X
1			
2			
3			
4			
5			
6			

Rate the seriousness of the behavior from 0-9. Most serious = 9
Rate your confidence that you can change the behavior from 0-9. Most confident =9
Multiply seriousness times confidence and put the answer in column X

Now list the addiction behaviors under the following columns.

Problems that are too hard to change	Problems you might be able to change	Problems that are very easy to change.
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5

1. What would it be like if you succeed?
2. What changes would you hope for?
3. What might go wrong if you tried to change?
4. What could you do that would make you fail or sabotage your progress?

Infant Checklist

- ❑ •I have experienced strong, loving, caring bonds with mother/woman
- ❑ •I have experienced strong, loving, caring bonds with father/man
- ❑ •Important needs were met until I leaned to ask
- ❑ •Others took the lead and synchronized with me and my feelings first
- ❑ •Quiet together times helped me calm myself with people around
- ❑ •Important people have seen me through the "eyes of heaven"
- ❑ •I can both receive and give life
- ❑ •I receiving with joy and without guilt or shame
- ❑ •I can now synchronize with others and their feelings
- ❑ •I found people to imitate so that I now have a personality I like
- ❑ •I learned to regulate and quiet the “big six” emotions
  - Anger
  - Fear
  - Sadness
  - Disgust
  - Shame
  - Hopeless/despair
- ❑ •I can return to joy from every emotion and restore broken relationships
- ❑ •I stay the same person over time
- ❑ •I know how to rest

Child Checklist

- ❑ •I can do things I don’t feel like doing
- ❑ •I can do hard things (even if they cause me some pain)
- ❑ •I can separate my feelings, my imagination and reality in my relationships
- ❑ •I am comfortable with reasonable risks, attempts and failures
- ❑ •I have received love I did not have to earn
- ❑ •I know how my family came to be the way it is—family history
- ❑ •I know how God’s family came to be the way it is
- ❑ •I know the "big picture" of life with the stages of maturity
- ❑ •I can take care of myself
- ❑ •I ask for what I need
- ❑ •I enjoy self-expression
- ❑ •I am growing in the things I am good at doing (personal resources and talents)
- ❑ •I help other people to understand me better if they don’t respond well to me
- ❑ •I have learned to control my cravings
- ❑ •I know what satisfies me
- ❑ •I see myself through the "eyes of heaven"