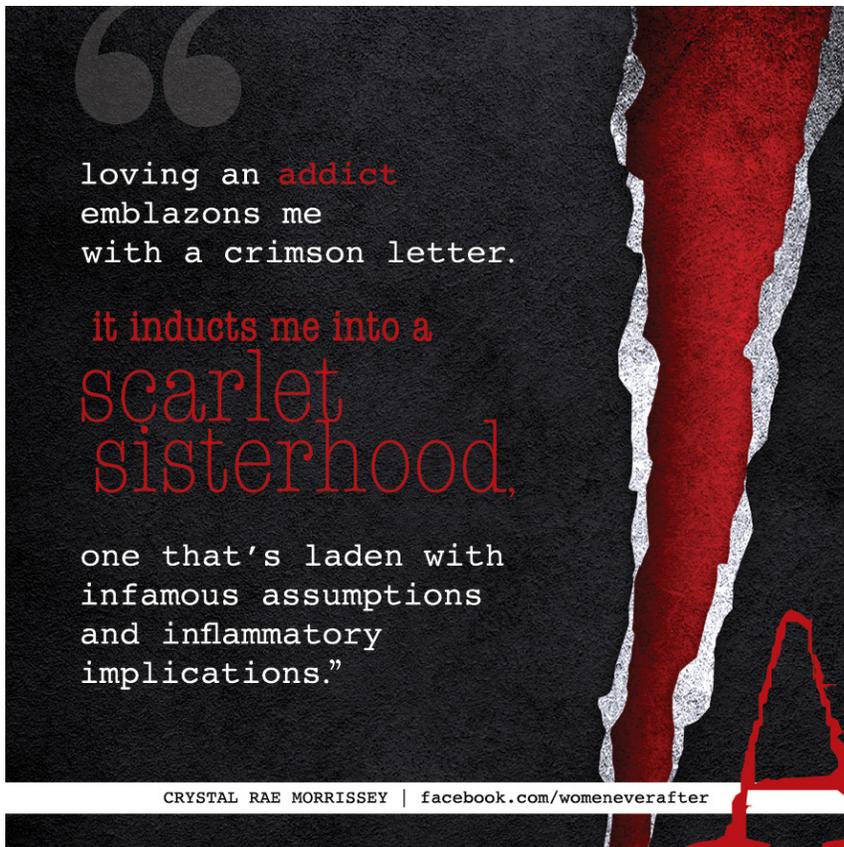


“‘A’ for Addiction: The Scarlet Sisterhood”



NINE YEARS AGO, when my husband first started attending Twelve Step meetings, he came home one night with an analogy that made PERFECT sense to both of us. His sponsor (a doctor, incidentally) had **suggested that my husband's sex addiction might be compared to diabetes, a disease that could be managed, but never cured.** Ignored and untreated, this sponsor asserted, sex addiction WAS both progressive and degenerative; without intervention, this disease would quickly debilitate—and eventually destroy—my husband's life from the inside out. But like diabetes, the analogy continued, sex addiction wasn't an automatic death sentence: if treated with daily attention, consideration and moderation, both diseases could be survived, resulting in a high degree of fitness and physical function. If my husband took his sex addiction diagnosis seriously, he could live a happy, healthy, sober and satisfying life. If my husband would “gove himself wholly” to this program of recovery, he'd experience a daily reprieve from the worst of sex addiction's collateral damage, driving it into a relative state of passive remission.

At the time, I liked that analogy. To be honest, I still like it. But I'll be honest about this, too: I hesitate to make that statement in a public forum, because I dread getting sucked into what I call “the great disease debate.” I'm keenly aware that, just beyond the realm of traditional recovery models, experts passionately disagree about labeling addiction an “incurable disease,” arguing the pros and cons of comparing it to any other degenerative illness. I genuinely don't mean to minimize the validity of such discussions. They're important conversations, and I'm glad they're happening. But until now, I've hesitated to involve myself in “the great disease debate,” for one very basic and practical reason: I'm not an addict. And because I'm not an addict, I don't claim any direct knowledge or conviction about addiction's impact on the addict himself, at least not from any firsthand point of view. ▶

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I'M CRYSTAL RAE MORRISSEY—and I'm irrepressibly passionate. :) I care deeply about everything I do, from writing, to coaching, to living as a woman in long-term recovery. I've spent nine years in the rooms of S-Anon, Al-Anon and various therapists. I've healed (mostly) from the trauma of my first marriage and divorce, ultimately learning to survive and thrive in love with my AWESOME second husband (who is, incidentally, a recovering sex addict). I'm professionally certified as a Women's Life, Couples Relationship and Divorce Recovery Coach, working and writing from my home office in Redondo Beach, California. I practice a trauma-sensitive model for coaching and recovery, providing specialized support for women affected by their partners' infidelity, secrets or sex addiction. I'm committed to support my clients within and/or beyond their presenting relationships—and that's precisely why I've named my coaching practice Women Ever After. I'm keenly aware that relationships typically don't conclude with fairytale endings. But that doesn't mean we give in, give up and go home. No matter how our individual stories unfold, we exist within a greater, kick-ass community of empowered women. Within this community, we don't give up on each other—because we don't give up on ourselves.

The Scarlet Sisterhood

No, I'm not an addict. But that's not to say I'm a disinterested, uninformed or uninvested party. In my personal life, I am a very grateful spouse to one very grateful addict, and I actively sponsor women in my Twelve Step program of choice. Professionally, I'm a partner's coach, providing specialized support for women facing "S" issues (primarily sex addiction) within their intimate relationships. My husband is a men's sex addiction recovery coach, and we've LOVED getting the chance to work "two-on-two" with other couples in recovery. Between these various personal and professional roles, it's fair to say that MY ENTIRE LIFE revolves around issues related to addiction, recovery and recovering couples.

Working in this field, I encounter the "the great disease debate" almost daily. It presents with questions like these: "Is addiction really an incurable disease? Can we compare addiction to illnesses like diabetes? Or depression? Or lupus? Or cancer? Is addiction chronic, or terminal, or both? Was an addict born an addict? If not, how did he become one? Is an addict forever powerless over his drug of choice? Can an addict become 'recovered,' or will he always be 'recovering?'"

Traditionally when these questions arise, I ponder them for a moment, then consciously shift my attention back to the focus of my practice, experience and expertise. As immersed as I am in the world of recovery, my primary passion is coaching PARTNERS through THEIR unique experiences—whatever those experiences may be—of infidelity, secrets and/or sex addiction. I certainly do CARE about a broader range of recovery topics. (How could I not?) But partners' work will always be my principal point of reference—and my point of entry—into conversations like "the great disease debate."

Believe it or not, sensitivity to an addict's partner isn't automatic. To most people, it's obvious that addiction impacts the addict himself (duh). It's less obvious (sigh) that addiction impacts the addict's spouse or intimate partner, to an EQUALLY extreme, severe, profound and far-reaching degree. From that perspective, I'm chronically disappointed by talking points for dialogues like "the great disease debate." Somehow, "my side" of the story rarely makes the agenda. Most of the time, partners' recovery—aka MY recovery—doesn't even make an appearance, either onstage or out in the audience.

Admittedly, that's partly MY fault. I can't very well blame others for failing to show up, while I myself duck the debate every single time, now can I?

A few weeks ago, I got my chance to change that. When "the great disease debate" came up on a popular Facebook forum, I resisted my usual urge to sidestep the issue. This time, instead of avoiding the drama, I decided to jump in with all four feet. (Impulsive, much?) I decided it was time to actively engage the debate from MY SIDE of the aisle, from a viewpoint I DO passionately and practically represent.

THAT was an antithetical moment. And within it, I was struck—rather bluntly—by this personal truism:

Regardless of how my husband experiences his addiction, MY EXPERIENCE of his addiction is an independent and stand-alone subject.

And speaking exclusively from that stand-alone viewpoint, I actually DO HAVE AN ANSWER to the question, "Can addiction be compared to another disease?"

And my answer (after I second-guess myself for one brief millisecond) is a big, fat, frank, resounding, aren't-you-glad-you-asked-me-again...

No.

Not for me. Not for this.

Not in a million years. Not for a million bucks.

Perhaps my husband CAN compare his addiction to other patients' diseases—or perhaps he CAN'T. Honestly, my husband's answer to that question doesn't change my life in any measurable way, and I'm not about to assert a position on his (or any other addict's) behalf. But here's a statement I know to be true for MYSELF, one that I AM qualified to make:

To the world at large, loving an addict doesn't gain me any measure of empathy, acknowledgment or appreciation. In fact, almost the opposite is true. Loving an addict emblazons me with a crimson letter. It seals me with a ruby-red stamp of embarrassment, of isolation, of "guilt-by-association." It inducts me into a scarlet sisterhood, one that's laden with infamous assumptions and inflammatory implications.

As someone who loves an addict, I've gained a whole new appreciation for my girl, Hester. As The Scarlet Letter's signature "woman of scorn," Hester knew a LOT about facing a tough crowd. Some days, I feel like I'm right there with her. After all, I'm married to a modern-day sex addict... wouldn't THAT just shock the socks off those puritanical Bostonians?

It's a Jungle Out There.

When someone gets diagnosed with a non-addiction illness (I'll abbreviate that hereafter as "NAI,") the world at large is generally compassionate, caring and concerned, both toward the patient and toward the patient's significant other. They champion the patient's prognosis for recovery, no matter how small its likelihood for success. But when someone becomes a drunk or a junkie or a sex addict, the world at large can be judgmental and shaming and blaming—even if it isn't politically correct. They often assume the worst outcomes, belittle past successes and distance themselves from the addict and his loved ones.

When a patient is diagnosed with an NAI, nobody's likely to urge his spouse, "Just leave the sicko! He's putting you through hell! What are you waiting for? You deserve better!" But many people WOULD tell a recovering addict's partner EXACTLY THAT.

For partners of addicts, it's obviously painful to hear such comments from the world "out there." But in the face of those

hurts, we can always reach out to our close friends and family, seeking comfort from those we KNOW will understand. Right?

Or... maybe not.

Imagine how much worse it gets when negative assaults are launched—and landed—closer to home? Imagine being met, in our deepest vulnerability, by uncaring coworkers, uncompassionate relatives and unconcerned members of our faith communities? Imagine our discouragement when under-trained professionals (clergy, counselors, coaches, therapists, doctors, social workers, law enforcement officers) regard our loved one's addiction as a basic moral "failure?" When they diagnose his behavior as an unfortunate "mistake?" When they minimize his problem as an ill-advised "bad habit?" Imagine how much it hurts when others ASSUME that we, the partners who love our addicts, (a) caused the problem, (b) enable the problem, or (c) are as pathologically addicted to the addict as the addict is to his drug of choice?

Suddenly, in those scenarios, we partners don't experience addiction as a condition that solicits much understanding—either from the jungle "out there" or from our own former networks of inner-circle support. We feel abandoned by those we once trusted, expected to somehow "suck it up" and "figure it out" on our own.

Ground Zero: Home is Where the Hurt Is.

For partners of addicts, it's acutely painful to be alienated from our old inner circles. But in response to that loneliness, we can always bunker down, tune it out, and cling to the ONE OTHER PERSON beside us in the trenches. Surely, we can draw support from the ONE OTHER HUMAN stuck right there with us, the one with whom we actually SHARE this proverbial hellhole. Perhaps nobody "out there" gets what we're facing. But even though the addict we love caused this freaking mess in the first place, surely he can appreciate how fiercely we're digging to get us out of it. Right?

Or... maybe not.

Imagine being devastated by the effects of your loved one's addiction, feeling deserted by everyone you assumed would support you, only to realize that your two loudest, boldest, most vicious critics are impossible to escape. They're inextricable from the crisis itself, residing at its very epicenter. There's a sickening silence that accompanies the moment you recognize those two cruel voices: they belong to your addict (bad just got worse) and to yourself (worse just got incomprehensible).

When patients are diagnosed with NAIs, very few blame their intimate partners for "making them sick," for "making it worse," or even for somehow "making it all up." In most cases, NAI patients are neurologically and psychologically clear-minded. They don't often project their pain onto the people they love most. They can consciously empathize with their intimate partners, from initial diagnosis through long-term treatment.

An NAI patient is usually capable of recognizing, respecting and validating the way his partner experiences his disease; he understands that even though the NAI is ravaging HIS physical body (unilaterally), it's simultaneously attacking THEIR shared life (bilaterally) as a couple, to their very core. NAI patients rarely flood their partners with the emotional burdens of their diagnoses. They often accept help from their healthier partners, and they generally don't resist the very treatments that could save their lives. As NAI patients struggle to eradicate their own diseases, they typically don't push away their partners or shut them out from their recovery processes. Their loved ones' support means EVERYTHING to most NAI patients, and they rarely treat their partners as adjunct afterthoughts.

For the partners of recovering addicts, our experience is painfully and profoundly DIFFERENT. Our addict's voice becomes the first critic we cannot escape, up close and personal. Unlike NAI patients, addicts often DO accuse their partners of imagining, exaggerating or misconstruing symptomatic reality. (It's common for addicts to gaslight, minimize and deny their partners' experience of addiction; it's one of the classic means by which addiction manages to survive.) Newly recovering addicts often DO dismiss or deflect their partners' legitimate pain, projecting their most unbearable emotional issues (shame, anxiety, grief, regret, fear, powerlessness, trauma, withdrawal) onto their loved ones, unaware that their partners are feeling many of the same emotions. Addicts often DO resist, resent and reject any outside intervention, even when their lives are hanging in the balance. And sadly, addicts often DO minimize the value of their partners' care or commitment, considering it a peripheral (sometimes even counter-productive) influence to their recovery. As a result, partners often feel diminished and demoralized, devalued by the very ones they're trying, against-all-odds, to love and support.

Hello, Self Doubt.

Remember, I said there were TWO voices that call Ground Zero "home?" That second voice (our own) resides with us 24/7, our very own in-house "judge, jury and executioner." Addiction can wreak havoc on our own inner dialogue, using it as catalyst for searing self-doubt and paralyzing confusion. This voice echoes ALL of the "out there" assumptions, but it also interjects a few choice phrases straight from purgatory: "How stupid are you? This is your fault. I told you not to marry him." This voice borrows material from our deepest insecurities: "You never lost that baby weight. You're just like your mother. If you were less needy, he'd come home more often." To complicate an already confused situation, this voice is quick to contradict itself: "You know you don't believe in divorce. But if he does it one more time, THEN you should definitely leave him."

Bottom line: there's no ammunition this voice won't engage, and there's no source of shame it considers off-limits. When we love an addict, it's freakishly easy to lose our own emotional bearings. This "voice-of-reason turned instrument-of-insanity" is one of the paramount reasons WHY.

Relapse, Remit, Redux

For my last point here, I'm going to address the transition between remission and relapse. To me, as the spouse of a recovering addict, this is the factor that MOST distinguishes a partners' experience of addiction from other forms of illness and recovery. This is the one that represents a virtual "death knell," that final, echoing, agonizing note that declares to me—if not to anyone else—that addiction manifests in ways that CANNOT (and ought not) be "lumped together" with other health-related analogies.

When an NAI returns to a patient living in remission, we attribute that resurgence to the NAI itself. When addiction returns to someone living in sobriety, we attribute that resurgence to the addict, not to the addiction. When an NAI "comes back," we blame the disease, not the patient. But when addiction "comes back," we blame the addict; he becomes the bearer of failure and fault. When an NAI patient slips from remission into relapse, that setback rarely involves lying, hiding, betrayal, infidelity, abuse, financial loss or legal complications. By comparison, when an addict slips or relapses, it usually DOES mean EXACTLY that. When an NAI returns with renewed vehemence, it's rarely accompanied by acts that undermine the patient's most intimate relationships. When an addict returns (however briefly) to his drug of choice, he rips the scabs from his partner's deepest hurts. His actions refuel her most desperate fears, and they resurrect her most unbridled anxieties. He betrays whatever fragile trust she's begun to place in her addict's recovery, contradicting every sliver of hope she's been holding on their behalf.

Worst of all, when an addict slips or relapses, he creates complex trauma or C-PTSD (look it up; it's a serious psychological injury) within the life of his recovering partner. Slips and relapses are deeply traumatizing, and they compromise every ounce of healing the partner has worked INCREDIBLY HARD to secure for herself in the first place.

Not Fault... Just Default.

To be fair, I've known a few addicts who, like most NAI patients, are capable of empathizing with their partners in early recovery. (I typically consider "early recovery" the first two years.) My husband is one of those rare few, and for that, I am incredibly grateful. But by and large, that's an exception to the rule. In most cases, when an addict does develop empathy for his partner, it's a process that occurs (a) several years into recovery and sobriety, and/or (b) as the direct result of highly skilled coaching or therapy, provided by a trauma-sensitive professional.

This post isn't about fault or blame or shame, and if there's one thing I'm definitely NOT suggesting, it's that addicts deflect or inflict their partners' pain DELIBERATELY. In my experience, very few addicts INTEND to hurt or harm their partners, motivated by any form of callous maltreatment or malicious resolve. On the contrary: in most cases, deflection and infliction seem to be the automatic, inadvertent and default dynamic of an addict's early recovery. It happens most prolifically while addicts are sincere about recovery, but not yet (understandably) strong in their

sobriety. It happens before addicts are sober-minded enough to manage their emotions in positive, non-medicated ways. It happens when addicts are legitimately afraid of worsening an already unbearable situation, terrified of "pouring more salt" into wounds they inflicted in the first place. Sometimes, newly recovering addicts operate from extreme modes of self-protection and self-preservation; they're hyper-focused on maintaining sobriety at any cost, indifferent to the fact that relationships rarely survive that distinctive brand of egoism. Other addicts devolve into naïve forms of traumatizing behavior, operating from the belief that, by doing XYZ, they're actually "helping, loving and protecting" their grief-stricken partners.

Regardless of their motivation, recovering addicts make many of the same common (albeit unintentional) mistakes: they force emotional distance, withhold pertinent information, censor painful disclosures, control relational narratives, confuse healthy priorities and withhold emotional intimacy. At some point in recovery, addicts begin to GET the pain they've caused their intimate partners—and that's a very good thing! But until an addict learns HOW to accommodate his partner's trauma, in ways that effectively serve to heal her pain (not to alleviate his guilt), he's highly prone to contradict, invalidate, or shut her down entirely, violating her most tenuous emotional vulnerability.

Not Better. Not Worse. Just Decidedly "Different."

Here's a quick (but important) disclaimer. Addiction and non-addiction illnesses are both very personal; there are obvious exceptions and contradictions to every possible generalization. No two patients—even two patients with the same disease—are exactly alike. The same NAI can present itself as "apples" one day, then "oranges" the next, dependent upon a variety of factors that affect its development. Likewise, comparing two different addictions—or even two manifestations of the same addiction—provide an almost unlimited spectrum of variety and specificity. In these equations, there are no "one-fact-fits-all" absolutes, no clear declarations that defy all potential for irregularity. With respect to that, I've taken care to qualify these comparative dynamics as "typical" or "common," and I avoid making unconditional conclusions on behalf of anyone but myself.

If there's one other thing I'm definitely NOT saying, it's that addiction is either better or worse than any other non-addiction illness. What I AM saying is that addiction is definitively DIFFERENT than its comparative NAI counterparts—if not to an addict, then at least when viewed through the eyes of an addict's traumatized partner. For partners, the battle against our loved ones' addiction is unique and distinct and utterly INCOMPARABLE—in ways that genuinely, legitimately count.

So, Where Do We Go from Here?

For what it's worth, my experience of and outlook on partners' recovery is predominantly positive. To use an affirmation I share with my husband, "It's not ALL black." Most of us who love (or

have loved) an addict lead rich and recovering lives. We heal deeply. We love passionately. We dream with renewed meaning and hope and confidence. We survive whatever crises thrust recovery into motion, and we thrive within lives that are stronger and more resilient as its direct result. And though it may not be obvious from this specific post (I know it's been a heavy one), I actually dedicate MUCH of my writing to the beauty that's born in the aftermath of addiction's darkest, deadliest hours (more at womeneverafter.com/writings).

As far as I'm concerned, "the great disease debate" is one small piece of a larger, multifaceted mosaic. I'm excited to see how the debate plays out, in the months and years ahead. Realistically, though, THIS may be the first-and-last post I ever devote to its agenda, simply because I know that there are OTHER important conversations to be had. There are other realms of relevant, meaningful and contemporary dialogue, all ripe-and-ready to be engaged, explored and expressed.

In the grand scheme of things—at least for me—this was about MORE than just "the great disease debate." Assuming there's a moral (or a mission or a mandate) to be drawn from all of this, it's the need for a bolder, braver voice to speak on behalf of our partners' experience.

But here's the tricky thing about missions and mandates: they don't materialize into ANYTHING through wishing or wailing. To borrow a classic recovery phrase, "If nothing changes, nothing changes." Without an intentional, orchestrated, trauma-sensitive strategy for reorienting these conversations—an approach that promotes equal-yet-opposite healing paradigms for the partners of addicts—THIS is the deafening silence that will continue to roar on our behalf. THIS is where newcomers will land with their desperate appeals to hear and be heard, and THIS is the narrative from which partners will learn what addiction and recovery are all about.

This is my personal and professional reality. I'm not in recovery to complain about my situation, and I didn't become a partner's coach to sit around and wait for solutions. Inspired by the needs I see hemorrhaging around me, I'm fast becoming a woman of activism. I'm done sitting by the sidelines, listening to crickets in lieu of a genuine BILATERAL dialogue. For the first time in a long time, I'm motivated to stand up and shout our experience from the proverbial rooftops, advancing our presence and purpose and profile, within the conversational world of addiction, recovery and relationships.

As I continue to train with experienced coaches, therapists, and entities like APSATS (Association for Partners of Sex Addicts Trauma Specialists; apsats.org), I'm growing in my commitment and confidence as an advocate, speaking ever more passionately on behalf of OUR experience. Advocacy is empowering me to engage (rather than sidestep) important conversations like "the great disease debate." As I learn, I'm surrounded by a tight-knit community of VETERAN activists, leaders in this field with decades of hands-on experience. Their support lends volume and validity to my emerging voice; they hear me when I speak

from a minority platform, when my convictions echo awkwardly across an all-but-empty room.

Ready. Set. Rebrand.

It's all quite practical, if you stop to think about it. As partners who love (or once loved) an addict, we've already got that scarlet letter "A" emblazoned across our garments. It's breached our souls, and it's penetrated our psyches. Admittedly, we're scarred (irreversibly) from the impact of addiction on our lives. And from that reality, there's just no going back.

But—and this is important—who ultimately defines what that scar represents? Who declares its purpose as our existential identity? Who articulates the subject of the seal we wear and carry around with us? Who decides what message we project, as we wander throughout the world-at-large?

We're a pretty gutsy gang of women. As such, we're more than capable of overhauling this age-old, addict-centered symbol of our scarlet sisterhood. Why don't we put that "A" to better use, reflecting our collective experience in a new, improved, empowered and empowering way?

Because, seriously? If I'm already wearing a red badge of courage—what can I say, I'm having a classic literature moment—I'd prefer that it designate MY OWN IDENTITY, not one I've inherited from my addict or his addiction.

Don't get me wrong, I ADORE my husband. I'm unashamed of him, of his addiction, or of our life together.

But if I'm going to bear a label that the whole world can see, I want it to represent ME, not my recovering addict.

I want my scarlet letter to declare MY hard-fought independence, my triumph over the trauma of this entire experience. I want it to announce something that's PERSONALLY significant, something more profoundly MINE than simply, "I love (or once loved) an addict." If I'm going to carry a crest, I want it to inspire other members of our scarlet sisterhood. I want it to unify and amplify our collective perspective, transforming our silent partnership into a bolder, more outspoken, more prolific voice within the conversation.

Sitting here with my laptop, I can think of a few alternative "A" words—nouns, verbs and adjectives—titles that might effectively replace our default use of "A" for "addiction." But in honor of this post, I'm going to propose a label that seems altogether appropriate:

Today I'm wearing a scarlet letter "A" for "advocate." ■

AUTHOR'S NOTE: I'm keenly aware that addiction presents in every possible gender configuration. For purposes of this post, I've used male pronouns in reference to addicts, and I've used female pronouns in reference to addicts' partners. These pronouns are NOT intentionally exclusive; they represent the genders I most commonly encounter for each role, within my field of practice.