

## Addiction, Lies and Relationships

[Floyd P. Garrett, M.D.](#)

**Addiction means always having to say you are sorry** and finally, when being sorry is no longer good enough for others who have been repeatedly hurt by the addiction, addiction often means being sorry all alone.

Addiction is often said to be a disease of denial, but it is also a disease of regret. When the addictive process has lasted long enough and penetrated deeply enough into the life and mind of the addict, the empty space left by the losses caused by progressive, destructive addiction is filled up with regrets, if-onlys and could-have-beens. In early addiction the addict tends to live in the future; in middle and late addiction he begins to dwell more and more in the past. And it is usually an unhappy, bitterly regretted past.

**The first casualty of addiction, like that of war, is the truth.** At first the addict merely denies the truth to himself. But as the addiction, like a malignant tumor, slowly and progressively expands and invades more and more of the healthy tissue of his life and mind and world, the addict begins to deny the truth to others as well as to himself. He becomes a practiced and profligate liar in all matters related to the defense and preservation of his addiction, even though prior to the onset of his addictive illness, and often still in areas as yet untouched by the addiction, he may be scrupulously honest.

First the addict lies to himself about his addiction, then he begins to lie to others. Lying, evasion, deception, manipulation, spinning and other techniques for avoiding or distorting the truth are necessary parts of the addictive process. They precede the main body of the addiction like military sappers and shock troops, mapping and clearing the way for its advance and protecting it from hostile counterattacks.

Because addiction by definition is an irrational, unbalanced and unhealthy behavior pattern resulting from an abnormal obsession, it simply cannot continue to exist under normal circumstances without the progressive attack upon and distortion of reality resulting from the operation of its propaganda and psychological warfare brigades. The fundamentally insane and unsupportable thinking and behavior of the addict must be justified and rationalized so that the addiction can continue and progress.

One of the chief ways the addiction protects and strengthens itself is by a psychology of *personal exceptionalism* which permits the addict to maintain a simultaneous double-entry bookkeeping of addictive and non-addictive realities and to reconcile the two when required by reference to the unique, special considerations that, at least in his own mind- happen to apply to his particular case.

The form of the logic for this *personal exceptionalism* is:

*Under ordinary circumstances and for most people X is undesirable/irrational;*

*My circumstances are not ordinary and I am different from most people;*

***Therefore X is not undesirable/irrational in my case - or not as undesirable/irrational as it would be in other cases.***

Armed with this powerful tool of *personal exceptionalism* that is a virtual "Open Sesame" for every difficult ethical conundrum he is apt to face, the addict is free to take whatever measures are required for the preservation and progress of his addiction, while simultaneously maintaining his allegiance to the principles that would certainly apply if only his case were not a special one.

In treatment and rehabilitation centers this *personal exceptionalism* is commonly called "terminal uniqueness." The individual in the grip of this delusion is able to convince himself though not always others that his circumstances are such that ordinary rules and norms of behavior, rules and norms that he himself concurs with when it comes to other people, do not fairly or fully fit himself at the present time and hence must be bent or stretched just sufficiently to make room for his special needs. In most cases this plea for accommodation is acknowledged to be a temporary one and accompanied by a pledge or plan to return to the conventional "rules of engagement" as soon as circumstances permit. This is the basic mindset of "I'll quit tomorrow" and "If you had the problems I do you'd drink and drug, too!"

The *personal exceptionalism* of the addict, along with his willingness to lie both by commission and omission in the protection and furtherance of his addiction, place a severe strain upon his relationships with others. It does not usually take those who are often around the addict long to conclude that he simply cannot be believed in matters pertaining to his addiction. He may swear that he is clean and sober and intends to stay that way when in fact he is under the influence or planning to become so at the first opportunity; he may minimize or conceal the amount of substance consumed; and he may make up all manner of excuses and alibis whose usually transparent purpose is to provide his addiction the room it requires to continue operating.

One of the most damaging interpersonal scenarios occurs when the addict, usually as the consequence of some unforeseen crisis directly stemming from his addiction, promises with all of the sincerity at his command to stop his addictive behavior and never under any circumstances to resume it again.

"I promise," the addict pleads, sometimes with tears in his eyes. "I know I have been wrong, and this time I have learned my lesson. You'll never have to worry about me again. It will never happen again!"

But it does happen again and again, and again, and again. Each time the promises, each time their breaking. Those who first responded to his sincere sounding promises of reform with relief, hope and at times even joy soon become disillusioned and bitter.

Spouses and other family members begin to ask a perfectly logical question: "*If you really love and care about me, why do you keep doing what you know hurts me so badly?*" To this the addict has no answer except to promise once again to do better, "this time for real, you'll see!" or to respond with grievances and complaints of his own. The question of fairness arises as the addict attempts to extenuate his own admitted transgressions by repeated references to what he considers the equal or greater faults of those who complain of his addictive behavior. This natural defensive maneuver of "the best defense is a good offense" variety can be the first step on a slippery slope that leads to the paranoid demonization of the very people the addict cares about the most. Unable any longer to carry the burden of his own transgressions he begins to think of himself as the victim of the unfairness and unreasonableness of others who are forever harping on his addiction and the consequences that flow from it. "Leave me alone," he may snap. "I'm not hurting anybody but myself!" He has become almost totally blind to how his addictive behavior does in fact harm those around him who care about him; and he has grown so confused that *hurting only himself* has begun to sound like a rational, even a virtuous thing to do!

Corresponding in a mirror image fashion to the addict's sense of unfair victimization by his significant others may be the rising self-pity, resentment and outrage of those whose lives are repeatedly disturbed or disrupted by the addict's behavior. A downward spiral commences of reciprocally reinforcing mistrust and resentment as once healthy and mutually supportive relationships begin to corrode under the toxic effects of the relentless addictive process.

As the addictive process claims more of the addict's self and lifeworld his addiction becomes his primary relationship to the detriment of all others. Strange as it sounds to speak of a bottle of alcohol, a drug, a gambling obsession or any other such compulsive behavior as a *love object*, this is precisely what goes on in advanced addictive illness. This means that *in addiction there is always infidelity to other love objects* such as spouses and other family - for the very existence of addiction signifies an allegiance that is at best divided and at worst -and more commonly- betrayed. For there comes a stage in every serious addiction at which the paramount attachment of the addict is to the addiction itself. Those unfortunates who attempt to preserve a human relationship to individuals in the throes of progressive addiction almost always sense their own secondary "less than" status in relation to the addiction - and despite the addict's passionate and indignant denials of this reality, they are right: *the addict does indeed love his addiction more than he loves them.*

Addiction protects and augments itself by means of a bodyguard of lies, distortions and evasions that taken together amount to a full scale assault upon consensual reality. Because addiction involves irrational and unhealthy thinking and behavior, its presence results in cognitive dissonance both within the addict himself and in the intersubjective realm of ongoing personal relationships.

In order for the addiction to continue it requires an increasingly idiosyncratic private reality subject to the needs of the addictive process and indifferent or even actively hostile to the healthy needs of the addict and those around him. This encroachment of the fundamentally autistic, even insane private reality of the addict upon the reality of his family and close associates inevitably causes friction and churn as natural corrective feedback mechanisms come into usually futile play in an effort to restore the addict's increasingly deviant reality towards normal. Questions, discussions, presentations of facts, confrontations, pleas, threats, ultimatums and arguments are characteristic of this process, which in more fortunate and less severe cases of addiction may sometimes actually succeed in its aim of arresting the addiction. But in the more serious or advanced cases all such human counter-attacks upon the addiction, even, indeed especially when they come from those closest and dearest to the addict, fall upon deaf ears and a hardened heart. The addict's obsession-driven, monomaniacal private reality prevents him from being able to hear and assimilate anything that would if acknowledged pose a threat to the continuance of his addiction. *At this stage of addiction the addict is in fact functionally insane.* It is usually quite impossible, even sometimes harmful to attempt to talk him out of his delusions regarding his addiction. This situation is similar to that encountered in other psychotic illnesses, schizophrenia for example, in which the individual is convinced of the truth of things that are manifestly untrue to everyone else. Someone who is deluded in the belief that he is the target of a worldwide conspiracy by some organization will always be able to answer any rational objection to his theory in a fashion that preserves the integrity of his belief system. Even when he is presented with hard and fast data that unequivocally disproves some of his allegations, he will easily find a way to sidestep the contradiction and persist in his false beliefs. (He can for example easily claim that the contradictory data is itself part of the conspiracy and is expressly fabricated for the purpose of making him look crazy! Anyone who has ever tried -uselessly- to reason with delusional patients knows the remarkable creativity and ingenuity that can be displayed in maintaining the viability, at least to the patient, of the most bizarre and obviously erroneous beliefs.)

The addict's delusions that he is harming neither himself nor others by his addictive behaviors; that he is in control of his addiction rather than vice versa; that his addiction is necessary or even useful and good for him; that the circumstances of his life justify his addiction; that people who indicate concern about him are enemies and not friends, and all other such beliefs which are patently and transparently false to everyone but himself, are seldom correctable by

reason or objective data and thus indicate the presence of genuinely psychotic thinking which, if it is more subtle than the often grotesque delusions of the schizophrenic, is by virtue of its very subtlety often far more insidious and dangerous to the addict and those with whom he comes into contact. For in the case of the delusional schizophrenic most people are quickly aware that they are dealing with someone not in their right mind - but in the case of the equally or at times even more insane addict, thinking that is in fact delusional may be and commonly is misattributed to potentially remediable voluntary choices and moral decisions, resulting in still more confusion and muddying of the already turbulent waters around the addict and his addiction.

In many cases the addict responds to negative feedback from others about his addiction by following the maxim of "Attack the attacker." Those who confront or complain about the addict's irrational and unhealthy behaviors are criticized, analyzed and dismissed by the addict as untrustworthy or biased observers and false messengers. Their own vulnerabilities may be ruthlessly exposed and exploited by the addict in his desperate defense of his addiction. In many cases, depending upon their own psychological makeup and the nature of their relationship to the addict, they themselves may begin to manifest significant psychological symptoms. Emotional and social withdrawal, secrecy, fear and shame can cause the mental health of those closely involved with addicts to deteriorate. Almost always there is fear, anger, confusion and depression resulting from repeated damaging exposures to the addict's unhealthy and irrational behaviors and their corresponding and supporting private reality.