


SereneScene

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THE LOVE THAT BINDS US

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THE LOVE THAT BINDS US

By Andrew Martin, MBA, CADC II, SAP

Love has been described by humanity throughout the ages. The concept of love involves emotions, spirit, intellect, acceptance, awareness, sociology, cognition, physiology, chemistry, and many other factors. Philosophers, scientists, theologians, scholars, authors, and laymen alike have spent lifetimes attempting to explain the intricacies of love. Perhaps the first modernized attempt at illuminating the complexities of love originates with the Greeks who attempted to describe love in five forms.

Agape

The general affection of love without the sexual attraction. This is unconditional and self-sacrificing love, such as the love one may have for God, humanity, a child, or a spouse.

Philia

The virtuous and brotherly love one feels for friends, family members, and community. This type of love is dispa-

sionate.

Storge'

The natural affectionate love one feels for their offspring, or for a kitten or puppy.

Eros

The passionate, sensual, desiring, sexual, and longing love felt for someone attracted to another.

Thelema

The desire to be occupied and feel prominent in doing something such as a job, a hobby, or a cause.

Another perspective on love is broader in definition:

Impersonal Love

The love of an idea, a possession, an object, or a principle.

Interpersonal Love

The love between human beings.

Self-Love

The love of one's self image and identity.

Yet another outlook on love involves evaluation:

Unconditional Love

Love of another regardless of their actions or beliefs.

Conditional Love

Love is given only if something desired is received.

Tough Love

Love is expressed in harsh terms with the intent on helping someone over the long-term.

Regardless of how one defines love, most of us know it when we experience it. When we love an addict, or when an addict loves us, the situation can become difficult to say the least. It may be helpful to understand, in general terms, how to integrate love into our lives in healthy ways that will not cause harm to the loved ones in our lives or to us.

The first belief that must be addressed is that of false dilemma (aka. Black and White thinking). When it comes to love, often individuals suffering from addiction, and loved ones of the addict, will interpret love as extremes: either I love them, or I do not. Furthermore, people with this type of thinking will often try to express their love, or lack of love, in behaviors that are exaggerated. For example, the caretaker may do everything possible for the addict, regardless of the detriment to their own health, because they understand this type of martyrdom as love. The simple truth is that love, and most everything else in life, is not a dichotomy; that is to say that love exists on a continuum from non-existence of love to unconditional love. Love is a matter of degree; it is not an either-or scenario.

Once we believe that love can be flexible, it is now possible for us to explore a multitude of options that were previously unavailable. First and foremost, we can begin to love ourselves for who we really are: not our idealized self, not our falsified self, but our true self. We can love ourselves even though we are flawed, we make mistakes, and we have done unacceptable things at times. Our love for ourselves is no longer predicated on our unreasonable expectations for ourselves; in-

stead we base our love on our acceptance of ourselves. When we can find this type of self-love, then we can truly begin to understand what it means to love someone else with purity.

When we are free from false dilemma, and we have found self-love, we can begin to deal with the impact our love has on our wellbeing. In families with addiction, the understanding of love is often distorted and the term love is commonly used in manipulating ways. If we have a more healthy perspective on love, we will become aware when a loved one is attempting to manipulate our emotions. We will also become aware when we begin to criticize ourselves for acting in our own best interests instead of sacrificing our health for someone who is taking advantage of our love for them.

As previously stated, love is not an either-or scenario. It is healthy to love someone and to set boundaries around the interaction with that person. It is possible



to love someone and not accept their behavior. It is possible to love someone and not engage in their problems. It is possible to love someone and not attempt control, intervention, or manipulation of their lives. All this is possible because self-love can provide insight, strength and motivation for us to separate ourselves from unhealthy situations: even when the situation involves a loved one.

We now have to develop a sound understanding of healthy boundaries. Boundaries, like love, can often times fall into the trap of false dilemma as well. Most boundaries should be flexible and dependent upon the situation at hand. Rigid boundaries are often excessive and nearly impossible to abide by because life circumstances get in the way. When dealing with addiction in the family system, it is critical to keep our objective of recovery in mind at all times. While boundaries must be in place and understood by all parties involved, they also may need to flex to accommodate abnormal situa-

tions, as long as everyone's recovery remains the focus of behaviors. It is often necessary for families with addiction to work with a therapist to develop and monitor healthy boundaries in the beginning because families with addiction often have very little experience with healthy boundary setting.

We now have a concept of self-love and a functional boundary system which will undoubtedly improve the quality of our lives immensely. The next step in development is to integrate healthy detachment into our lives as well. It is entirely possible to detach from an individual and continue to love them. The idea may seem foreign at first, but with practice we can exercise empathy with a loved one without being sucked into their problems. This is one of the most difficult things for us to do when it comes to our loved ones.

We want to help our loved ones through difficult times, and often our focus can become consuming of our time, energy and spirit. We must learn to shift focus away from the loved one and onto ourselves in order to save our own health and sanity. Our behavioral history of helping our loved ones without concern for the damage it causes us is very difficult to overcome. Our love leads us to blur the lines between where we leave-off and the addict begins. We are enmeshed with the loved one. Detachment is the only way we can save ourselves from the destruction of our unhealthy love relationship.

Detachment is the practice of separating ourselves emotionally and spiritually from other people. This does not imply that we no longer feel happy, sad, frustrated or joyful for other people. It simply means we no longer strongly identify ourselves through the emotions we have for others. We no longer derive a sense of self through others. We become our own individual person who remains compassionate and empathetic towards others, and who disconnects from assigning criticism to ourselves because a loved one blames us for something we have no part in.

We are not responsible for the unacceptable behaviors or the unhealthy choices our loved ones make. If our loved ones find themselves in trouble as a result of their own doing, then the trouble they are in is not ours to burden. Detachment from the situation is critical to our health and to the development of our loved one. We still love them, we tell them we love them, and we wish them well; and then we let it go as best we can. **SS**



Love addiction is analogous to a serious impulse control disorder as all addictions and impulse control disorders address three neuropathways: arousal, fantasy and satiation. According to Love Addicts Anonymous, there are several typical types of love addicts.

Obsessed Love Addicts cannot let go of someone they love, even if their partner is unavailable, noncommittal, unloving, abusive, ego-centric, selfish, or addicted to something outside of the relationship.

Codependent Love Addicts are the most widely recognized. They are addicted to the behaviors of the addict and desperately try to hold on to anyone that exhibits addictive behavior.

Relationship Addicts cannot let go of their partners even though they are no longer in love with them. Even if their partner beats them, they will not let go.

Narcissistic Love Addicts control their partners with dominance, seduction and withholding. Narcissists will not put up with anything that interferes with their happiness.

Ambivalent Love Addicts crave love relationships and are at the same time terrified of intimacy.

Torch Bearers obsess about someone who is unavailable and create fantasies and illusions about being with that person.

Saboteurs destroy their relationships when they get afraid of intimacy.

Seductive Withholders use sex and companionship as a love substitute. When fear of intimacy arises, they withhold sex and companionship until their anxiety subsides.

Romance Addicts are addicted to multiple partners and create bonds with all of their partners.

Sex Addicts are addicted to multiple partners and do not create a bond with any of their partners.



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Andrew Martin began his entrepreneurial approach to business in 1982 at the age of fifteen. Throughout his career, Andrew has fulfilled his duties as a senior executive in viable business ventures in various industries including; health care, sound reinforcement and lighting, electrical safety equipment, commercial catering, specialty metal

shapes manufacturing, and the entertainment overhead suspension industry.

Andrew's current business efforts are encompassed by Serene Recovery Network, a group of branded organizations with a common vision of helping people in early recovery to help themselves to a long-term rewarding quality of life without addiction. The individual businesses include Serene Center, a 36 bed transitional sober living facility in Long Beach, CA which also conducts outpatient counseling services, drug testing and monitoring, and outpatient detoxification. Serene Connections, a publishing and professional educational conference production company catering to the field of addiction treatment. Serene Directory, an online directory of professionals and organizations affiliated with behavioral and mental health. Serene Foundation, a micro loan lender providing funding for the continuum of addiction care.

Andrew has authored many articles related to addiction treatment, health care agency productivity, industry specialties, as well as business approach and leadership and has been published in Serene Scene, Behavioral Health, Freedom Newspaper, Sound & Video Contractor, Western Wall and Ceiling Contractors Association Bulletin, Connections Magazine (Australia), dB Magazine, EQ, Lighting & Sound International (Canada), Sound & Communications, Live Sound International (UK), Recording-Engineering-Production. Additionally, many patents and trademarks have been awarded to Andrew Martin for various business related products, brand names, and service marks.

Andrew is also very active in the California Association of Alcoholism and Drug Abuse Counselors (CAADAC) Board of Directors and Sober Living Network. Andrew also keynotes for many organizations.