Anorexia
The Flip Side of Addiction

WHAT IS ANOREXIA IN THE AREA OF SEX AND LOVE?
Sex and Love Addicts Anonymous (S.L.A.A.) offers this definition: “As an eating disorder, anorexia is defined as the compulsive avoidance of food. In the area of sex and love, anorexia has a similar definition:

Anorexia is the compulsive avoidance of giving or receiving social, sexual, or emotional nourishment.”

Patrick Carnes, the nationally known author on addiction and recovery, describes sexual anorexia as:

“An obsessive state in which the physical, mental and emotional task of avoiding sex dominates one’s life. Like self-starvation with food, deprivation with sex can make one feel powerful and defended against all hurts.”

Sexual anorexia is a term used to describe a loss of "appetite" for romantic-sexual interaction. However, the term is used broadly and can be better defined as: (From Wikipedia, the free encyclopedia)

A fear of intimacy to the point that the person has severe anxiety surrounding sex with emotional content i.e. in an intimate relationship.

There are people who appear to have a sexual addiction which is expressed through a variety of behaviors such as the compulsive use of strip clubs, prostitutes, cyberporn sites, etc. but more accurately fit the definition of sexual anorexic in that they seem to lack the ability to have a relationship of a sexual nature beyond a paid-for or anonymous experience.

The person does not have an aversion to sex but to intimacy. A sex addict is more likely to be capable of being in a more intimate relationship and is often married or in a committed relationship when deciding to get treatment for his or her addiction.

A sexual anorexic may have a social phobia or be so fragile emotionally that the risk of rejection or criticism is far more frightening than being isolated. Narcissistic traits are often seen in both sexual anorexics and sex addicts, but in the sexual anorexic, the traits are considered far more "brittle" and the pain of rejection and criticism is far more excruciating than for the sex addict.
CHARACTERISTICS OF SEX AND LOVE ANOREXIA
(Developed by SLAA members during a women’s retreat. Not FWS approved. Please Comment.)

1. Having few healthy boundaries, we become sexually repulsed by and/or emotionally threatened by people without knowing them.

2. Fearing intimacy and vulnerability, we avoid closeness with others, concealing our dependency needs from ourselves and others, growing more isolated and alienated from friends and loved ones, ourselves and God.

3. Fearing emotional and/or sexual nurturing, we compulsively avoid and stay away from romantic and sexual relationships, sometimes going for years at a time without participating in dating or sustained relationships.

4. We overidealize love and sex or conversely confuse love and sex with physical and sexual abuse, shame, immorality, engulfment, enmeshment, pity and/or the need to rescue or be rescued.

5. We retreat into the safety by being alone. Even if we long for intimacy and commitment, we continually avoid relationships and sexual contacts.

6. We are deeply anxious and insecure but may cover feelings of stress, guilt, loneliness, anger, fear and envy with a persona of independence and self-sufficiency. We may use self-reliance, martyrdom and/or deprivation as substitutes for nurturing, care and support.

7. We judge others and or project that others judge us. We employ distancing strategies and build emotional walls. We withhold love and sex to feel in control and/or to control and manipulate others.

8. We may substitute intimate relationships with romantic or sexual fantasies and may use pornography, adult bookstores, strip clubs, compulsive masturbation, anonymous sex and/or prostitutes to feed this fantasy world.

9. We avoid responsibility for ourselves by focusing on others, denying our own feelings, wants and needs and being emotionally unavailable in relationships.

10. We stay enslaved to isolation.

11. We may mask our fears of authentic connection and sexuality by involving ourselves in addictive romantic and sexual relationships with unavailable people.

12. We assign magical qualities to others. We idealize and fear them, then resent them for the power they hold over us.
RESULTS OF SLAA SURVEY ON ANOREXIA

The S.L.A.A. members that responded to our survey have spent a lot of time and energy trying to avoid sex and intimate relationships.

One of the responders to our questionnaire identifies herself as a 56-year-old lesbian with sexual, social and emotional anorexia. “I have always pursued relationships with unavailable women who are married, alcoholic or straight; I’ve never sought a sexual relationship with another lesbian.”

A 45-year-old participant is struggling with what she believes is sexual anorexia. She grew up in a sexually repressive family and social system where alcoholism and other dysfunctional behavior existed. “I didn’t have a model of a good healthy sexual relationship growing up,” she explains. “I’ve never had a loving relationship. I can’t be sexually open and free. I have hang-ups.”

‘HANG UPS’ (FEAR)
Many of the participants shared a fear of sexual pleasure and indicated that they were full of fear and sexual self-doubt. The following are some of the fears they expressed in their responses:
- Fear of intimacy of “connection” with others
- Fear of engulfment, “suffocation,” loss of self, or death
- Fear of intense feelings (which have been suppressed)
- Fear of being visible or seen for one’s self
- Fear of one’s sexuality
- Fear of being attracted to someone
- Fear of starting or exiting a relationship

ADDICTIVE and DEPRIVATION BEHAVIORS
Used to decrease pain (numbing out) or increase pleasure (getting a hit) Sexual anorexia has been described as the flip side of sexual addiction. It’s elusive, often masking itself behind other compulsive and deprivation behaviors. The responders consistently indicated that the fear hides behind avoidance schemes or other self-protective mechanisms. Their responses showed that sexual anorexia can wear many masks; the following are some of the behaviors they use to compensate:
- Isolation strategies for self-comfort
- A vivid fantasy life (in private)
- Pornography, voyeurism, masturbation, etc.
- Cross-addictions – food, work, money, drugs, alcohol, hoarding, TV, Internet, etc.
- Sexual promiscuity or acting out (with unavailable people)
AVOIDANCE OF INTIMACY
In the S.L.A.A. literature, anorexic members make this observation: “We anorexics begin to realize that we have been living our lives for a long time without love. We observe the absence of closeness in certain areas of our lives and we observe that we engage in dread of others and a strategy to keep them at bay. Having become aware of this we may have tried to change our conduct. If we found we could not change, we may have come to understand we are addicted to it: it was conduct we repeatedly engaged in and could not stop despite the consequences.” These are some of the methods used by the responders to avoid intimacy with themselves and others:

- Intellectualizing (using anorexia as an excuse to act-out sexually, inability to find a balance between need to rejuvenate and wanting to isolate out of fear of being visible, etc.)
- Distancing strategies (avoidance of dating, avoidance of intimate friendships, behaving in a grandiose or inferior manner, avoidance of the company of others, withdrawal or isolation from partner, etc.)
- Addictive behavior (masturbating, fantasizing, intrigue, overeating, etc.)
- Using safety mechanisms, i.e. operating automatically (making oneself “small” and “unseen” in group situations, keeping secrets, pretending to be “to busy” all the time, etc.)
- Addictive obsession with unavailable people

POOR SELF-ESTEEM, DEPRESSION, AND ANXIETY
Like food anorexics, sexual anorexics starve themselves in the midst of plenty. Many of the participants indicated that they feel a sense of acute alienation and loss of self. The following are some of the issues mentioned by the responders:

- Deprivation (sexually, emotionally, etc.)
- Self-belittling and judgment
- Perfectionism
- Grandiosity or inferiority extremes
- Hiding from life and light
- Loneliness
- Stuck emotions
- “Nothing ventured, nothing lost” thinking and acting

CORE BELIEFS
- I am basically a bad, unworthy person
- No one could love me as I am
- My needs are never going to be met if I depend on others
- Sex and love are my most terrifying needs

**TRAUMA IN EARLY FAMILY LIFE**
Anorexia is usually rooted in childhood trauma. If a person is traumatized as a child they tend to have no control; in order to lessen the trauma, sexual anorexics may become adverse to sex and their own sexuality. The responders, both men and women, indicated that trauma was present in their childhood histories, including the following:
- Boundary violations
- Sexual shaming
- Emotional neglect and abuse (needs not met)
- Sexual and/or physical abuse
- Deprivation leading to addictive strategies in later life
- Loss (death) of family members
In the SLAA Pamphlet, *Anorexia: Sexual, Social, Emotional*, it states:

“We know there are very good reasons for our having become anorectic; we also have come to realize that there is nothing to blame ourselves for in being anorexic. But we now want nourishing emotional, sexual, and social lives. Our anorexia may have come out of a precious sense of our own preservation, but still we want to change; we have begun the work of recovery and change in S.L.A.A. We would like to say that your recovery is essential to ours. So each new member brings a fresh understanding and a new possibility for recovery for all. The fellowship of Sex and Love Addicts Anonymous welcomes you!”

Recovery is aimed at helping us as anorexics to see where our fears really are and to see the world in less black and white terms. We are encouraged to take calculated risks (baby steps count) with social activities and distorted thinking is gently challenged with facts and reality. The goals for both sex addicts and sexual anorexics is to learn to have healthy sex and get emotional needs met in *direct* ways, and to set healthy boundaries. This is an issue that requires ongoing treatment in planned stages with the end goal of autonomy, independence, and improved social relationships.
1. We seek to develop a daily relationship with a Higher Power, knowing that we are not alone in our efforts to heal ourselves from our addiction/anorexia.

2. We are willing to be vulnerable because the capacity to trust has been restored to us by our faith in a Higher Power.

3. We surrender, one day at a time, our whole life strategy of, and our obsession with, the pursuit of romance and sexual intrigue and emotional dependency and/or avoidance of intimacy with self and others.

4. We learn to avoid situations that may put us at risk physically, morally, psychologically or spiritually and learn to take healthy risks that nurture us at all of these levels. We develop healthy boundaries and learn to trust ourselves and feel safe to become open to intimacy.

5. We learn to accept and love ourselves, to take responsibility for our own lives, and to take care of our own needs before involving ourselves with others.

6. We become willing to ask for help, allowing ourselves to be vulnerable and learning to trust and accept others.

7. We allow ourselves to work through the pain of our low self-esteem and our fears of abandonment and responsibility. We learn to feel comfortable in solitude, in social interactions and, if we choose, in partnerships.

8. We begin to accept our imperfections and mistakes as part of being human, healing our shame and perfectionism while working on our character defects.

9. We begin to substitute openness and honesty for self-destructive ways of expressing or repressing emotions and feelings.

10. We become honest in expressing who we are, developing true intimacy in our relationships with ourselves and others.

11. We believe we deserve love and partnership if we so desire. We learn to appreciate our bodies and cherish our sexuality. We learn to value sex as a by-product of sharing, commitment, trust and cooperation in a partnership.

12. We are restored to sanity, on a daily basis, by participating in the process of recovery.
I am beautiful inside and out

I am a child of God

I cherish my body and sexuality

I am capable of healthy boundaries with others

I accept and learn from my mistakes

I listen to the feedback of others and decide if it is true for me

I accept that others are imperfect human beings loved by God

My feelings, wants and needs are important

I honor myself and others

I am a lovable person

I am healing from the trauma of my childhood

I am no longer a victim of emotional or sexual abuse

I state my feelings and needs directly and respectfully

I trust the process and let go of the outcome

I trust myself and surround myself with trustworthy people

I do not shame myself or allow others to shame me

I am available to support others and receive support

I acknowledge my sexual feelings and attractions to others

I am free to choose to love and be sexual in safe and healthy ways

I unconditionally love myself just as I am today

I am unconditionally loved by my Higher Power just as I am today