Love/relationship addiction
Repeatedly seeking romantic intensity, reassurance, or attachment despite clear harm or loss of control.

Pattern	What becomes compulsive	If not co-dependence, limerence or trauma bond
Love/relationship addiction	The need to be in love, partnered, pursued, or emotionally absorbed	Broader than limerence; may involve repeatedly entering relationships, being unable to tolerate being single, or staying despite harm
Serial relationship or "honeymoon" addiction	The excitement, novelty, and idealization of a new relationship	The person may leave when intimacy, routine, or commitment develops, then pursue another "high"
Reassurance or validation addiction	Repeatedly obtaining texts, attention, approval, sexual interest, or proof of being wanted	The central reward is relief from insecurity, rather than necessarily wanting a particular person
Rescue or caretaker addiction	Feeling needed by fixing, saving, managing, or tolerating a troubled partner	Overlaps strongly with co-dependency, but the reinforcing feeling is being indispensable
Abandonment-driven attachment	Pursuing, clinging to, or repeatedly returning to someone to prevent separation	May resemble co-dependency or trauma bonding; it is not a trauma bond unless abuse or coercive control is present
Intimacy-avoidant or fantasy addiction	Romantic fantasy, unavailable people, affairs, or imagined connection without sustained vulnerability	The fantasy provides closeness while protecting the person from the risks of real intimacy
Compulsive sexual behaviour	Repetitive sexual behaviour, pornography, sexual messaging, or pursuit despite impaired control and consequences	The main compulsion is sexual behaviour, not necessarily emotional attachment; ICD-11 recognizes compulsive sexual behaviour disorder, while DSM-5-TR does not list it as a standalone diagnosis.
Para-social or digital attachment	Compulsive monitoring, fantasizing about, or seeking contact with influencers, celebrities, streamers, or online communities	The relationship may be largely one-sided or mediated through technology

Pattern	What becomes compulsive	If not co-dependence, limerence or trauma bond
Enmeshment or family-role addiction	Being psychologically fused with a parent, child, sibling, or family system and feeling unable to separate	Not primarily romantic; involves guilt, loyalty, over-responsibility, or loss of personal identity
Conflict or intensity addiction	Repeatedly creating or choosing volatile relationships because calmness feels empty or unsafe	The "reward" is emotional activation, reconciliation, drama, or relief after conflict—not necessarily the individual partner

These categories should be treated as descriptive lenses, not diagnoses. "Anxious," "avoidant," or "fearful-avoidant" attachment styles are also not addictions; they are relationship patterns or vulnerabilities that can contribute to compulsive pursuit, withdrawal, reassurance-seeking, or difficulty tolerating separation. Research has linked insecure attachment with emotional dependency and other behavioural-addiction patterns, but attachment style alone does not establish a disorder.

A practical way to identify the dominant pattern is to ask what you are repeatedly trying to obtain:

- Safety after mistreatment → possible trauma bond
- Obsessive reciprocation from one person → limerence
- Worth through caretaking or self-sacrifice → co-dependency
- The feeling of being in love or never being alone → love/relationship addiction
- Relief through repeated attention or reassurance → validation addiction
- The excitement of novelty → serial or honeymoon addiction
- Relief through sex or sexual stimulation → compulsive sexual behavior
- A sense of purpose through saving someone → rescue pattern
- Emotional activation and reconciliation → intensity or conflict pattern
- Connection without actual mutual intimacy → fantasy or parasocial attachment

Treatment is usually organized around the maintaining mechanism rather than the label: trauma-focused safety work for abuse, CBT or ERP-style work for obsessive checking and reassurance compulsions, boundary and identity work for co-dependency, attachment-focused therapy for abandonment or intimacy patterns, and specialized assessment for compulsive sexual behaviour. The most important clinical questions are whether there is coercion or danger, loss of control, significant impairment, repeated harm, and an inability to change the behaviour despite consequences.