

Treatment of  
Sexual Addiction

with

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## What is Sexual Addiction?

When sexual behavior is used like a substance to numb, fix or alter a mood it becomes addictive. It is characterized by shameful, sexual behaviors that are compulsive. The simplest way to describe an addiction is when it becomes a problem. There are various forms of acting out. "Acting out" is what we typically call the sexualized behavior as it is a euphemistic way of talking about the behavior but also it is because a person "acts out" their emotions through the addictive behavior.

Acting out can include: masturbation, the use of pornographic magazines, videos, and the internet. It can include affairs, anonymous sex, phone sex and cyber sex. Addiction can also include voyeurism, looking about people trying to see something sexual; and exhibitionism, which is exposing one's self is also addictive. Visiting porn stores, strip clubs, topless bars, lap dances and cruising is also addictive. This list is endless. It is important to help the person list what their behaviors are so they can move through denial.

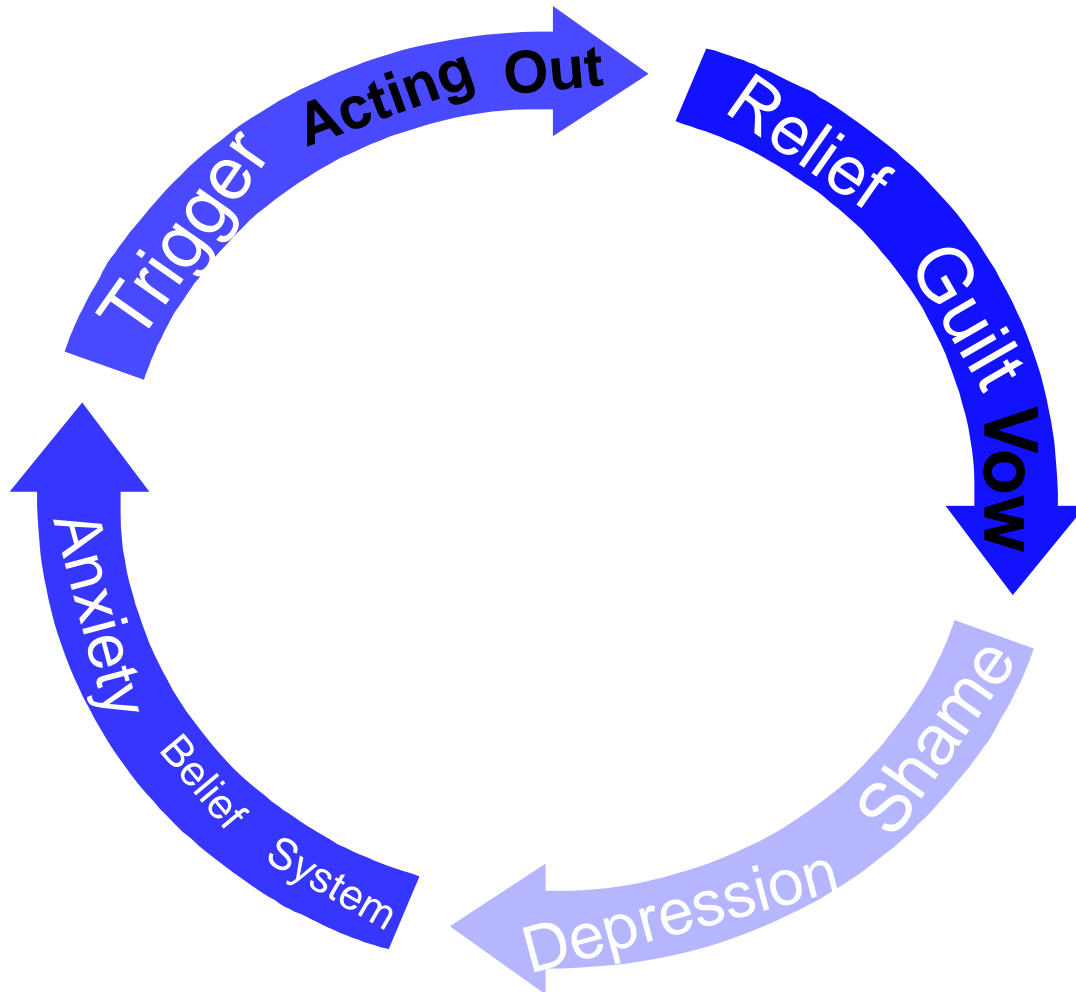
### Ritualized Behavior

Sexual addiction includes ritualized behaviors, or unconscious behaviors that preceded the acting out. The "getting into the car," "the cruising" and the "getting money" to visit a prostitute or "beginning to search the internet" is the beginning of the cycle for them. Often the addict is not really aware of the first steps toward their acting out and find themselves saying something like, "it happened again." They will describe their addiction as though they had little to do with it and it happened to them. Recovery is helping them break out of the this "trance" and see the many steps that led them to the place of acting out.

### Cycle of Addiction

The cycle of addiction begins or ends with acting out. Avoidance of all feeling is the root of every addiction. The addict numbs themselves by "acting out." Rather than feel their feelings they act them out so they still remain unconscious. This leads to some sort of "relief," but "guilt" follows, unless this pattern has happened so often that they have the beginnings of a "seared conscious" and don't feel bad anymore. This guilt leads to a fake repentance, a worldly sorrow as St. Paul puts it. (2 Cor . 7:10) They may cry, may feel remorse, but they are sure they can still fix it themselves. This leads to shame which is different from guilt. Guilt says that I have done something bad, whereas, shame says I am a bad person. Guilt is about behavior and says, "how could I have done this?" Shame is about being and says, "how could I have done this?" Shame is what really keeps the

## The Cycle of Addiction



cycle going. After beating one's self up over and over, the addict finds themselves in a subtle or obvious depression as the case may be.

Depression occurs it and is fueled by four core beliefs:

- 1) I am unlovable.
- 2) If I share everything, you will reject me.
- 3) If I depend on others, they will let me down.
- 4) Sexual acting out is my most important need.

This leads to mounting tension of anxiety (or resentment, anger or any unpleasant feeling). A trigger, internal (feeling) or external (a beach, or old acting out place) will lead to acting out, which is like a sex trance.

## Four Core Beliefs

1. "I am unlovable." The sex addict has always felt a bit different. In childhood the family atmosphere was not as affectionate or connecting as it could have been. According to Carnes, 73% of addicts come from homes where there is not much affection and are rigid and "black and white." It was as if the family's emotional thermostat was set to 55 degrees Fahrenheit and everyone called this "warm." The addict doesn't really know any difference and so live they live in this cooler emotional environment as if this was normal. When puberty hits, and they discover their sexuality, it becomes really important as it replaces the lack of emotion and affection. It fills a void. In families, where there is plenty of love and affection, and the thermostat is set to a comfortably 72 degrees, when they discover masturbation, they find that it not all that important for they receive love a number of different ways.
2. "If I share everything, you will reject me." The sex addict hides. They hide not only about their acting out, for obvious reasons, but they hide their feelings, their thoughts and their insecurities. In the book, *Sexaholics Anonymous*, it says that "insides never matched what we saw on the outsides of others." They learned to adapt and to fit in at all costs. Many times they have already been rejected by family and peers and work really hard at being successful. Many times the sex addict is the successful pastor, or attorney who needs to maintain a high moral profile. This creates a lot of inner pain for the addict, which leads to a compartmentalization of life. The greater the split between these two selves, the greater the shame and acting out usually is. An addict can go a long time keeping these two worlds separate before they begin to become unmanageable and their private life seeps into their public life.
3. "If I depend on others, they will let me down." The addict who is dependent upon sexually acting, is very independent and will take little direction from anyone at the first stages of recovery. They have learned to take care of themselves and depend on no one. Patrick Carnes states, that the addiction has become the 'trusted source of comfort.' The recovery process involves learning how to ask for help, to depend on people and to build emotional connections with people and God, rather than connecting with the substance. The addict cries out to lust, "connect with me and make me whole." (*Sexaholics Anonymous*)
4. "Sex is my most important need." Many addicts won't admit this. Admitting to this makes them sound like a pervert or oversexed. This belief is subtle, but when the person is faced with a feeling, situation, person or place where they feel disturbed, they will run to the substance (sex) rather than find another way to feel comfort. It has become their higher power or God. The word addiction

comes from the Latin, “ad dictum,” that is, “to the dictator.” It begins to rule the addict. Little does he/she realize that they are beginning to look forward to using and begin to plan their day around it. Acting out can use up valuable time waiting for the right picture, person or scenario so they can get the greatest fix.

These core beliefs affects how the addict sees the world. A teenage male may have been neglected by his parents, was shy and didn't feel like he had what it takes to ask a girl out on a date. Being entangled in the web of porn, he then goes down the path of least resistance. Rather than dealing with his anxieties in asking a girl out for a date, he may find himself looking at porn and masturbating instead. While at some level this is a sort of vicarious living, this behavior further confirms his insecurity: that he is “not okay.” Comparing himself with the images he is sees further instills in him a feeling that he is not enough to make it in the world of dating. Isolation sets in and he begins to retreat from the world both physically and but emotionally. Feeling more unlovable and “not okay,” he may act out his unconscious anger about the situation in ‘deviant’ fantasies. While this sounds painful, there is the other side of addiction—the high. He has found something that really works to soothe his pain. The lust is there for him, 24 hours a day, 7 days a week, even on holidays. He doesn't need to bother anyone, and it doesn't cost too much money, although it can if his acting out is phone sex, acting out with prostitutes or videos. In a strange way, his might feel more like a man while using in the fantasies he creates.

Another type of sex addict may act out with people. Perhaps, this person is good looking and has connected with a lot of girls in High School. He constantly wants to experience the high he had in his youth. He is now 40 years old, has a family, has a good career that he enjoys and attends church. By outward appearances, he has it all. But “all” is not enough. He is bored with his wife whose expression of sexuality is moderate compared to his needs. He chastises her for not being sexual enough. She senses there is something else going on with him which makes her not want to have sex. She feels used, “like a piece of meat” as one wife put it. When asked about how often he wants sex he reports anything from every day to every other day. When confronted with the idea that maybe this is more that 7 times the national average, he is amazed and becomes defensive at the thought of someone trying to limit his amount of sex. He is usually good at talking his way through situations, including getting women to have sex with him. It is important for him to realize in recovery that he “cannot talk his way out of a situation, that he behaved himself into.”

## Personality Characteristics of Addiction

Looking at addiction only from the standpoint of how much we use can keep people in denial. Addiction affects our brains, our emotional lives and our relational lives. The following are some traits associated with alcoholism, drug addiction, prescription addiction, sex addiction, codependency, compulsive gambling, work addiction, food addiction and other addictions. These alone don't necessarily guarantee that one has a problem, but it helps us begin to look at the possibility of a problem. These traits usually occur long after the person has stopped using the substance, because the "fallout" is still present; hence, the term, "dry drunk."

**Self Medication**—The person uses the substance to fix situations and feel better. Mistakenly, they believe that they are only using it for social reasons or pain management, but in fact it is "helping" them cope with life.

**Numbing-Avoidance of Feeling**—For those who tend toward addiction, feeling makes them feel vulnerable and out of control. Most likely their family growing up didn't allow for feelings and so they have no real practice on what to do when they feel a certain way. It was as if the family "feeling thermostat" was set to 55° and everyone called it "warm." When the substance comes along, it makes us feel better and comforts us against any unpleasant emotion.

**Shame**—the term really refers to "toxic shame" which is different from "healthy shame" which helps us realize that we are human and "not God." "Toxic shame" goes further and makes us not feel human. We are less than others and instead of making a mistake, we feel we are "a mistake." Due to toxic shame, we either admit no problems, where we act shameless, or we walk around full of shame. This manifests itself mainly in relationships where we either act "better than" or "less than." Shame is responsible for a lot of the arguments in addictive relationships. Someone is just trying to talk with us about our behavior, but we personalize it, hear the message we are "bad" and defend ourselves.

**Denial**—is the coping mechanism of unawareness. The addict really doesn't think there is a problem, so why would they even question their use. Often-times, the more severe the problem, the more denial there is.

**Minimizing**—is the coping mechanism of acknowledging something, but making it "not that big of a thing." They often feel that people are making "a mountain out of a mole hill."

**Normalizing**—This occurs when a person wants to feel normal, because of the shame they feel. So they surround themselves with other "addicts" who do the same level of drinking, sexing, avoiding, etc. so they feel normal.

“Everyone then must be an alcoholic.”

**Blaming**—The alcoholic feels that “they might be somewhat at fault, but they are sure that other people are more to blame” for whatever is happening in their lives. Even when they have a legitimate complaint, the blame gets them stuck, causing them to not take responsibility and find a solution. The problem is that they don’t look as to how they contribute to the problem and, additionally, this gives them a sense of entitlement to use their substance.

**Emotional Avoidance**—People who struggle with addiction aren’t good at staying emotionally present. The exception is when they are angry which pushes people away. The “addiction” becomes the “trusted source of comfort” rather than people or God. Oftentimes, they are not emotionally aware of their feelings. This avoidance typically creates an “emotional chase scene” where one is emotionally trying to connect while the other runs away and avoids.

**Grandiosity**—Due to lack of self esteem, shame and the momentary awareness that “they are screwing up the lives,” addicts become grandiose. They inflate their sense of self to help push people away to escape vulnerability. Sometimes their grandiosity is from achievements they have accomplished due to their “needing to be perfect.” Addicts have an uncanny sense of being able to have low self esteem and being the best of everything all at the same time.

**Low Self Esteem**—This is slightly different than shame in that the person reveals their low self esteem to others. This usually can lead to depression, “victim mentality” and lack of change in behavior.

**Controlling**—Really, it is about “attempting to control.” Control is somewhat of an illusion. We try to control what people think of us, our environments, our spouse, and our children. We are like a director who wants to run the whole show. If everyone would do as we wish the show would be great. But what happens. The world doesn’t always cooperate. So we exert ourselves more by using kindness or meanness to get them to change. We are a victim of the delusion that we can get what we want out of life if only we manage well. [Look at Chapter 5 of *Alcoholics Anonymous*].

**Codependency**—This is an addiction itself. We try to numb our feelings by fixing, thinking for, reminding, and acting as the conscience of those around us. We can be more in touch with their life than our own. We learn this survival skill usually by growing up in a family that has addiction or is dysfunctional. We had to predict what was going to happen next.

**Black & White Thinking--Rigid Thinking**—Addiction is not about moderation. We have trouble being moderate in most things. It’s like the addiction

kills all the “reasonable brain cells” or “grey cell” leaving only the black or the white, the all or the nothing.

**Anger**—If there is a feeling that is expressed, it is usually anger. Not having their substance makes them irritable and angry.

**Quick Fix Mentality**—Addicts are used to “fixing” their uncomfortable feelings with their addiction. As a result, they expect change to happen fast and have difficulty waiting for things or progress over time. That is one of the reasons relapse is so common is that they are unable to withstand the painful/ uncomfortable feelings that occur with withdrawal.

**Ego Boundaries**—Alcoholics and addicts have trouble maintain ego boundaries. They have an inflated sense of self. They feel too responsible for what is going on around them and they have an inordinate sense of influence over others. They feel that they can just talk with someone to make everything right.

**Irresponsible and Unmanageable**—Addicts have difficulty managing their lives. They have trouble with procrastination, following through, and avoiding.

These are some of the traits of addiction beyond just “acting out sexually.” It is often these traits or coping mechanisms that cause much trouble for those in relationship with the addict. Sometimes, it is these symptoms that bring them to your office and appear to be causing them the most trouble. It can be challenging to help them see the connection between using the substance and how it is cause these issues in their life.

### **Disease of Perception**

Addiction is a disease of perception. The person is blinded and cannot see what they are doing and how it affects those around them. They see things from their own ego-centric point of view. Both therapy and the 12 steps assist them in seeing the world from a more realistic point of view.

### **Disease of Disconnection**

Addiction is also a disease of disconnection. The “acting out” or high disconnects them from their own feelings, from their morality and value system and from those they love. The addict connects with the lust/drug rather than people or God. When one loses their sobriety, they often report a feeling of being isolated and not able to connect as they did when they are sober.



## The Stages of Treatment

### The Crisis

There is usually a crisis that brings the addict to the counseling office. It takes a lot for them to admit their need for help. Many come to appease an angry spouse and think that they can just simply stop. Perhaps they can. But others find over time that they are unable to stop.

The crisis can be useful. The Chinese use the same character for the word, "crisis" as they do "opportunity." Many recovered addicts who have worked through the steps look back with gratitude for the day they bottomed out and was "forced" to get help.

If a spouse is involved, the crisis affects them and they have their own personal trauma associated with the spouse's acting out. The crisis could be finding their husband on the internet looking at pornography. It can be seeing an email that was delivered to him. It can be a loss of a job due to looking at pornography at work. The crisis may be an affair or a sexual acting out with another person.

The addict rarely wants to keep the wound open, but 'vows' to never do it again. Many spouses want to hear this and don't want to hear that their spouse may have a sexual addiction. It is important to realize, that the addict is in the cycle of addiction, even when they "promise" never to look at porn again. This is still part of the disease.

Typically, you will see a motivated client in the first session, willing to do anything to get better. The second session, the crisis might have passed and the addict is less willing to disclose his acting out history and to do the necessary work. By the third session, he might feel that his treatment is complete and that he has put away the porn, unplugged from the internet and made apology to his wife and "what else is there to do?" This is not surprising as addicts are into quick fixes.

### Working through Denial

We have to understand that denial is a coping mechanism. I am amazed at the amount of denial that families can possess. It is not anyone's fault and the unsympathetic therapist can misunderstand their use of denial. The denial is there to protect them from the pain. They don't want to have to deal with it. This is why they are an addict. Working through denial can take a long time, even years to really understand what they have done. Denial may block motivation. The thera-

pist gently but firmly points them back to reality. Offering love and understanding can make the atmosphere safe for them to open up. Addiction studies have demonstrated that the more empathy shown by the therapist can actually have a lasting effect on the client's sobriety even up to two years after they have left therapy. It is not through confrontation that the addict opens up, but through an understanding relationship. After rapport has been established, there may be times for the counselor to challenge the addict's denial, especially in the presence of a spouse, who needs some validation to what her experience is like. This can be explained to the addict before their marital session.—that the therapist will not be joining so much with the addict, but with the couple. The addict can feel betrayed in this process if it is not done with care. The language typically shifts from the terms of “acting out” to “adultery” and “breaking marital vows of trust and fidelity.”

### Admitting Powerlessness

Admitting powerlessness is the last thing anyone wants to do. We are not accustomed to it. When we admit powerlessness, we are admitting defeat. No movie or book starts off with saying, “I lost and there is nothing I can do.” But the process of true recovery begins with this admission. Many an addict may “get sober” or “not act out,” but without humbly admitting defeat, they are “white knuckling” as it is put in 12 step meetings. They are still trying to control their addiction which will only make it worse. The problem is that “white knuckling” works at first, until they can't hold on any longer and they slip.

Many sex addicts feel a sense of accomplishment by staying “sober.” This demonstrates that they have not grasped the concept that this is a disease. There is nothing to be proud of by staying sober. But there is something to be grateful about. “God is opposed to the proud, but gives grace to the humble” the book of James tells us. Pride may happen in many subtle ways. Feeling defeated and upset when they have slipped only demonstrates that we think they can control it. But if this is a disease, then it is the addict's job to take the medicine whether they see immediate results or not. This disease is like cancer. It is vicious and cunning. It doesn't want to follow the instructions according to the cell's DNA. A cancer cell leaves the rest by following it's own set of instructions, rather than what they were designed for. Until an addict has been driven to the point of despair where they are willing to follow someone else's advice who is sober, they will most likely not stay sober for very long. But if they are humble and willing to do whatever it takes, they will acquire sobriety in time.

## Surrendering

“We don’t quit, we surrender” the program of recovery teaches. Quitting involves “self,” “ego” and a sense of control. It is as if they could really stop. A country who has lost a war and offers terms of “unconditional surrender” accepts a new leader and follows a new set of laws. In the case of recovery, the new leader is God and the addict surrenders their thoughts, ideas and ways of recovering to follow what their sponsor and the literature tells them.

This might seem scary to put our trust in someone other than ourselves, but many a sponsor has said to his sponsee, “well, you can run your life if you want, but from here it doesn’t look like you are doing that great of a job.” I once heard a person say, that if an addict picked a person off the street, it would probably be better for him, than to follow his own path.

## A Sexual History

To assist a person out of denial and to see patterns, a person is encouraged to complete a sexual history timeline. This is done in private and brought to the session after it is completed. One writes in detail there history of acting out in the form of a timeline. It is specific, but not graphic.

## Motivation

Motivation is a key ingredient to recovery. Helping the addict remember why they are recovering is important. The Decision Chart (Appendix 3) is useful to help the client look at losses and benefits of sobriety. One completes the chart for both, “staying sober” and “for continuing to act out” looking at the short term and long term losses and benefits for each.

## Going to a Twelve Step Meeting

Helping the addict to get to the meeting is quite challenging. It is not our place to be codependent and make people do things that they don’t want to do. We can encourage and talk about why most people don’t want to go. They fear people, talking, sharing, and being honest. You have to admit, what does go through a person’s mind when you think of a meeting for “sex addicts.” They think that there might be a lot of perverts or worse that someone would recognize them.

Once they get to a meeting, many of their fears diminish. They hear other people’s stories and how they are applying the steps to their lives, which offers them hope. They may have never thought about getting sober and staying so-

ber. There is no “cross talk” in meetings. This means that no one will comment on what a person says, nor give any feedback or advice. How does a person every get challenged to further growth, one might say? The addict grows faster and accepts his/her defects of character by seeing them in others first. Hearing others sharing more honestly than he ever has been about his addiction, can inspire him to greater levels of honesty.

## Getting the Literature

After attending his first meeting, reading the literature from the 12 steps and other sources can speed up the recovery process. Here are just some of the important books they can read:

The White Book

Alcoholics Anonymous

The 12 Steps and 12 Traditions (the 12 and 12)

Out of the Shadows

Don't Call it Love

Step into Action

Other 12 step literature

## Getting a Sponsor

Getting a sponsor to guide the sexaholic through the steps of recovery is the most excellent way of recovery. One, in theory, could read, write and do this all without the guide of a sponsor, but there are some important missing ingredients. Love, care, support and providing direction you can not get from books. The sponsor is a real relationship that the addict has where he knows he cannot hide. Nor does he want to hide, once he has shared everything with him. A sponsor can take the heat and help the addict with damage control for his marriage than he has already. As the early church puts it, “if you have pick yourself as a spiritual guide, you have picked a fool.”

## Working with a Marriage

It is important to assess where the marriage is. Some spouses are more sympathetic than others. Having a spouse meet in counseling can help them build confidence in the therapy process. Often they feel left out of the whole process. Sometimes they have their own therapist or go to their own support group to work on co-addict issues. Sometimes a spouse or the addict was sexually abused as a child and they avoid their problem by trying to focus on the addict. There are certain times to work with marital issues. Any therapy that is done prior to an addict's

“making amends” in step 9 or with less than a year of sobriety is really therapy that is focused on damage control. An addict without lasting sobriety can’t be expected to do marital therapy without blaming, shaming or minimizing in the process. This usually leads to disaster and slipping by acting out. Most 12 steps encourage a full year of sobriety, before looking at any major relationship work.

## Understanding the Connection with Childhood

In the middle stages of recovery, the addict begins to connect his/her childhood with their addiction. Many addicts have been abused or neglected as children. This is not to blame their addiction on their childhood, but to see the connection. Just as the child who is abused minimizes, keeps secrets and feels shame about their abuse, so does that addict. They have both learned to compartmentalize. They both feel out of control yet responsible for the abuse or the addiction. When they feel out of control there is a sense of needing to control their environment for them to feel secure. This works initially, but in the end, there are things that they cannot control. The serenity prayer is fitting: “God, grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference.”

## The Fourth Step

The fourth step is a major step for the recovering addict. One could say that it is the heart of the program. The addict really struggles with two things: fear and resentment. Not knowing how to process these inevitable feelings that occur in life, they bury them and try to act normal. The problem is that the more they hold onto them, the more uneasy and disturbed they feel. Chapter 5 of Alcoholics Anonymous describes this process very well. The fourth step is about helping them process all the anger and resentment they feel and to ask what part they had in it. Addicts admit “they are somewhat at fault, but they are sure someone else is more to blame.” After sharing this inventory with their sponsor, usually the acting out have ceased. Instead of feeling a resentment or fear, and covering it with lust, they now have a new process of dealing with these uncomfortable feelings.

## Getting Sober

Getting sober is very exciting to the addict. They never thought that this was possible. It is about this time that they discover that there is a God and that He is the reason they are sober. They might have believed in God prior to recovery, but they experience Him like they never have after realizing that they didn’t do it, but God did.

## Dealing with Relapse

There will be relapse. Many addicts can avoid relapse, by writing out what their relapse is going to look like. In this writing assignment they talk about all the mind games, the distortions of thinking and the putting themselves in situations where they are going to fall. To avoid a slip, they need to avoid slippery people, places and things. The longer the sobriety that the addict had acquired, the harder the fall usually. Hope and understanding is what is needed during a relapse. The addict is now feeling the intensity of what they allowed to happen. This is quite different than the initial stages of recovery where they were in denial.

The main thing after a relapse is to avoid self pity and the desire to binge since they have blown it. While it is not our job as helpers to keep people from acting out, we can offer encouragement. "We carry the message, not the addict," the book of Alcoholics Anonymous tells us. Steering a person out of the cycle is useful and helping the addict to answer the questions in the Daily Renewal (Appendix 4) is helpful.

## Dealing with Feelings

Teaching an addict to not run from his/her feelings is essential to lasting recovery. They learned to avoid feeling, which eventually led them to stuffing their feelings with addiction. Helping them to see how they are stuffing their feelings with other substances and behaviors is important.

Addicts at early stages of recovery feel two feelings: "good" and "bad." "Good" is feeling nothing, and "bad" is feeling anything. Eventually, they come to learn that there are no real "good" or "bad" feelings, just comfortable or uncomfortable ones. We need to feel the fear and pain and sorrow just as we need to feel comfort and pleasure.

## Conclusion

It is important to remember that "sober" is not necessarily "well." The addict has much to work ahead of them besides just being sober. On the other hand, without sobriety, the addict has nothing. With it, he can build by God's grace a foundation for living based on trust, surrender to God and honesty.



## Appendix 1

### Defense Mechanisms of the Addictive Personality

Addicts have an “accounting system” that justifies why they don’t have a problem. The alcohol/addict will spend the counseling hour telling you why they don’t have an addiction, while the person who struggles with it less is more open to the idea that they could have an addiction. Stephanie Brown, researcher in alcoholism says that alcoholics believe two things strongly—a) “I am really not an alcoholic” and b) “I can really control my drinking.” The alcoholic/addict holds up a picture of what they would be like if they were a “true alcoholic.”

**Denying** – There is not problem. The problem lies outside the person’s conscious awareness.

General: “I don’t have a problem.”

Alcoholic: “I am not an alcoholic. I don’t know what you are talking about.”

Sexaholic: “I don’t have a problem with this.” [they have not added all the times they acted out in a sexually addictive way.]

RX addict: “I don’t take narcotics.” [when they are on the fentanil patch]

**Lying** - We lie, distort the truth, leave out important details.

General: “I don’t really have that much of a problem.”

Alcoholic: “I have never blacked out.” [when they have] “I haven’t gotten drunk ever.” [when they have] “I only had two.” [when they had three or four] “I don’t really drink.” [when they drink wine with dinner] When confronted about the apparent contradiction, they say that they are being overly picky and precise.]

Sexaholic: “I have never been with anyone else.” [when they have had a lap dance.]

RX addict: “I don’t take narcotics.” [when they are on the fentanil patch]

**Manipulation** - We argue, tease, mock, become silent, cry, etc. when confronted about the problem.

General: “This is ridiculous.” “You really think I have a problem.” “Well, I just better watch myself around you.” [mockingly]

Alcoholic: “If you did a better job of organizing stuff, then maybe I would have to drink.”

Sexaholic: Pouts, complains, “makes” the other feel guilty for not having sex.

**Accusing** - Attacking the person and pointing out there problems.

General: “Well, you have problems too.” “You lie as well.”

Alcoholic: “You drink yourself.” “You are just overly sensitive because your mother drank.” “You think everyone is an alcoholic.”

Sexaholic: “You are cheating on me.” [to deflect attention off of themselves]



**Threatening** - Using threats to make the person stop talking about the problem.

General: "You better knock it off." "I don't have to live with you."

Alcoholic: "If you want someone else that doesn't drink, go for it."

"You better stop trying to control me."

Sexaholic: "If you don't put out, I am going to look somewhere else."

Drug addict: Uses physical and emotional abuse to stop the conversation.

**Judging** - If you did this or that right, things wouldn't be so bad.

General: "You are controlling." "You a codependent."

Alcoholic: "You are being critical."

Sexaholic: "Your view of sex is pretty distorted."

**Projecting** - You have problems too. You always manipulate to get what you want.

Alcoholic: "I think my wife is the one with the problem."

Sexaholic: "I think my spouse is the one having an affair." "My spouse isn't understanding." "My wife is such a prude."

Gambling: "My wife has spent more money than I have."

The treatment for Projecting: Ask, "do you ever do the same thing?"

**Blaming** - Making others responsible for one's drinking/using

General: "I need \_\_\_ because it is so stressful." "You make me \_\_\_\_."

Alcoholic: "I drink because I have such a stressful family."

Sexaholic: "If we had more sexual relations, I wouldn't have the lust problem that I have."

Gambling: "We have so much debt, I need to find a way to earn money quickly."

The treatment for Blaming: Take responsibility for our actions. Admit that it is my fault.

**Humor** - We make light of the situation and turn it into a joke.

General: [laughing] "You really think I have a problem don't you?"

Alcoholic: [laughing] "Yep, I am a drunk." [sarcastically] "I suppose you think I am going to steal the kid's lunch money for booze."

Sexaholic: [laughing] "I am just a guy with a strong sex drive."

The treatment for Humor: Practice being in touch with the pain of the addiction.

**Intellectualizing** - Using logic (false logic, that is) to convince oneself and others that there isn't a problem. The use of an "accounting system" to demonstrate

that they haven't done things that would make them an addict.

General: "Look at all the things I can do." "I just need to control myself a little more."

Alcoholic: "If I were an alcoholic, I would be so responsible at work." "So no one can ever get drunk without being an alcoholic."

Sexaholic: "A lot of people are having more sex than we have." "mental health professionals say that masturbation is normal."

Gambling: "The state makes money off of the gambling profession." "Casinos are everywhere." "There can't be that many people have that much of a problem with it."

Treatment for Intellectualizing: Ask, "how is my use a problem?"

Rationalizing - I don't drink/use every day, I don't have a problem.

Alcoholic: "I don't drink everyday. I don't have a problem."

Sex addict: "I have sexual needs that aren't getting fulfilled."

Rx addict: "I have pain. I need the medicine."

Work addict: "I need to work the pay the bills."

Treatment for Rationalizing: Ask, "how is my use a problem?"

Silence - We are quiet and withdrawn.

General: Quiet.

Alcoholic: Quiet.

Sexaholic: Quiet.

Treatment for Silence: Create an atmosphere of safety to discuss the problem.

Compliant - Outwardly compliant, while inwardly rebellious.

General: "I will stop."

Alcoholic: "If you really want me to I will work on not drinking so much." "I really don't have a problem, but I will stop if you want me to."

Sexaholic: "I am never going to look on the internet again." "This is my last affair."

Treatment for Compliance: Be honest with yourself. Get in touch with what you really feel.

Minimizing - Agrees, but makes it a smaller problem than it really is.

Alcoholic: "I don't drink/use half of what Sam drinks." "I really don't drink that much."

Sex addict: "I really don't struggle that much with porn." "Maybe only once a month."

Rx addict: "I take less medicine than I used to." "I don't really take that much."  
 "I am on a patch." [duragesic patch]  
 Work addict: "I haven't worked that much." [when they are working long  
 hours and haven't kept track]

Cockiness - I got it made, these other folks are losers.

Alcoholic: "I have been able to stop before. I now people that are worse."  
 Sex addict: "I can stop." "I am not doing \_\_\_\_." [whatever level of behavior is  
 worse than what they are presently]  
 Work addict: "I can slow down if I need to." "I don't need a group."  
 Treatment for Cockiness: Humility.

Justifying - If you had a wife/husband like mine, you would drink/use too.

Alcoholic: "If you knew my wife, (had my stress level, work-stress) you would  
 drink too."  
 Sex addict: "I have sexual needs that are a normal and if my spouse isn't going  
 to help meet them, then I wouldn't have to \_\_\_\_\_."  
 Rx addict: "I have pain." "I need the medicine." "My doctor prescribed it to  
 me."  
 Work addict: "I need to work the pay the bills"

Explaining - Telling a story that is not really accurate and uses false logic to ex-  
 plain why they didn't do whatever they were supposed to do. No real remorse,  
 empathy or sorrow is demonstrated.

General: "Well, you see, we were. . ."  
 Alcoholic: "I was drinking with some friends and I didn't want them to think I  
 was being a teetotaler."  
 Sexaholic: "Well, I hadn't had sex in a week, and. . ."  
 Gambling: "Well, I drove by the casino. . ." "I was going to come home at 8pm,  
 when. . ."

Treatment for Explaining: Just stop and listen.

Analyzing - We come up with excuses, explanations, and defensives that justify. .  
 This usually comes in the form of a monologue or filibuster that doesn't allow an-  
 other person's viewpoint in.

General: "I was depressed, so I \_\_\_\_"  
 Alcoholic: "My parents were alcoholics, but I really don't act like they did."

Sexaholic: "My emotional needs aren't met when we don't have sex. I get down and find that this is better than other things I could be doing."

RX addict: "I had some extra pain. . ." "I had worked in the yard." [when in actually, the pain is from stress and not having the narcotic.]

**Defiance - Using verbal force and stubbornness**

General: "You can't make me stop."

Alcoholic: "I am not going to stop drinking for you."

Sexaholic: "I am not going to follow someone else's set of morals."

Drug Addict: "I am not going to treatment." "You can't really make me."

**Withdrawing - We avoid and leave physically or emotionally. Doesn't respond to questions.**

General: Leaves the room.

Alcoholic: Leaves the room, home, or situation and sometimes drinks to withdraw.

Sexaholic: Leaves the room, home or situation by going porn store, internet, etc.

Workaholic: Leaves for work.

**Shouting - We raise our voices to intimidate.**

General: Yelling, screaming, and shouting. Getting angry.

Alcoholic: Yelling and arguing. "I am not a drunk."

Sexaholic: Arguing, shouting. Name calling.

**THE MALE SEX ADDICT'S BELIEFS ABOUT SEX, MEN, AND WOMEN**

	Core Belief	Perception of Self	Perception of other men	Perception of Women
1. Self-Image	"I am unlovable, bad and unworthy." "Shame based."	I am not attractive, physically or personally. A woman would not choose me.	Other men are more attractive, more successful, and more likely to be chosen by women.	Women choose men who are not like me. They prefer stronger, smarter, and more successful men.
2. Relationships	"Now one would love me as I am." "I am different."	I will have to convince a woman to be with me.	Men have to initiate relationships. Other men are more effective than I.	Women can wait, pick and choose to accept relationship offers.
3. Needs:	"If I depend on anyone else to meet my needs, I won't get them met."  "I must take care of myself."	My needs can only be met by luck, or chance, careful strategizing, or the accumulation of money or power.	Men have external power in jobs and money but will give in on issues to keep women happy.	Women make decisions at home and in other areas. They are impressed by money, possession, and security.
4. Sexuality:	"Sex is my most important need."	I need sex all the time, cannot get enough, and must not pass up any opportunities. I am the only one who needs sex this much.	Men are more sexual than women and more free to enjoy it. They will take sex whenever they can get it and cannot be trusted around women.	Women are less sexual than men and have to be coaxed into being sexual. Consequently they are responsible for moral behaviors and can use sex as a reward and punishment.

Appendix 3  
Guide for Motivation and Decision

	SHORT TERM	LONG TERM
BENEFITS		
LOSSES		

## Appendix 4

### Daily Sobriety Renewal

1. Are you willing to admit you are powerless over lust and self?
2. Do you desire sobriety and freedom from the actions and obsessions of lust and self for the next 24 hours?
3. Are you willing to do whatever is necessary to protect your sobriety for the next 24 hours, including: a) rigorous honesty b) praying to God c) calling on others d) forgiving all resentments e) refusing all hits as toxic f) reading literature g) going to meetings h) setting boundaries i) maintaining an attitude of gratitude?
4. Do you realize that this renewal does not keep us sober – GOD DOES - however, it does help us to be aware of ourselves and to be accountable to others?
5. Do you understand that this renewal is for this 24 hours, and that tomorrow you are free to go another way, make other choices?
6. Are you willing with me now, to turn your will and your life over to the care of God, the one who kept you sober yesterday and protected you from the full consequences of your lust in the past?
7. Have you done anything in the last 24 hours that you are ashamed of? violated any boundaries? Have you done anything you are grateful for during the past 24 hours?
8. Are you planning anything you would be ashamed of during the next 24 hours? Anything you would be grateful for in the next 24 hours?

## Appendix 5

### Resource on the Internet for Sexual Addiction

Codependents of Sexual Addiction (COSA)

National Service Organization

E-mail: [info@cosa-recovery.org](mailto:info@cosa-recovery.org)

Web site: <http://www.cosa-recovery.org/>

Ministry Health

Article: Sexual Addiction - No One's Immune

E-mail: [tffisch@concentric.net](mailto:tffisch@concentric.net)

Web site: <http://www.pastornet.net.au/jmm/afre0077.htm>

Recovering Couples Anonymous

A 12-Step Fellowship

E-mail: [rcawso@aol.com](mailto:rcawso@aol.com)

Web site: <http://www.recovering-couples.org/index.html>

Renewal From Sexual Addiction

A Christ-centered 12 Step Support Group

E-mail: [bridgman@earthlink.net](mailto:bridgman@earthlink.net)

Web site: <http://home.earthlink.net/~bridgman/>

S-Anon International Family Groups

E-mail: [sanon@sanon.org](mailto:sanon@sanon.org)

Web site: <http://www.sanon.org/>

Sex Addicts Anonymous (SAA)

E-mail: [info@saa-recovery.org](mailto:info@saa-recovery.org)

Web site: <http://www.sexaa.org/office.htm>

Sex and Love Addicts Anonymous (SLAA)

Web site: <http://www.slaafws.org/>

Sexaholics Anonymous (SA)

Fax: (615) 331-6901

E-mail: [saico@sa.org](mailto:saico@sa.org)

Web site: <http://www.sa.org/>

Sexual Compulsives Anonymous (SCA)

Toll Free: (800) 977-HEAL

International: +1 212 606 3778

E-mail: [info@sca-recovery.org](mailto:info@sca-recovery.org)

Web site: <http://www.sca-recovery.org/>

Sexual Recovery Anonymous (SRA)

24 Hour Recorded Information: (212) 340-4650



## Continuum of Addictive Behaviors and Optimal Health

Optimal Health	<ul style="list-style-type: none"> <li>• Knows limits</li> <li>• Has clear priorities</li> <li>• Congruent with Values</li> <li>• Rooted in Diversity</li> <li>• Supportive</li> <li>• Has established a personal system</li> <li>• Balanced</li> <li>• Orderly</li> <li>• Resolves Crises quickly</li> <li>• Capacity to sustain spontaneity</li> <li>• Shows creative discipline</li> </ul>
Stable Solidity	<ul style="list-style-type: none"> <li>• Recognizes human limits</li> <li>• Does not pretend to be more than he or she is</li> <li>• Maintains most boundaries</li> <li>• Well ordered</li> <li>• Typically feels competent</li> <li>• Feels supported</li> <li>• Able to weather crisis</li> </ul>
Medium Risk	<ul style="list-style-type: none"> <li>• Slipping</li> <li>• Often rushed</li> <li>• Can't get it all in</li> <li>• No emotional margin for crisis</li> <li>• Vulnerable to slip into old patterns</li> <li>• Typically lives as if has inordinate influence over others and/or feels inadequate</li> </ul>
High Risk	<ul style="list-style-type: none"> <li>• Living in extremes (overactive or inactive)</li> <li>• Relationships abbreviated</li> <li>• Feels irresponsible and is</li> <li>• Constantly has reasons for not following through</li> <li>• Talks one way; lives another</li> <li>• Works hard to catch up</li> </ul>
Very High Risk	<ul style="list-style-type: none"> <li>• Usually pursuing self-destructive behavior</li> <li>• Often totally into mission or cause or project</li> <li>• Blames others for failures</li> <li>• Seldom produces on time</li> <li>• Controversial in community</li> <li>• Success vs. Achievement-oriented</li> </ul>

This manual has been prepared for the purpose of learning the treatment of Sexual Addiction.

The materials presented in this manual are not meant to replace the quality of a training experience.

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Much of the information has been derived from the works of Patrick Carnes and many others. I have tried my best to cite the appropriate references. If I have left any of you out, please let me know, so I can give you the honor that is due.

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New Hope Counseling Service  
2006