Treating sex addiction Through a neurobiological lens

INTEGRATIVE LIFE CENTER

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ABOUT

INTEGRATIVE LIFE CENTER

At Integrative Life Center, we take on people living with sex addiction who also have a co-occurring disorder. Our program is designed to be 30-days, compared to the 14-Day Intensive offered by Begin Again Institute. Begin Again is a sex addiction treatment facility that operates within the Integrative Life Network.

Sex addiction and co-occurring disorders can often go hand-in-hand. At Integrative Life Center, we are trauma-focused and heart-centered. Our mission is treat you - the whole person.

Through partnership with Dr. Michale Barta, we take a cutting-edge approach that has successfully treated hundreds of men, women, and couples facing the devastation caused by sex and pornography addictions. Through our programs, we aim to find the root cause of your addiction and treat any other conditions that occur alongside it.

ABOUT

DR. BARTA

PHD., LPC, CSAT-S, CCPSC
FOUNDER OF BEGIN AGAIN INSTITUTE

Dr. Michael Barta was fortunate in that he was in one of the last cohorts to receive his clinical training in sexual addiction directly from Dr. Patrick Carnes, the founder of the sex addiction treatment field.

With over 35 years of addiction recovery experience and over ten years specializing in the treatment of sex and porn addictions and helping betrayed partners, he has lectured and written extensively on sex and porn addiction. His book, TINSA™ (Trauma-Induced Sexual Addiction), provides a neurological approach to sex addiction.

Dr. Barta has utilized his clinical skill and personal recovery with his own sexually compulsive issues to create a model that works on the cause of sexual addiction rather than just providing techniques to remain abstinent. He is a nationally acknowledged speaker in the field providing lectures and training for therapists. Also, Dr. Barta has extensive training in the treatment of trauma and works directly with nationally recognized trauma specialists to understand and develop treatments for sexual addiction as the result of attachment disorders.

WHAT IS ADDICTION?

There has been a lot of debate on what addiction is (especially when discussing sex addiction) and what causes it. For many years, the school of thought has been either that addiction is a) a character defect or weakness or b) a genetic predisposition. In fact, for many years, the thought was that addiction was a gene that is passed down. And it made sense - if you live with an addiction, and your dad lived with an addiction, and your grandfather lived with an addition.

However, the definition that we use is one that was largely inspired by Vivek Murthy.

Murthy was the Surgeon General of the United States from 2014-2017. During this time, Murthy published Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

Murthy - who worked closely with the National Institute on Drug Addiction, the National Institute on Alcohol Abuse and Alcoholism, the Substance Abuse and Mental Health Services administration, as well as the Center for Disease Control - declared that addiction is a brain disorder. While this report is largely about substance addiction, it can still be applied to any form of addiction.

This brain disorder is caused by something that is passed down - generational trauma. In TINSA, Dr. Barta defines a brain disorder as a maladaptive autonomic nervous system and, subsequently, defines addiction as the attempt to regulate that maladaptive system. We take it a step further to investigate what made our autonomic nervous system maladaptive.

NEUROBIOLOGY OF ADDICTION

In the 1960's, Paul McLean, an American neuroscientist, created the idea of the Triune Brain. This theory separates the brain into three distinct regions and is organized by hierarchy.

- ***The Frontal Lobe:*** *Controls important cognitive functions such as problem solving, expressing emotions, language, sexual behaviors, memory, and judgment. Sometimes referred to as the "control panel" and is the essence of who we are and how we communicate.*

- ***The Limbic System:*** *This part of the brain is directly responsible for behavioral and emotional responses, particularly as they relate to survival (i.e. eating, taking care of our children, reproduction, and our fight-or-flight response).*

- ***The Reptilian Complex****: Responsible for our most basic needs for survival such as breathing, heart rate, body temperature, and balance.*

Within these complexes, we have the autonomic nervous system; this system is broken into two - sympathetic and parasympathetic. The sympathetic nervous system is responsible for the response you have to to dangerous or stressful situations. Oftentimes, the response is so quick that you may not realize it's even happened. For instance, have you ever jumped out of the way of something before you even fully processed what was happening? That's your sympathetic nervous system helping you out. However, the sympathetic nervous system doesn't then take over and de-stress your body once you're out of danger - that's what the parasympathetic nervous system is for.

However, in 2011, Dr. Stephen Porges introduced the groundbreaking idea of a third nervous system - the Polyvagal Theory or the idea that we have a social engagement system. The Polyvagal Theory helps us understand that the two branches of the vagus nerve calm the body, albeit in different ways.

- ***Ventral Vagal:*** *This is the branch that serves the social engagement system and tamps down your body's active state. Imagine taking your dog for a walk - you pull back on the leash or release in relation to the environment. The ventral vagal works in the same way.*

- ***Dorsal Vagal:*** *Freeze-or-Faint occurs through the dorsal branch of the vagus nerve. When this nerve shuts down the body it can cause dissociation or immobility. Additionally, the dorsal branch affects body functions below the diaphragm and can affect digestion.*

The ventral vagal is more aligned with frontal lobe activity and it tells us if we're safe, about our connections with others, and is associated with our conscious thought. It's thinking - it's logic. It's those kinds of things.

When we acknowledge that addiction is a brain disorder, we acknowledge that when trauma occurred, it caused our brain to shift from needing connection to needing protection.

From conception to about age five, we primarily need connection in order to set up or train the reaction our brain has to life experiences. If we have that solid foundation, then we learn how to respond to situations appropriately. We know how to self-soothe in healthy ways.

We know how to communicate. When we learn how to take everything life throws at us in a healthy manner, we're going to have a much better life and have a better success rate when connecting with others.

However, when this doesn't happen because of a lack of attunement in our formative years, we are forced to move through life in an unconscious mode of self-protection; instead of connecting with others, we are constantly trying to protect ourselves from others and from harm. This disconnection disables our autonomic nervous system.

ADVERSE DEVELOPMENTAL EXPERIENCES AND TRAUMA

What Dr. Barta found through his experience with hundreds of clients is that addiction is caused by adverse developmental experiences - that we lived in environments that caused our autonomic nervous system to maladapt.

The commonly accepted types of adverse developmental experiences are:

- ***Abuse***
  - ***Physical Abuse**: A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.*
  - ***Emotional Abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.*
  - ***Sexual Abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his or her body in a sexual way, or attempted to have any type of sexual intercourse with you.*
- ***Neglect***
  - ***Emotional Neglect (Misattunement):** No one in your family helped you feel important or special; you didn't feel loved; people in your family didn't look out for each other or feel close to each other; and your family was not a source of strength and support.*
  - ***Physical Neglect:** There was no one to take care of you, protect you, and take you to the doctor if you needed it; you didn't have enough to eat; your parents were too drunk or too high to take care of you; and you had to wear dirty clothes.*
- ***Household Challenges***
  - ***Domestic Violence:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for more than at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.*
  - ***Substance Abuse:** A household member was a problem drinker or alcoholic or a household member used street drugs.*

- ***Mental Illness in Household:*** *A household member was depressed or mentally ill or a household member attempted suicide.*

- ***Parental Separation/Divorce:*** *Your parents were ever separated or divorced.*

- ***Incarcerated Family Member:*** *A household member went to prison.*

When the autonomic nervous system isn't functioning in a healthy way due to the environment in which we grew up, we have to start looking for ways to regulate this nervous system outside of ourselves. Sometimes this is accomplished through compulsive behaviors, such as sex addiction, or through substance use.

We sort of stumble on these things and realize, "Oh, when I'm using substances or when I'm engaging in sexual activity, my fear goes away or my stress goes away". However, we recognize that it's only temporary, which is why we begin to engage in those behaviors more and more frequently.

WHAT IS TRAUMA?

"Although humans rarely die from trauma, if we do not resolve it, our lives can be severely diminished by its effects. Some people have even described this situation as a 'living death.'

The symptoms of trauma can be stable, that is, ever-present. They can also be unstable, meaning that they can come and go and be triggered by stress. Or they can remain hidden for decades and suddenly surface. Usually, symptoms do not occur individually, but come in groups. They often grow increasingly complex over time, becoming less and less connected with the original trauma experience."

— Peter A. Levine, Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body

Trauma is not so much the events that happen to us but, instead, how our autonomic nervous system reacts to those events. It's extremely important that the body is able to reestablish equilibrium after a traumatic event.

However, in early developmental stages, we are unable to fight back or escape, creating an environment in which our bodies can not return back to "normal". Furthermore, Avadhan Larson (a certified somatic experiencing practitioner and craniosacral therapy provider) has stated that "traumas tend to stack on top of one another. And just like any other compensation pattern, we compensate until we can't."

These traumatic events, coupled with the inability to complete the full trauma recovery loop, can cause our nervous system to either get stuck or to go into overdrive - leaving us in fight/flight/freeze mode. When we're in this mode, the frontal lobe basically turns off and we become reactionary. We don't have the ability to even think logically about anything - we just do whatever we have to do to protect ourselves. Once this disordered or dysregulated response becomes the automatic response, any trigger - whether it's danger, threat, or pain - will cause the disordered response.

Additionally, one of the most negative impacts trauma has on us is that it causes a negative belief system - simply put, that we're just not good enough.

People who have experienced trauma are at a much higher risk for addiction or substance use. There are two main categories of trauma - Little T and Big T.

"LITTLE T" TRAUMA

Of the people that go through the sex addiction program at Begin Again Institute, Dr. Barta estimates that 90 to 95% have experienced a tremendous amount of "Little T Trauma". These traumatic events are typically non-life-threatening and can include events such as:

- *Injury*
- *Emotional Abuse*
- *Death of a Pet*
- *Bullying*
- *Harassment*
- *Loss of Significant Relationships*

We've concluded that repeated exposure to Little T trauma can sometimes cause more emotional harm than exposure to a single Big T event.

"BIG T" TRAUMA

Big T trauma events are generally associated with Post-Traumatic Stress Disorder. Those who live or work in proximity to survivors of trauma - such as paramedics, police officers, and therapists - are also at a higher risk despite not experiencing the events themselves.

Of the people that come through Begin Again Institute, and estimated 5 to 10% have experienced Big T traumas. These traumas include events such as:

- *Serious Physical Injury*
- *Rape (or other serious sexual violence)*
- *Natural Disaster*
- *War*
- *School Shootings*
- *Death of a Parent or Caregiver*
- *Violent Crimes*

WHAT IS SEX ADDICTION?

While sex is a natural and enjoyable activity, when it is done compulsively, without regard for yourself or for others, it can become a damaging and unhealthy act. You may be dealing with a sex addiction or intimacy disorder if:

- *Being preoccupied with a constant craving for sex, making you unable to fulfill personal or professional obligations.*
- *Compulsive sexual behavior such as compulsive masturbation and infidelity.*
- *Spending a lot of your time focused on sex-related activities such as: swiping Tinder for hook-ups or excessively visiting/viewing pornographic websites.*

- *Engaging in risky sexual behavior despite having a strong desire to stop due to the possible negative impact and consequences.*

- *Needing to increase the frequency, the intensity, or the risk associated with sexual behaviors in order to achieve the same desired effects*

Sex addiction, like all addictions, is often the result of adverse developmental experiences and trauma. Sex may be used as a coping mechanism to deal with loneliness, boredom, and regain some semblance of power. Sex addiction can also be a symptom of depression.

Sex addiction can be destructive - clients see their relationships disintegrate because their trauma will not allow them to create deep and intimate relationships.

Letting sex addiction go untreated leaves you open to severe physical, emotional, and spiritual dangers. You could experience one - or more - of the following:

- ***Health Risks:*** *As sex addiction grows more and more risks are taken by the individual. This can result in unprotected sex and the transmission of diseases like HIV/AIDS, hepatitis, gonorrhea, chlamydia, human papillomavirus, and syphilis. Some of these are treatable, others are life-threatening and all endanger others.*

- ***Legal Consequences:*** *Many illicit sexual activities are subject to legal consequences such as prostitution or sex with minors. Sex addiction can even lead to sexual assault and rape in extreme cases.*

- ***Damage to Relationships****: The inability to build true intimacy with others makes creating or maintaining relationships, whether sexual or not, extremely difficult. Sex addiction undermines trust and feeds on secrecy.*

- ***Substance abuse:*** *Often, individuals use drugs or alcohol to enhance the sexual experience or to deal with feelings of guilt, shame, and anger about their sexual behavior. This can lead to dependency further complicating and worsening the conditions.*

If you or a loved one is unable to curb sexual impulses and are harming, physically or emotionally, others, then a sex addiction treatment program is the first step towards recovery. At Integrative Life Center, our comprehensive therapy options give all patients the best chance to identify, confront, and overcome their mental health issues.

THE ROAD TO RECOVERY
TRAUMA-INDUCED SEXUAL ADDICTION - MODEL

The TINSA Model of Recovery explores how adverse developmental experiences affect the brain and the nervous system and how those experiences have encouraged addictive behaviors. By undergoing the TINSA treatment modality, we are shown why these patterns have been created. Not only does this eliminate a significant amount of shame surrounding behavior, it allows us to see the path to recovery.

TINSA: STAGE ONE

This stage is all about education. Before we can dig in, we teach the clients how our autonomic nervous system and brains function. We help them understand how their brains were rewired - for defense instead of connection. Once this understanding is in place, we can begin to explore what happened - how our adverse experiences damaged our ANS and brain functions to inform our deeply ingrained beliefs and concepts.

However, this is not simply a list of the things our caregivers got wrong. It is a deep-dive into our experiences and how they changed us. Without knowing the events that transpired, we cannot do the trauma somatic work later. Finding and healing the trauma is the foundation of treatment.

TRAUMA PROTOCOLS

- ***Eye Movement Desensitization and Reprocessing (EMDR):*** *A psychotherapy treatment that allows you to heal from distressing life experiences. The goal of EMDR is to change how the brain stores memories and it consists of eight phases. As you move through each phase, the grip that your trauma has on you begins to wane.*

- ***Brainspotting:*** *Another form of desensitization and reprocessing that works to identify, process, and then release sources of pain, trauma, dissociation, etc.*

- ***Dialectical Behavioral Therapy:*** *This treatment modality helps us observe our emotions instead of reacting to them. We focus on practicing mindfulness, regulating our emotions, tolerating distress, and our interpersonal effectiveness. This allows us to hone the skills we need in order to assess situations and then apply appropriate coping skills.*

TINSA: STAGE TWO

The stage of the TINSA Model of Recovery is about letting go of self-reliance.

We begin to work with others who have also experienced self-isolation in the past and work to learn how to be authentic and vulnerable. By revealing our true selves, we practice honesty and transparency - this act allows us to accept ourselves and to let others in. We find acceptance, intimacy, and begin to form a support network with others in recovery.

TINSA: STAGE THREE

The final stage is the transition from self-regulation to consistent bonding and intimacy with others.

This stage is a long-term phase. Though we have learned how to regulate our emotions, to stop fearing rejection, and to show up authentically… we must now continually practice these new found skills. It's not an easy thing to do, especially as we begin to reconnect with our partners and loved ones.

FIND HELP AT INTEGRATIVE LIFE CENTER

At Integrative Life Center, we understand how overwhelmed you may be if you, or your partner, is living with a sex addiction. Furthermore, we know just how much more difficult it may be when compounded with a co-occurring disorder like depression or substance use disorder.

Our counselors and therapists are heart-centered - that means we treat our patients, and their families, with compassion and empathy.

If you or a loved one are unable to curb harmful or risky sexual behavior, treatment at Integrative Life Center is the first-step towards recovery.

Understanding the neurobiology of addiction is just part of the puzzle. Let us show you, through our comprehensive therapy options, how to identify, confront, and overcome the issues that you are facing.

These therapies, combined with many more, will give you the support you need to develop healthier sexuality.

- *Yoga therapy*
- *Psychodrama therapy*
- *Motivational interviewing therapy*
- *Dialectical behavioral therapy*
- *Cognitive behavioral therapy*

Contact us today for more information.

RESOURCES

- *Self-Assessment*
- *Recommended Reading*
  - *For Those with a Sex or Porn Addiction*
    - *Out of The Shadows, Dr. Patrick Carnes*
    - *TINSA, Dr. Michael Barta*
  - *For Partners*
    - *Your Sexually Addicted Spouse, Barbara Steffens & Marsha Means*
    - *Moving Beyond Betrayal: The 5-Step Boundary Solutions for Partners of Sex Addicts, Vicki Tidwell Palmer*
- *FAQ's*
- *Testimonials*